

PSYCHIATRY - THEORY, APPLICATIONS AND TREATMENTS

THE FIELD GUIDE TO ADHD

**WHAT THEY DON'T WANT YOU
TO KNOW**

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THE FIELD GUIDE TO ADHD

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TO KNOW**

BLAKE HARDING

EDITOR



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*To Chaparrelle
For teaching me humility and compassion
and reminding me what is important*

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Thank you all so much.

HOW TO USE THIS BOOK?

What is a *field guide* you may be curiously wondering? This book is not designed to be linearly read or read cover to back but rather utilized as a “field guide,” which is a concept alluded to in the title that feels fitting as one with ADHD that also understands ADHD as intimately as an old best friend. We with ADHD vulnerabilities often like to be on the move, we like the sensory experiences and we like to push boundaries and norms. Thus, this *field* guide is a compliment to the experiential, kinetic and boundary pushing kaleidoscope of life with ADHD. Now many others interested in the contents of this book may not have ADHD, but still can utilize this as a field guide whether as an executive or supervisory overseeing employees with ADHD vulnerabilities (of which there are undoubly many in every workplace), a caregiver of a child with ADHD, a healthcare professional in practice working with ADHD diversities or in the course of teaching an academic specialist or discovery course on a range of topics. The options are endless in utilizing this field guide and you the reader are hereby empowered to take advantage of this field guide to ADHD however, wherever or whenever desired.

I’ve tried to mold this book to the naturally and ideologically diverse in mind, body and philosophy. In essence, this book is written with the

gift of human diversity in mind. This text is intended to be thumbed through, creased, thrown around, loved or treated with disdain too and never picked up again, if that helps. If you don't love something about this book, please throw it across the room and come back to it later or never come back if that is most helpful. Please don't feel the need to read this book from cover to cover or assume that this book can't be used as a reference text as I've strived to write in a balanced, accessible and nuanced format. I'm encouraging you the reader to explore the contents however it will be most useful to you. This book is indented for wide dissemination and usage for those with and without ADHD as there are numerous beneficial discussions, anecdotes, strategies, techniques and information included in this book that can be potentially extremely useful to those with and with out ADHD diversities.

In addition, there is a memoir, advocacy and policy element to the discussions on ADHD, which may be of applicability to those with a diverse range of interests including students and professionals in varying multidisciplinary fields such as psychology, sociology, economics, biomedicine, literature, politics and global health policy, among the many other relevant fields. For example, this book is well suited to an undergraduate course or graduate seminar in the social sciences or as an adjunct to counseling or therapy teaching and practice. Much of the contents herein are empirically driven, rigorously researched and include extensively cited peer-reviewed data. As such this book can be a rich resource for use by biomedical professionals, policy experts, academic researchers, educators and not simply the executive or supervisor managing ADHD employees, interested ADHD caregiver or those with ADHD diversities.

You are hereby empowered to flip through the pages until you find something of interest or read from front to back. There is no right way to use this field guide and whichever method of reviewing is most helpful or applicable to your circumstance; I encourage you to utilize this method.

Additional Specific Suggestions on How to Utilize This Book:

1. Review and keep on hand as a comprehensive ADHD reference text and field guide
2. Utilize as part of a capacity building course and/or retreat in as part of improving employee and organizational effectiveness, efficiency and success
3. Lend a copy to a family member, friend, employee(s), supervisor, therapist, your favorite market clerk or any other relevant person with ADHD curiosities
4. Include as required or suggested reading in a social science course or related interdisciplinary field such as psychology, global health, sociology, social work, creative writing, freshman discovery seminars, graduate seminars or special topics university courses
5. Lend this book to clients with ADHD or co-occurring diversities and/or utilize in short and long term psychotherapy as an empirically supported and effective adjunctive bibliotherapeutic resource
6. Utilize as guiding reference in ADHD coaching practice

PREFACE

In the *The Field Guide to ADHD: What They Don't Want You to Know*, Harding confronts with unusual candor and painstaking effort one of the most alarming and perilous crises of our time: ADHD. In confronting this crisis, Harding forces us to reconsider the assumptions underlying ADHD and how we think about medical diagnoses, disability, health and authority. Harding unwraps these bewildering and conflicting ADHD issues while investigating the spiraling amount of overdiagnosed cases of ADHD, many often highly medicated and taught to conform rather than to thrive, no matter the individual or societal cost. Harding examines how the ADHD crisis drives perilous and dangerous conditions while providing fresh directions ahead to disarm this ailment and start harnessing ADHD as a beneficial form of human diversity.

In this fresh approach to ADHD, results from more than four years of global field research from Finland to California investigating ADHD in children, adolescents and adults is woven together to create a fascinating tapestry of new ADHD understanding. In this new understanding, Harding provides everyday innovative approaches to harnessing and thriving with ADHD while dedicating painstaking effort to shedding insight into the many controversies igniting the ADHD crises. As Harding passionately argues, policy makers, healthcare

professionals, parents and other stakeholders are not only supporting the overdiagnosis of ADHD, but fundamentally thinking about ADHD all wrong. The *Field Guide to ADHD: What They Don't Want You to Know* passionately intervenes in this wrongly handled situation by forcing people to reconsider ADHD assumptions, providing evidence based directions for containing the perilous ADHD crisis and introducing highly impactful everyday solutions to harness the diverse benefits of ADHD.

PROLOGUE



Figure 1. The Numerous Past and Present ADHD Labels.

WHY ADHD IS CREATING A CRISES AND WHY SHOULD YOU CARE

Right at this very moment a very young child is being diagnostically labeled with Attention-Deficit Hyperactivity Disorder (ADHD) and powerfully medicated in a mere few moments in the clinic. But the issue with this child like a higher number of children diagnosed with ADHD—is she does not have ADHD. Rather this child is displaying age appropriate and developmentally diverse behaviors that will likely moderate with age and are a normal part of human development. But why is diagnosis of ADHD in children displaying developmentally diverse behaviors bordering or many leagues away from ADHD diagnostic criteria a serious issue and why is this over diagnosis happening? Is this over diagnosis the result of healthcare provider malfeasance, honest oversight or something more sinister turning the gears of medical diagnosis and industry-pharma power? It is all of the above. It is unclear just how often ADHD over diagnosis is occurring, but what's clear is that it's rapidly and tragically happening and it's a deeply pressing concern for everyone, but especially individuals with ADHD vulnerabilities and the various stakeholders such as caregivers and biomedical professionals. Thus, the first goal of this book in approaching ADHD is to examine the how and why in exploring the spiraling over diagnoses of ADHD and what role this over diagnosis plays in driving social, health and economic disparities and inequalities, which will be a continuous theme explored throughout this book.

This routinely unnecessary and harmful diagnosis of ADHD as will be explored not only fosters and retransmits broad social, economic and health inequalities and disparities, but in some cases the ADHD label is willfully utilized by healthcare professionals, policy makers, school officials and many other powerful actors as an effective population control and division tool. I will introduce evidence and explore this

unbelievable over diagnosis of ADHD in addition to the pervasive phenomenon of control and division throughout. In writing this book and choosing to focus on social, economic and health inequalities in relation to ADHD, I'm making a strong statement that ADHD is a powerful albeit important piece of the American and transnational inequality puzzle, but a piece of the puzzle that if substantively attacked with empirical tide turning solutions—can lead to substantive positive change in decreasing over diagnosis of ADHD, decreasing inequalities and alleviating the suffering caused in some cases with unwarranted ADHD labeling. This advocacy goal to disarm the negative diagnostic influence of ADHD through decreased rates of diagnosis (particularly in the cases of young children and adults that do not qualify for ADHD diagnoses)—could have an enormously positive impact on health and psychological status of many diverse individuals. Additionally, this decrease in ADHD diagnosis that I advocate for through out this book could also positively influence broad indicators of global health such as increasing human capital growth (the measured economic impact of an individual or groups contributory skillset).

It's however true that ADHD labeling or diagnosis can introduce puzzling and curious impacts on an individual, which are important to have in mind. I've been deeply influenced by the self-embodying phenomena of owning and acting out the diagnostic label and symptomatic criteria of ADHD even in some cases when such criteria did not align authentically with thoughts, emotions or behaviors. I was influenced by an early cursory diagnosis of ADHD as a child, as a homeless youth with ADHD and through experiencing the incredible barriers that the powerful ADHD label can modulate as a developing child, adolescent and adult in the confines of a highly competitive and unequal capitalist society such as America. While this early ADHD label has been enduringly impactful in its own right, I've been extremely lucky to shed the influence and controlling facets of the ADHD label through years of continuous education. The importance of education in

understanding, striving and succeeding with ADHD is a constant theme explored throughout this book.

For example, I have been enduringly impacted by many academic works through my undergraduate and graduate training. These works include the French-American economist Emmanuel Saez and the French economist Thomas Piketty's seminal tome titled, "Capital in the Twenty First Century." I've been greatly impacted by the work of Paul Farmer, Steven Hinshaw, Karl Marx, Michel Foucault, Robert Moses, Albert Bandura and many, many other works which have worked to continually influence my thinking on ADHD in this text in sophomore and at later times more sophisticated ways as re-readings have reinvigorated analyses and generated new ideas. These academic texts and many others have had previously dusty homes next to my bed in Berkeley, California for years during studies and research that focused on economic, social and health inequality in countries ranging from Morocco, Mexico, America to Finland. These early influential works by notable social scientists and controversial thinkers alike have influenced my fieldwork research on social, economic and health inequality, as particularly concerned with ADHD—and are thinkers and works that serve to advance the overarching themes pursued in the ADHD conversation in this book. We will zoom in and dissect not only the degree to which ADHD is over-diagnosed but also zoom out and contrast research, experiential experience and autobiographical anecdotes on inequality creation, retransmission and modulation as a result of the powerful ADHD diagnosis.

**EXPLORING INEQUALITY AND ADHD AND
THE IMPORTANCE OF ASKING WHY: CONTINUOUS
THEMES THROUGHOUT THIS FIELD GUIDE**

In exploring the powerful ADHD inequality hemorrhage and diagnostic embodiment of ADHD, this first goal of this book is to unpack and investigate the assumptions, norms and realities of the worlds most diagnosed human brain diversity in children, adolescents and adults. This book seeks to ask skeptical and evidence focused questions such as “*Says who?*,” “*What if?*,” and “*Is this a fact or an opinion?*” These questions and other curiously skeptic questions (as I like to call them) are infinitely useful intellectual hammers in unwrapping ADHD and such skeptical questions are important to be employed routinely in the course of reading this book and in daily life. The controlling conceptualization systems of ADHD such as the adherent definition to biologic principles as set forth in the biomedical model (health and disease definitions include only biologic origins) often lives and breaths in an unavoidable vacuum of myopic bias. It’s only when the many diverging forms of biasing gaze are considered and interrogated carefully that a truer understanding can be reached in an issue so globally relevant, deeply pressing and as exceedingly complex as ADHD. This continuous prodding question pursuit as set forth in this book is deeply advantageous in diverging from the currently inevitable state of ADHD myopia. Such an approach of always asking skeptical questions and never accepting an answer without testable evidence allows one to move increasingly towards the development of truer pseudomodern regimes (meaning synergies between tensions, constraints and debates on definitions of being, identity, health, disability and knowledge production) of knowledge and understanding that can positively influence the often misunderstood, unequal and unfair state of present ADHD.

In this elucidation pursuit, many underlying theories and ideas in a wide range of fields are suggested to be used to extract the origin, existence and spiraling global influence of ADHD and such ideas will be rigorously turned over repeatedly through out this book. In this quest to explore highly relevant theories in the context of ADHD, many heavyweight thinkers and classical ideas in numerous multidisciplinary fields will be employed and contrasted. While many have some academic

steeping in the ideas and theories introduced, many will not have had an introduction to the numerous ideas to be introduced, especially in applying such ideas in the context of ADHD. As such a constellations of academic discourse relevant to ADHD will be critically explored and applied to enhance and broaden the conversation. These ideas include the classical theories of Peter Berger and Thomas Luckman's social constructionism of knowledge, Michelle Foucault's theories on discipline and punishment and Max Weber's theories on the power of the bureaucracy to exert controlling power over the mind, body and self (which are all integrally relevant to ADHD). The ideas of Berger, Luckman, Foucault and other multidisciplinary theories will be the topic of some serious analysis and application in connection with the unfolding ADHD conversation in this book.

In understanding some these arguably dusty yet still highly relevant theories as particularly related to Foucault's highly impactful ideas on power relations and sociocultural control forces, Jeremy Bentham's illustrated model of the classic Panopticon prison design is to be utilized as an exploratory discourse tool. The Bentham model of the Panopticon illuminates fundamental evidentiary support of the power and control of societal design and the French social scientist Michele Foucault's theory that the individual is disciplined and punished to think and behave in docile and socially acceptable manner in line with the powerful forces of neoliberal capitalism and imposed bureaucratic regimes, among the many related society system forces that impose thoughts, behaviors on individuals and communities, such as the highly operationalized and rational medical diagnosis of ADHD. These punishing and controlling forces of imposed structural power in the Foucault and Weber milieu work well to not only reproduce unequal ADHD labeling but also inform truer (e.g., the etiological, pathological and symptomatic) understanding of the underlying processes informing, constructing and driving ADHD diagnosis.

The second goal of this book is to explore a complex and diverse understanding of ADHD from a multitude of viewpoints including

economic, social, cultural, anthropological, biomedical, demographic and other field approaches. This multidisciplinary approach is designed to provide a serious challenge to the powerful normalizing and institutionalizing definitions of ADHD and to force the many oligarchical policy makers to take notice, to encourage the physician to forget the all expense paid pharmaceutical benefit trips to the Caribbean and to consider the prudence of writing a prescription for a routinely harmful and questionably needed psychoactive drug. This book is intended to encourage individuals concerned with understanding and harnessing the benefits of ADHD to plunge head first with an open mind into the ensuing investigation of the scandals, mythologies and controlling forces of ADHD. The reward for diving head first into this ADHD journey will be an endlessly rich, nuanced and highly beneficial understanding of man interrelated areas concerning ADHD which will pay highly beneficial dividends in numerous areas of daily life for years to come.

THE IMPORTANCE OF INTELLECTUAL CURIOSITY AND ADHD

The third goal of this book is to impregnate the reader with intellectual curiosity, to light a blazing fire in the reader's belly and with this inspiration to truly invigorate a true sea-change in how ADHD is defined, understood and approached. The third goal in smaller part is to diversely color the ADHD lens through which the surrounding world is viewed for many with and with out ADHD diversities. In this coloring sea-change and in nearly every individual and pointedly ADHD individuals, one reaches a series of cathartic and ephemeral macro and micro pivots as a result of the continual bubbling of the possible life trajectories and life cycles. Some have seemingly unlimited opportunity if societies tide and currency is ready for disposal and others are significantly more constrained not only by practical economics but by a

myriad of factors such as social group connection, perceived social standing, environment quality, biologic traits and the many other related structural factors. However, no matter the quality of standing or position in society, the universal process of yearning, hoping and reaching knows no identities, statuses or labels. In many cases this universally relatable part of life trajectory and the human development cycle results from variations in constraining and controlling society system forces and nonetheless often empowers one into taking action, landing on a life course decision and/or moving towards a more apt goal-directed thought and behavior.

This self-identity development and yearning process does not occur in the same way for everyone, particularly those longing to understand and thrive with ADHD diversities. The ADHD individual may be struggling with the usual gravities and psychic loads of life cycles (such as how to afford the next meal, how to pay this bill, when to turn in this assignment, how to be on time to an appointment, etc) but with reduced attentional bandwidth, environmentally moderated impulsivity and/or a high degree distractibility, among other related concerns. There is an increased overall vulnerability in those with ADHD diversities to differently managing the complexities of life. Yet with and without ADHD—the lifelong striving and capacity building process often results in making many courageous decisions whether small or large or in one’s awareness or not—that are often enduringly impactful in determining life course, quality and outcome. The universal life course, value development and human growth trajectories and processes are critically important to consider in the context of ADHD and the importance of reflecting on the various sentiments of one’s universal life course will inevitably underpin the ensuing discussions in this book.

However, just as this life trajectory process happens all too often in the peripheral (e.g. outside one’s direct awareness), the overwhelming influences on such life course decisions do sometimes occur in the background outside one’s control, perhaps not entirely informed by the self-modulated (with perhaps decreased availability of self-agency or

free will) processes of pushing, yearning or influencing in a particular direction. Nonetheless, the decision to read this book is arguably an incredibly beneficial act of agency, self-determination and is a decision that will no doubt have a huge positive impact for years to come. Perhaps with some luck this book will push you down a pathway of increasing curiosity, awareness and acceptance of not only a demystified understanding of ADHD, but a clearer and more satisfying sense of mind, body, self both within and outside the context of ADHD.

In pushing towards this goal of a demystified and fuller understanding of ADHD, this field guide on ADHD includes the results of more than a decade of multidisciplinary research, clinical and fieldwork experience around the Global North and Global South and around the world with numerous highly creative international ADHD populations. It is aptly dubbed a field guide due not only to its construction for use “in the field” or “on the go” but also its lightweight authorship. This field guide is designed to be held, thumbed through and refereed to as needed. This guide is also aimed at the many rich and creative ADHD populations and stakeholders which are routinely engaging with broad attention, behavioral and general executive functioning differences as well as highly co-occurring mental and physical health diversities. This book while strongly optimistic and at times idealistic does not purport and cannot begin to address the entirety of the worlds suffering in relation to pragmatic behavioral, cognitive and physical barriers to human actualization, especially as concerned with ADHD.

However, what this book does seek to do and does so well—is to cut sharply through, untangle, disrupt and tangibly chip away at the globally pressing diversity known as ADHD in a multidisciplinary and rigorous approach. This nuanced and rigorous approach includes investigating the overwhelming prevalence, impact and control of ADHD as particularly concerned with vulnerable children, adolescents and adults. While this book was written during my time at Columbia University as a graduate student in counseling and clinical psychology, much of the work herein

began many years' prior with scribbles on the back of napkins, in various discussions and in daily reflections. This book is the result of many years of field research and tireless efforts in working towards elucidating distinctive, high impact and low resource focused prevention and intervention strategies for spectrum ADHD children, adolescents and adults.

While this book forms the result of many years of research, clinical work and person reflection, I've tried to embody selflessness for others in my personal and professional life as I feel incredibly privileged and grateful to be able to do this work. I've advocated and fought against negative stigma, troubling social norms and failing social, economic and political systems as particularly related to diversities such as ADHD. To say I have not always been the most popular dinner party guest (though I do have a few silly jokes up my sleeve) is an understatement, but one must continually fight wholeheartedly, respectfully and inclusively for what is just and right—no matter the cost. And as Jock Locke classically suggests, it is the small powerful individuals and groups (factions) which organize that can exert the most substantive, tangible and effectual change.

In keeping with this idea of enormous individual agency capacity and the seemingly limitless possibilities of individual and group positive impact and applying this ideal to lifelong advocacy efforts such as this book—perhaps the critical overarching purpose of this book is chiefly to get the word out: You are powerful. You are capable. You have grit. You have a diverse brain, mind and self and that's a really, really beneficial set of circumstances. The same applies for individuals with and without ADHD diversities. In fact, that means your brain circuitry (or brain unique fingerprint) may hum on its very own frequency and can extend to you the incredible gift of a creative consciousness, sharpened awareness and hyper-cognitive processing abilities if you learn to harness such integral benefits. The overarching approach to this book is to empower the reader with and without ADHD with an increased awareness, knowledge and understanding of ADHD as well as offer the

necessary textual seeds to foster improved resilience, self-regulation, self-esteem, self-efficacy, self-modulation and the many other forms of “self” efficacious skills necessary to leverage ADHD as the powerful and incredible diverse toolkit that it can be.

MAXIMIZING THE BENEFITS OF THIS FIELD GUIDE

In an effort to enlarge the discussion on ADHD and to bring awareness and unpack two universal life cycles and trajectory processes many undergo whether directly or indirectly in many societies such as America, two very central ideas can beneficially underpin the ADHD discussions in this book. The first important idea is derived originally from various spiritual Buddhist teachers I’ve had and within Buddhist texts, which is loosely: *To be human is to endure suffering* (This is in essence the first noble truth of Zen Buddhism; the remaining noble truths are worth considering in depth). The second idea while more a lingering question to consider rather than a full idea is the privilege of asking whether directly or indirectly: *Do I want to Be or to Have?* This question of *Do I want to Be or to Have?* follows loosely along with the three other noble truths of Zen Buddhism, which deal with attachment/desire for “things” and the psychological and physical pain that such attachment or desire does often create. In a world with deep inequality and inexplicable suffering, the commonplace acceptance of the realities of human suffering and inequality of existence are two ideas that inform, shape, drive and allow for turning ideas over innovatively and productively, particularly in the context of rigorously exploring ADHD. It’s not necessarily critical to answer the question of whether *To Be or To Have* or to accept the idea that life necessitates suffering. The mere preparatory act of contemplating, reflecting and choosing tentatively to accept or reject the possibility, truthfulness and realities of these two ideas—can be beyond freeing and rewarding for years to come. In fact, this mere act

of reflection allows one to think clearer, can liberate taxed cognitive resources and provide a basis for further highly beneficial ongoing reflection in the striving, yearning and understanding process, especially as concerned with ADHD. It's my hope that this critical process of reflection occurs organically and fruitfully while exploring the pages to follow and that this contemplative reflection continues on well beyond reading this book.

The fact that life inherently involves some suffering as a fundamental reality can alarm or push one to feel like a tiny speck in an enormous chamber of endless metaphorical rooms and sometimes can be a difficult suggestion to swallow. The first inclination may be to reject the ideal that life is suffering. However once one endeavors to accept suffering as fact, the suggestion becomes a deeply liberating and cathartic realization. This acceptance process underwritten by our internal dialogues and external conversations unquestionably rests as one of lives greatest and most thrilling pursuits. This truism remains fact whether explored in various ways by early western philosophers like Plato, the mega cartels of self-helpists such as Pema Chodron, the ripe intellectualism of Michel Foucault, the ephemeral writings of the not too distant Frenchman Jules Renard, the verse of Latin American poets such as Pablo Neruda or the strange writings of the spirited Russo-giants like Anton Chekhov. The parallels of suffering are palpably available, insurmountable and timeless in these and the many other works. The acceptance and leveraging of the realities of natural suffering as a mere peripheral fact of the human condition can be simply freeing.

In concert with this freeing acceptance of suffering and the undoubtably self-exploration that unfolds, the power of the written word is realized, constructed and held intimately in hand, preserved in a space in time, written at great expense of resources, stands as one of the most powerful human gifts known. While many of the globally interconnected populations are born into trying economic circumstances, unimaginable structural power violence, subordinating sociopolitical systems and the additional, numerous and invariably subordinating pathologies of

power—in many cases the global citizen has little more than a penetrable and well written piece of prose guidance from the original “mobile technology” of the written word as an effective coping escape hatch. And as it turns out, the written word is an endearingly effective escape hatch. The encompassing, connecting, disarming and harm reducing powers of the written word in traveling swiftly with ease and catapulting whether temporarily or permanently the individual out of the most trying of circumstances remains a high impact, low-resource means of worthwhile advocacy. This book has been written in full knowledge of the importance of philosophies such as Zen Buddhism, the necessity of engaging in continuous self-reflection and striving for truer awareness along the human development trajectory and in everyday life. This book asserts and explores the importance of such ideas and cuts sharply down the middle of one of modern times most pressing issues: the routinely misunderstood cluster of highly complex diversities known as ADHD.

HOW IS THIS FIELD GUIDE ORGANIZED?

In Chapters One through Four the discussion launches into a comprehensive and rigorous analysis of ADHD, which for the purposes of this book pervades as an ancient and modeled set of stereotypic assumptions and controlling power relations focused on the interactions primarily between brain, behavior and attention control as well as the variety of dynamically synergistic environmental and contextual modulators. In this book ADHD refers to globally broad inattentive, hyperactive-impulsive and combined hyperactive/impulsive and inattentive labels as set forth variously in the World Health Organization ICD-10 and American Psychiatric Association DSM-5 (the two most globally referenced psychiatric manuals). The ADHD label as used in this book additionally refers to the clustering set of diverse and different cognitive control and function processes that are not always in the

confines of “normality” as defined in the context of a particular culture or system structure (e.g. The idea that ADHD is diagnostically different for example in American than in Thailand due to cultural and other differences) which includes a definition of ADHD that is decidedly more broad than the ICD-10 and DSM-5 manuals. This comprehensive and more holistically inclined definition of ADHD as utilized in this book is presented as a highly gyrating, plastic and developmentally moderated set of externalizing and internalizing behavioral, cognitive, social, environmental and cultural processes. These highly interactive spectrum process patterns are vastly influenced and modulated by contextual, episodic and state dependent function variables such as the present subjective emotional state (sad or happy, preexisting trauma, sleep modulation), physical health status (co-occurring concerns) and quality of environment (proper ventilation, access to sufficient green space, exposure to adverse chemicals, etc).

In this broader ADHD definition and in the wide variety of cases, ADHD often presents as a pattern of internalized cognitive-thought processes and externalized patterned behaviors sometimes codified as inattentive, hyperactive, impulsive and distractive in nature when considered on a continuum of highly gyrating presentations and with in various contextual dimensions. These varying ADHD states of inattentive, hyperactive, impulsive and distractive are routinely exasperated, modulated and are at times entirely generated by interlinked interactive experiences (memories, trauma and the like) and states of knowledge. In addition, ADHD can be modulated by fluctuating states of emotional arousal and quality of physical functioning (nutritional intake quality, active infection, fatigue) from one moment to the next, the quality of environmental conditions (air, chemicals, toxins), continual genetic switching (natural ongoing biologic variation), among other highly influencing, interactive and recombinant principles. But as is explored in this book, the internal and external spectrum indications and patterns which are thought to compose ADHD have continually perplexed, mystified and challenged for eons the very core of what it

means to be human. And now increasingly what it means to be human in a world steeped in unceasing progress, constantly changing definitions of modernity and increasing sophistication, technological saturation and a related drive towards an ever connected globularity—that is amazingly porous and vastly contradictory.

And yet the diversity known colloquially in modern times as ADHD has existed since the onset of humanizing activity with very early recorded evidence found in many pre-modern forms of historical evidence such as the *Biblia Hebraica* (The Hebrew Bible) in 11th-12th century BC, Hippocrates II hypotheses in 460-375 BC, Gallen's hypotheses in 131-201 AD, Shakespeare's play *King Hennery VIII* in 1613 AD and in many, many other sources through human recorded history. This ADHD diversity in humanity has proliferated in concert with the developing sophistication and changing definitional agency of early human promise, which includes increasing sophistication in societally transmitted and self-installed concepts of identity organization, regulation, management, modulation and monitoring. This increasing human sophistication defies early definitions of agency, expectation and brain self-management as early human life was primarily centered on food gathering and basic survival.

Thus, the brain has been evolutionarily hardwired and programmed for eons for example to be inefficient, messy and easily distractable—as a means of necessary survival in not so distance human existence. However, the increasing societal expectation to engage in impossibly efficient cognitive control, attend dutifully to stimuli without distraction, engage in highly efficient repetitive activities—is simply not compatible with inherent brain inefficiency. The inefficient nature of the brain and overwhelming demands for efficiency in modern times has presented numerous practical, state and context dependent problems as the inherently limited brain bandwidth attempts to cope with unrealistic modern demands. Rather than recognize the overwhelming evolutionary limitations of the human brain, this missed opportunity for insight has become a key societal problem that is often crumpled up and packaged

into the catch all wastebasket label known as ADHD. This label has relegated problems created as a result of incredible demands on the limited capacity of the human brain and positioned an obvious societal and cultural problem to a highly sophisticated medical codification system known as ADHD. Now a rather obvious societal and cultural problem has become an individual problem with a medical diagnosis (ADHD) and the ones holding power in society have solved the problem—at least as far as the power holders are concerned.

As stated, there is fantastic difficulty in the modern demands of increasing expectation of more sophisticated cognitive control despite limited bandwidth and further in embodying highly complex discipline regimes of state-system which impose docile training and enforce normalized behavior in the idealized, modernist and rational-capitalist society. In many grand designs of social control, power relation distribution, built spatial environment and archetypal design systems, the very natural infusion of human cognitive interference and the very limited and prehistoric nature of the brain is rarely considered at first instance in such overwhelming rational pursuits of society system prowess. In turn these highly sophisticated and efficient processes are largely why ADHD has developed, nay exploded, to dangerous proportions and more so than ever asserts dangerous control and influence as an all-powerful label. The ADHD as we know today follows tightly along with this disregard for human diversity in addition to the forceful push for unrealistic over rationality. The ADHD of today is often set forth as an overly rationalized set of medicalized symptoms on one very extreme spectrum that purportedly describes a failure of the brain to efficiently switch, modulate and engage in a highly complex set of inattentive, hyperactive and attention oriented cognitive control function or in other words the brain and individual fails to function normally in a compliant and docile manner.

While ADHD is often described in research literature and by some professionals as a relatively novel diversity, the problem of successfully adapting and thriving under the extremely limited constraints of the

dynamically interactive brain, self and environment is not a novel process. In fact, this process of human adaption in the context of built in natural constraints is a prehistoric human process, pursuit and often underrecognized beneficial diversity. To be sure however ADHD is now largely apart of the powerful normalizing medical model script and has increasingly integrated as part of the national social, cultural, economic and political spheres as modern forces such as the pharmacological band aid and culturally derived concepts of normalities. The modern structural systems of the economic-medico and sociopolitical control complexes have sought to exploit the highly prevalent and labeled existence of ADHD as a systematic means of increasing power, capital and profit through increasing diagnosis and prescription of long-term psychoactive substances. In addition, the irrational and impossible nature of phenomena like continual rapid multi-tasking and the unrealistic psychic loads have been disguised as normal and expected attributes for humans. The global capitalist-economic and sociocultural society systems have enthusiastically been designed to normalized such unrealistic efficiency demands and have structurally precipitated and unceasingly imposed on the individual and larger community systems such irrational demands on impossible human performance.

In many cases ADHD is utilized to cover up serious shortcomings in the very fabric of the educational, social, political, cultural and medical delivery systems in America and globally, among other highly sophisticated schemes of systematic control, exploitation and degradation of particularly vulnerable population such as very young children and transient homeless youth. In this way a section of the elite, well educated and/or powerful at the top strata of the global inequality structures utilize diversities such as ADHD in order to drive increasing wealth division and inequality, pad profit margins and accumulate increasing capital and power. This American supported brand of systematic subordination of populations with improper and ill-utilized ADHD diagnoses and coordinating psychoactive drug over prescription is an important theme that will underpin the etiological, pathological and

symptomatic discussions in the context of ADHD in this book. In nearly every case, the diverse ADHD individual cannot be defined by the underlying negative stigma ascribed to ADHD and rather human diversity must be understood as an inevitable, natural and different way of existing—particularly when considered outside the irrational synergistic context of global sociocultural, political and economics systems.

While Chapters One through Four cover the scaffolding necessary for the laymen to the tenured professor to find substantive and/or novel understanding of ADHD, Chapters Five through Seven foray into an accessible and tenable discussion of tools one can learn, practice and utilize to cope, thrive and leverage the overwhelming benefits of ADHD. These tools have relevancy and apply to those with and without ADHD whether stakeholders or general audience readers. While many books particularly of the clinical nature in America focus on the non-normal or negative aspects of ADHD in the powerful diagnostic label shuffle, the pursuit of this book is to view ADHD as the diversity that it is when not under the auspices of the powerfully controlling forces of the medico-economic, political industrial and and special interest complexes. In every case, ADHD can be considered a different (with each and every human having a “different” way of being, acting, thinking, thriving and understanding) albeit normal and rich way of existing, thinking and exceling in a world radically and routinely at odds with the prehistorically wired human brain.

In making sense of this exhaustive and comprehensive exploration of ADHD and highly impactful strategies, techniques and knowledge to harness, practice and succeed with ADHD, the conclusion focuses on how to digest this book and provides brief future directions. Perhaps the primary hope underlying this book is that it serves as a positive and disruptive, compelling and unifying force in the globalizing import-export of the ADHD product. While many academics, researchers and clinicians are keen and intellectually astute, many lack first hand experience thriving with ADHD, living as and/or amongst vulnerable and

underserved populations. In the most vulnerable populations ADHD can pervade as the single most important source for numerous functional and developmental differences but often exists last on the list of consideration for possible underlying avenues in addressing functional roadblocks in vulnerable populations. Perhaps professions do not consider ADHD a concern because many professionals lack knowledge, training and experience with vulnerable populations. And it is also true in other cases some professionals accept and only consider the medical or social models of ADHD as fact—being trained in the subjectively defined norms of the many medically oriented professions that wish to further the powerful medical model hold on individual, culture and society systems while routinely discounting valid contradicting views and cross-disciplinary evidence—not generally for lack of eruditeness but for natural human error in considering all relevant possibilities. Such ongoing issues in the field of ADHD will be explored in depth and considerations for how to address such myopic deficits and bring about continuing positive changes will be explored.

The concluding thoughts in Chapters Six and Seven underscore the numerous roadblocks and limitations whether psychological, physical, social, cultural, political and economic while providing a continual disruption and reshaping of the private and public discourse of the commonly misunderstood and complex diversity known as ADHD. While it is the intention that this book be endlessly influential (one can only humbly hope), the writing herein is designed to sit cozily on bookshelves, staring back as a disruptive reference source to the clinician, ADHD individual, policy professional, employer, professor, caregiver, student and the many other concerned stakeholders. This book is also designed to be torn up and thrown around in the tote bag of a tragically and frantically hyperactive hipster in the newest Brooklyn “it” neighborhood (i.e. Queens) or perhaps most ambitiously nestled in the azure green snow covered peaks of the Atlas Mountains of Morocco, the endlessly rolling green hills of Vermont, the imposingly jagged capped alps of Switzerland or deep in the Tennessee Appalachia—in the hands

of a perhaps silently struggling and internally inattentive, distracted or hyperactive yet deeply intelligent individual—grasping and hoping for more and never ever giving up.

I encourage you to disrupt status-quo, don't accept no for an answer, overcome roadblocks and don't be afraid to blaze novel trails in life no matter the barriers. ADHD is a welcomed difference and a beneficial diversity in a purposefully bland world of highly replicated Brasilia sameness in the self-oriented neoliberal capitalism tradition (Brasilia, a starkly cold and modern city of sparse sameness designed by Oscar Niemeyer in the 1950's). ADHD need not be a roadblock but rather an incredibly diverse and beneficial gift to be celebrated.

Chapter 1

**ARCHITECTURES OF DIVISION:
SOUNDING THE ALARM ON ADHD**

We are thinking about ADHD all wrong.

ADHD can be found at the center of dangerous, heart wrenching and impressively retransmitted social, economic and health inequalities in the United States and globally. One reason for the pervasiveness of ADHD is because of its notorious use as a “catch all” label for often normal human diversities of inattention, hyperactivity and impulsivity in individuals. While in modern times this cluster of normal diversities has been defined variably as Attention-Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) by the American Psychiatric Association while also being defined as Hyperkinetic Disorder by the World Health Organization (in much of the world), this *catch all* condition is essentially a social and culturally modeled paradigm of American and Western norms, subjectivities and sociocultural trends. While this book is not another hastily written discourse designed to sell the dangerous ADHD denial narrative—this book does seek to counter the erroneous and precarious course ADHD is

currently taking with the current state of spiraling over diagnosis and utilization as an inequality division and retransmission tool. Additionally, this book and this chapter seeks to sound a defeating alarm on this dangerous state of affairs and put forth a stimulating investigation exploring this deeply troubling, dangerous and exploitive state of ADHD affairs. One chief goal of this book and this chapter is to focus on propagating practical and sustainable positive change by shifting the conversation on ADHD away from utilization as a diagnostic control and inequality retransmission tool and to take a closer look at a reality where diversity and difference is emphasized as a melting pot of strength.

The diagnosis of ADHD as an inequality producing and division paradigm has furthered the dangerous state of ADHD affairs and underpins an extraordinary global scandal that while essentially a secret behind the scenes process must be unpacked and brought into public discourse. This is a major goal of this book. And in fact in this epic ADHD scandal, there exists a clear exertion of powerful exploitive forces on an incredible scale by elite and powerful actors such as policy makers and healthcare professionals—all of which are exploitations that are continuing to take root under the fashionable disguise of the the misleading and powerful ADHD moniker. To be sure, in the current vying state of nationalist uproar, extremism and alternative news facts obscured in the daily milieu, there exists ever more absurd and persistent creation and retransmission of inequalities whether political, social, economic, cultural, health and on and on. In fact, the level of inequality today whether in America or globally has reached new and disturbing heights. But along with this persistent level of inequality creation and retransmission and an opaqueness of current social, cultural and political affairs, it's now more imperative than ever to unmask not only the roots of the ADHD scandal but to broaden the conversation to include a meaningful empirical discourse on the acutely important role of inequalities in ADHD diagnosis today. It's stunningly clear from years of experience and research but will become glaringly apparent from reading his book that ADHD pervades as a powerful operational device

of social, economic, political, cultural, health and other stripes of inequality creation and retransmission. This book through years of global investigative field research seeks to pliantly unmask the often precarious, scandalous and dangerous narratives underpinning the contemporary ADHD machine and offer a substantive and productive direction forward in demystifying the secret aspects of the global ADHD machine.

Many researchers, policy makers and other leaders in diverse multidisciplinary fields such as psychiatry and economics have suggested that modern ADHD as explosively proliferated today is fundamentally the result of cruel neoliberal policies, the embodiment global power inequalities with in individuals and the American and global intolerance for normal human intellectual and physical diversities. This diversity intolerance is evidenced by the veracity, complexity and scope of the ADHD diagnosis and the many social and culturally derived psychological and psychiatric concerns in the DSM-5 and ICD-10 diagnostic manuals. In addition, these forces are further evidenced and supported by American and Western economic, legal and other public policies that discourage non-normalization and encourage as in the case of neoliberalism a false narrative of individualism (the cliché and false idea of “pulling yourself up by your own bootstraps”). These sociocultural and economic femme fatales marry and persist together with a false dichotomy of American exceptionalism and the proliferation of the mythic neoliberal individualism on the coattails of the dusty American manifest destiny, which needs to be put to rest once and for all. As my grandfather would suggest, we all appreciate the mythic feat of the individualistic cowboy-esque narrative in America, but no one truly believes after careful reflection and scrutiny that anyone got along with out an entire village(s), which is perhaps even more true in the manifest destiny of the tough American west and in the still sophomoric and often anemic American capitalist-republic.

But in many dangerous ways this continued existence of mythic individualism as woven into neoliberal policies and the everyday American and global milieu—narrates insight into the broken and

unequal scaffolding of America and sheds enormous insight into the existing social, economic and political paradigms of today's global village. The unequal distribution of resources and circumstances in America and globally whether economic, social, cultural, political or health oriented has persisted and continues to weaken the institutional scaffolding of an already fraying global system. In so many cases as will be explored in this book, ADHD as the most commonly diagnosed condition in America and arguably the world can be found at the center of this global dysfunction. In many cases, ADHD is used as a diagnostic tool of division and control, precariously moderated by forces such as the overly rational and myopic biomedical model (a model that only acknowledges biological origins of disease; moderated and supported under the auspices of capitalism) that stands as a divisive tool to prop up a coarse, weary and dangerously unequal capitalist system.

This discussion on the state of social, cultural and economic systems in the US and globally may not seem directly relevant to ADHD or may be confusing as some may find the discussion disillusioning or unbelievable. But in so many cases the disenfranchised, underprivileged and resource poor are diagnosed with ADHD while the rich, well connected and privileged don't. This diagnostic disparity is not random. The resource poor in America and globally with ADHD vulnerabilities often have an incredibly difficult chance at succeeding while the rich stand little risk of failing. The rich can afford robust and seemingly endless assistive services such as tutors and therapists while the poor strive to maintain basic subsistence and safety, which leaves little time to access, learn and employ coping methods for ADHD. In the US there are two unequal Americas with a clearly defined resource demarcation between the Global South and North, which is replicated within the neoliberal capitalist laboratory under the auspices of the misnomer known as the *Dis*-United States of America. And at the center of this inequality demarcation exists another misnomer, which is the fraught and misleading ADHD label. The ADHD label stands as an illuminating insight and artifact of the pervasive, disheartening and infectious

transnational inequality found in the *Dis*-United States of America. In the Dis-United States, ADHD has been subjectively defined by the American Psychiatric Association to disregard basic human realities such as inherent human brain diversity. The American Psychiatric Association Manual manual with out much fanfare embodies the false American exceptionalism and individualism narratives with in its pages as well as neglecting the supportive necessity of a compassioned village. In essence, the ADHD label has been expertly designed to separate and control populations as discussed (which will be explained further below and in the course of this book) with the all too easy goal of spreading the pus filled infection of both ADHD over diagnosis and continuing the unequal distribution of lush power, capital and control inequalities in America and globally.

While many varied and robust data sources are available for ADHD prevalence and trends, Figure 2 below points to an alarming trend of over-diagnosis in more socioeconomically diverse American states such as Tennessee and Alabama.

One can also see in Figure 2 below the ADHD inequality infection creation and retransmission at work. The Figure 2 illustrates data from the 2011 National Survey of Children's Health performed by the Centers for Disease Control Survey of Children 4-17 Diagnosed with ADHD, which presents evidence for ADHD inequality and retransmission with in more socioeconomically diverse regions of America with earth shatteringly clarity. As can be discerned, there are the wealthy with out ADHD and the poor with ADHD. Note in the figure below the overwhelming disparity between ADHD diagnostic labeling in largely impoverished southern US states and other wealthier US states. A child and adolescent in the Southern US States aged 4-17 is much more likely to receive a diagnosis of ADHD according to the Center for Disease Control. Note that while inequality of resources and capital plays a large role in ADHD diagnostic disparity, there are other factors such as ethno-racial identity and gender identification which are often inequality making due to forces of subordination and such forces do also play

significant roles in inequality and ADHD diagnostic disparity. But what the infographic figure below illustrated and additional data does illustrate unequivocally is that ADHD at the dangerous center of inequality creation and transmission as evidenced by the much higher probability of receiving a diagnosis for ADHD in the more socioeconomically diverse Southern US states.

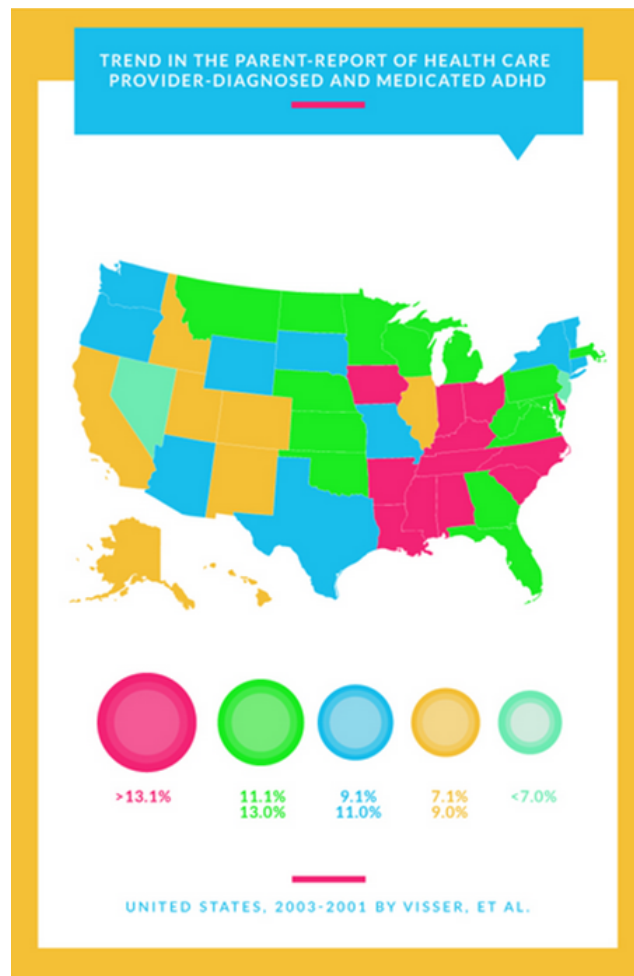


Figure 2. Trends in ADHD Diagnosis.

BUT WHAT DOES THIS ALL MEAN?

This diagnostic ADHD trickle down of power imbalances between controlling global structures of America (e.g. political policy power, healthcare provider power) and the larger powerful control auspices of the Global North and the Global South institutions—has in essence dissected and reconfigured definitions of agency in the modern conceptions of individual and group systems. This reconfiguration of agency has in essence worked to create docile subjects with a subordinated sense of autonomous self along with the unrealistic socioeconomic double, triple or seemingly endless demands of unequal work, family and societal life demand balancing. These unequal society control regimes are designed to ensure expedient neoliberalist capitalist processes at all costs and often wield invisible and absolutely normalizing power over the body, mind, self and larger definitions of human agencies. This aim of ensuring economic efficiency and prowess is pursued relentlessly despite the huge corrosive individual and societal costs whether social, economic, cultural or corrosive to psychical and psychological health. It is not surprising that ADHD is one cost at the center of ensuring capitulation with this market driven goal of high efficiency and concordant efforts to disregard realities of humanness such as inherent diversities and built in organismal limitations of individuals.

It's true that the mainstream accepted systems of thinking about, considering and working with normal human differences like ADHD are often flawed. The now prevailing biomedical model (ADHD has only biological origin) and biopsychosocial (ADHD has biological, psychological and social origins) models are in many cases harmfully over modeled fluff and in others cases downright dangerous to populations. For example, such models are utilized as over sophisticated evidence to prescribe harmful drugs despite questionable empirical

support. In so some cases very young children receive invalid alphabet soups of diagnostic labels (and in some cases powerful stimulants, antidepressants and other newly minted psychotropic medicines like Adzenys that is designed to taste exactly like sweet candy) for ADHD after several minute cursory visits to healthcare professionals. And not much is being done to change this incredible exploitive state of affairs. Why? The pharmaceutical industry alone sold more than \$9 Billion of stimulant type medications (such as the amphetamine Adderall or better known as “ADD for all”) in 2012 alone according to IMS Health. This number has likely doubled or more considering the increasing rates of ADHD diagnosis and pharmacology prescriptions.

Nonetheless, the biomedical and biopsychosocial health and disease models while useful tools in academic research and clinical practice are often harmful once erroneously applied to ADHD. These health models only work to muddle the understanding of the subjectively created ADHD label since ADHD is derived from an accumulation of transient and constantly changing social, cultural, economic and other transient forces. In fact, the assignment of an erroneous medical model essentially works to further tangle the understanding of ADHD by for example forcing knowledge creation and understanding to unfold under the auspices of one particular myopic lens (e.g. the biopsychosocial or biomedical model). In turn this further oversystemization of defining, understanding and diagnosing ADHD and convinces the public that there must be validity in these models and definitions of ADHD as such knowledge conceptualization is so overly sophisticated that not many can understand it. While there is a huge need for ADHD in research and in considering ADHD while designing inclusive policies to accommodate diversities in ADHD vulnerable individuals, there is no place for ADHD in its current starring role as a control, division or inequality creation and reproduction paradigm.

The global inequality creation and retransmission of ADHD is one of present times most alarming and pressing scandals driven by the unequal, unchecked and striving aspiration for individual and societal power,

capital accumulation and totalized control over the liberties of the individual's mind, body and self. This aspiration of power and deindividualization is propagated by forces such as the noted neoliberalism and the many powerful policy lever operators, healthcare providers and many endless influencers. The misleading ADHD control, inequality and over diagnosis scandal must be continually investigated in order to uncover the full veracity of this scandal, to provide positive change-making solutions and to explore possibilities for harnessing ADHD wonderfully diverse benefit. In essence, this chapter and the goal of this book in larger part is to document my long standing investigative efforts on ADHD, to continuously question the current state of ADHD and to shed increasing light on the pressing state of American and global inequalities in the context of controlling forces that drive the powerful ADHD machine.

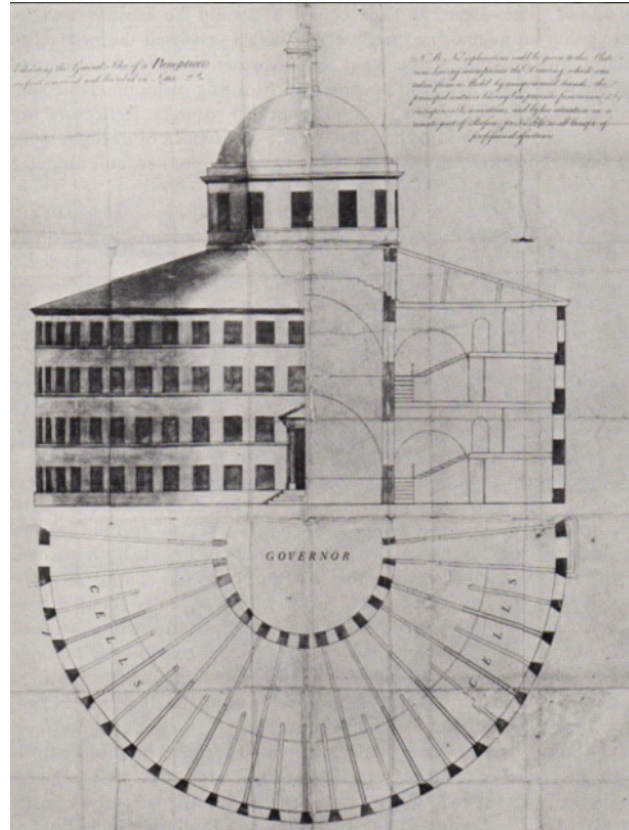


Figure 3. English Philosopher Jeremy Bentham's 18th Century Panopticon Design Drawing.

A particularly useful teaching tool utilized in many undergraduate/postgraduate courses and works well to illuminate one way in which the powerful ADHD machine works is Jeremy Bentham's classic 18th century model of the Panopticon penitentiary (Figure 3 above). The Panopticon term originates from the Greek words "παν" and "οπτικός" (which translates to "all" and "seeing"). Such historical yet still very relevant models such as the Panoptic sketch provide an intriguing basis to understand the modern ADHD machine since the Panopticon is widely believed to be the early basis for the physical design of the model prison penitentiary and a design that exerts a controlling

psychological force of self-supervision on the individual. As ADHD is designed to label and divide healthy and non-healthy populations, it's also a label that is designed to provide a sense of authoritarian derived and self-imposed supervision in order to increase the possibility that individuals labeled with ADHD will behave in docile and socially acceptable ways. This totalizing level of supervised control of mind, body and self exerted by the Panopticon design is in many ways the same as the labeling force of the ADHD machine since when one is labeled as "ADHD," one begins to embody the powerful definitions and beliefs underpinning ADHD even if those definitions and beliefs are not true or applicable to the individual. These powerful unequal forces derived from the authoritarian Panopticon model design of the idealized penal or prison system exerts a similar sense of self-supervision over individuals and groups is much in the same process as an ADHD diagnosis.

As noted, the Panopticon penitentiary model design still often forms the basis of beginning study in many multidisciplinary undergraduate and graduate academic disciplines and can still be seen all around us today as an illuminating early example of how built design can be used to coerce individuals and groups in order to execute societal discipline and order. The Panopticon design has influenced modern design sentiments for many classrooms, emergency/accident room triages, city squares, cafes and even residential dwellings. The placement of classroom desks in rows facing the head teacher's desk where the teacher can monitor the pupils either directly or indirectly asserts a continuous feeling of often self-imposed monitoring on the student's cognitive and behavioral processes whether or not such monitoring is actually plausible or takes place.

This imposed sense of self-monitoring despite the head teacher being unable to supervise every child works to increase the probability that students will act, think and behave docile and disciplined due to the *feeling* of continuous monitoring and the fear of reprisal from the teacher, peers or society in the example of the obedient classroom child. On the converse, the emergency triage nurses station centered in the middle with

many windows abound and patient triage rooms oriented in the supervising direction of the nurse's station(s) allows installation of the same sense of self imposed monitoring and control on patients. Another example of this self-supervising panoptic phenomena is the typical stark and modern city square whether in New York, Abu Dhabi or Brasília—which often is embodied by imposingly cold steel and numerous glass panels facing large squares which tends to impose the larger feeling of direct or indirect monitoring. These large glass and steel towers facing open squares not typically designed for pedestrian use (typically devoid of benches and pedestrian friendly spaces) in turn enforces a self-monitoring of thoughts and behaviors. Finally, the design of apartment blocks and other residential buildings is another illustrative example of the panopticon design influence with open windows often turned and facing other open apartment windows, which again allows for the sense of indirect or indirect installation of self-supervising control over mind, body and self. Note in Figures 4 and 5 below two visual examples of this design-control paradigm in action.



Figure 4. Newly minted automobiles lining up for the opening of Wantagh Spur to Jones Beach on July 16, 1932. Source: Long Island Regional Archives.



Figure 5. Jones Beach State Park New York in 1940. Source: New York State Parks, Recreation.

Perhaps the most convincing examples of this design-control inequality paradigm emanating from the Panopticon prison model that is one component of ADHD over diagnosis and control processes is the former swampland transformation of Jones Beach State Park in Long Island, New York. This beach park was developed during the administration of the all at once feared, disliked and vaunted New York City planner Robert Moses. The was the first American public works project of its kind in terms of scope and ambitiousness when it opened in 1929. The project while ambitious in scope and a public works feat (despite being an environmental preservation and public policy failure) was more disturbingly designed to energize and control many white middle class automobile owners out of New York City, into newly

minted Ford T-Models. The ultimate goal was to mold many fortunate T-Model owners into “productive” modes of further capital and resource consumption—driving on the specifically designed causeway system which was not intended to accommodate all social and economic classes of the time as buses nor trains could traverse the causeway.

So not only were the middle class populations beckoned and controlled towards optimal capitalist consumption but the disadvantaged classes were denied access to this newly minted Jones Beach State State Park and divided further into obscurity in the margins of exclusion and inequality. And this occurred despite the fact that all concerned classes were tax payers and held equal rights to publicly funded infrastructure, no matter the social or economic class standing. Nonetheless, upper classes benefited enormously through this incredibly expensive public works campaign through the continual capitalist consumption of the middle class in the purchase and use of new automobiles and through the continual subordinating division of the lower classes that as noted paid taxes but were denied the ability to public from such public works projects. This paradigm of unequal division and control propoagaed by powerful actors is critically important to understand as it is much the same as the top-down partitioning force of the ADHD diagnosis. The ADHD lable has in part been defined in modern times to create, retransmit and ensure infectious levels of inequality and control particularly in the disadvantaged and in the vulnerable and subordinated population classes.

This exertion of totalizing control over mind, body and self and resulting inequality transimssion is not only evidenced in the Panopticon model but also clearly in public works projects and design-control phenomena such as Jones Beach Stark Park. This overview of the design-control phenomem and visual examples provide a strong basis in which to understand the historical origins of the current dire global socioeconomic inequality and control paradigm, which is continuing to be exerted by the powerful ADHD diagnosis in modern times. The diagnoses and labeling of individuals exerts an exacting sense of

totalizing control and supervision as powerful social, cultural and medical authority is exerted over individuals through the ADHD label. In many cases the powerful authoritarian and defined parameters of ADHD programs children, adolescents and adults to embody, act upon and install the normalized aspects of an ADHD diagnosis in response to being labeled with ADHD—even if such persons do not have the requisite differences in behavioral and cognitive processes associated with ADHD.

Aside from the clear inequality reproduction delivered with an ADHD diagnosis, the American educational system in particular has been designed to divide and control children towards a more docile, compliant and capitalist oriented embodied set of thinking and behavior. The goal of the American and Western education system is largely to impart the values of expedient consumerism, a Karl Marx brand of commodity fetishism and an accepting early separation of the creative force of the child, adolescent and adult from being included in identity formation. One way to ensure that this necessary capitalist paradigm is accomplished is to label a large amount of children, adolescent and adults with ADHD even if such individuals do have features associated with ADHD vulnerabilities, particularly children in impoverished, subordinated or disadvantaged areas of American and Western states. The rate of labeling and diagnosis has been steadily on the rise across America and globally, but in the improvised southern US states such as Kentucky and Tennessee, the rates of diagnostic labeling is far outpacing other states such as Arizona and Texas. Why is this? The reasons for this labeling disparity and inequality phenomena are multifaceted and complex, but it's clear from the available data that children in improvised areas are much more likely to be labeled with ADHD. Not only this but Americans from a very young age face a harsh, controlled and unpredictable environment that is likely to accentuate, retransmit and exasperate the social, cultural and biological on and off switching of normal inattentive, hyperactive and impulsive characteristics in the child, adolescent and emerging adult.

Note below the photographs of a typical American and Finnish kindergarten classroom and the stark differences between these two classrooms in Figures 6 and 7.



Figure 6. Typical American Kindergarten Classroom. Photo by Author.



Figure 7. Typical Finnish Kindergarten Classroom. Photo by Hanna Tolvakka.

While the differences between American and Finnish kindergartens seem incredibly stark, there are other noticeable and important differences to consider in the context of ADHD. See figures 8 and 9 below.



Figure 8. Typical Finnish Kindergarten Educational Display. Photo by Hanna Tolvacka.

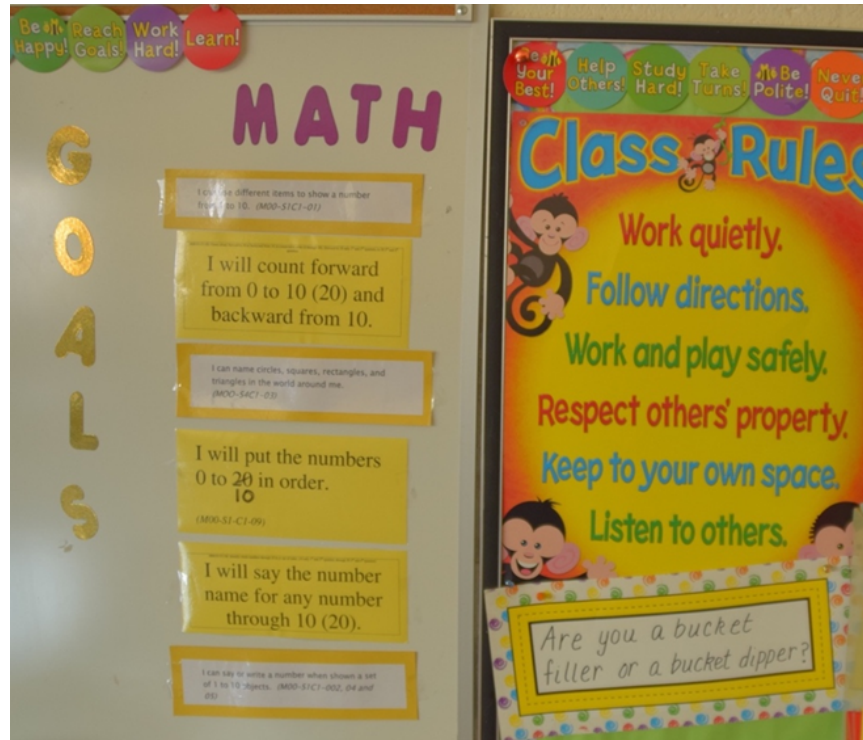


Figure 9. Typical American Kindergarten Classroom Education Display. Photo by Author.

In a multitude of research studies comparing academic achievement of Finnish and American students, Finnish students continually outpace American and most other global counterparts on measures such as academic achievement and happiness.

Why Is This?

The reason for higher measured levels of academic achievement and happiness in Finnish school children in relation to American counterparts is complex but is due in part to some stark differences between Finnish and American school system curriculum such as sociocultural sentiment

differences that encourage child diversity and improved physical infrastructure design, which are variables that reflect closer approximations to the realities of the child development needs and trajectories. One important differentiating factor in the varying levels of happiness and academic achievement reported in Finnish versus American school children is that Finnish school children spend significant and deeply beneficial time dedicated to unstructured inquiry, play and exploration in outdoor green spaces. Not only do these improved education system qualities work to moderate ADHD differences by providing a “dose” of unstructured play, nature green space treatment and increased physical activity, but the Finnish education system with out a doubt encourages other advances in childhood development such as more sophisticated childhood neuro-motor development, increased competencies in social ecological skills and improved resiliency in dealing with normal life course difficulties. See Figure 7 example below.



Figure 7. Finnish Kindergarten Classroom with Children Working Cöoperatively and Unstructured in Nature. Photo by Hanna Tolvakka.

The Finnish people place enormous cultural value and importance on nature even going so far as piping into public announcement systems the sound of birds “tweeting” in many public spaces. It can be suggested that the differences in functioning accounted for by the ADHD diagnosis do respond very well to the “dose” and treatment of the Finnish education systems with its lack of overly structured curriculum and serious emphasis on independent inquiry, unstructured play and exposure to psychologically beneficial green spaces. Now, if only the American and Western educational institutions will take heed of the overwhelming success of Finnish schools—not only in approaching physical school design but in utilizing nature and unstructured play cohesively in the curriculum as incredibly beneficial ingredients of a successful childhood education.

THE ADHD CRISES IN CONTEXT: PUTTING ALL THE PIECES TOGETHER

The deeply troubling sense of supervising discipline and control whether as evidenced above in the present state of the overly structured American classroom design and curriculum, whether as evidenced through out history as demonstrated by the model Panopticon prison design or by the out of control labeling of vulnerable children in the American South with ADHD—must not be allowed to continue essentially unaddressed any longer. It can no longer be the case that inequalities are dangerously retransmitted under the controlling guise of the ADHD diagnosis. ADHD should not be used to drearily define, direct and routinely impose docile and compliant behavior on vulnerable, disadvantages children, adolescents and adults. As much as social, economic, cultural, political and health inequality is an infection in its own right, ADHD too is retransmitted as an infection in concert as a key

force of the inequality infection. In so many ways ADHD exists at the center of the continuous erosion of the individuals right to agency and to a natural sense of different humanness. The ADHD label is a prime generator in creating and driving a deeply corrosive barrier to present societal cohesion, productive growth and stability.

While the created and retransmitted infectious inequality producing ADHD can unfold invisibility for most and many times such an infection does not result in life threatening situations as with many other infectious diseases and epidemics, the dangerous controlling and inequality creating and re-producing power of ADHD is still quietly undermining efforts to properly address many diseases and epidemics. In addition, ADHD undermines many efforts to address social, economic, health and other inequalities in the America and globally today. Thus, no longer does ADHD need to stand as a barrier, roadblock or controlling force of inequality creation and reproduction. Everyone can and must take action towards improving awareness of ADHD diversity, inequality, controlling forces and troubling diagnostic rates in resource disadvantaged populations (such as in the American South), among other incredibly troubling issues with overdiagnosis of ADHD. Everyone must continue working towards an evidence driven, effectual and tangible sea-change in how ADHD is understood, defined, approached and treated. It's important to celebrate the incredibly diverse gifts and benefits of ADHD and to realize that ADHD is a normal human diversity. ADHD should not be used as a mechanism of division and control or as a powerful arm of at the helm of inequality creation and retransmission. It all starts with you.

Chapter 2

DIFFERENT EMBODIED REGIMES OF ADHD: PRESSING ADHD QUESTIONS AND DIRECTIONS

While there is an endless cascade of pressing and continually shifting questions at the heart of the ADHD debate, the points summarized below underscore some of the most pressing questions this book explores in the ADHD conversation.

Please feel free to skip around this section and reference specific areas as preferred and relevant.

PRESSING ADHD QUESTIONS

- **Are we thinking about ADHD all the wrong way?**

In one word: Yes.

The global institutional systems in place to define, assess, diagnose, treat and address ADHD are fundamentally flawed and broken. Many

very young children (as young as 4 or 5 years old) are being routinely labeled as non-normal and medicated with incredibly powerful psychoactive drugs that assert enormous short and long term negative physiological and psychological affects. This is despite in all likelihood that such children displaying surface ADHD risk vulnerabilities are simply taking a routine albeit sometimes different human developmental pathway. This different developmental pathway needs to be celebrated, not labeled and medicated.

Nonetheless, in the most concerning cases of ADHD diverse individuals, research suggests specific physical brain differences may exist including for example decreases in volumetric brain volume and patterned differences in the physical anatomic neurologic structures as repeatedly measured and computed in correlative comparison in relation to statistically determined averages expected on brain imaging studies. It should be noted that everyones brain is different, much in the same way that everyone has a different fingerprint. This neuroscience evidence however suggestively provides significant scaffolding to the idea that ADHD could exist as a pathologic and biologic difference, particularly most relevantly when considering the purportedly more severe ADHD cases. However present neuroscience evidence is incomplete, unreliable and must be followed with extreme caution as ADHD remains a highly subjective diagnosis that does encompass normal variations in human diversity.

- **Do simple, effective, integrative strategies exist for children to adults to cope with ADHD now?**

The simple answer is ADHD is a normal and fantastically diverse gift that is commonly misunderstood and underleveraged as an enormous benefit. However, tools and coping mechanism are often necessary to adjust to societal expectations and norms. In consideration of this necessary adjustment—this book launches into two incredibly useful and

helpful mindfulness sensory practice that can be utilized in children to adults in order to start thriving with ADHD right now (Chapter Five). Further as the conversations and analysis progresses in the book, an extremely fertile, holistic and comprehensive discussion of ADHD will continue to ensue, which will prove no doubt to be beneficial to those with and with out ADHD diversities. The discussion concludes with high impact coping strategies as well as several case study discussions based on actual clinical cases that reveal an overwhelming level of success in individuals with ADHD vulnerabilities.

- **What is attention bandwidth and why is this concept so important to the ADHD discussion?**

In many cases “patterns” and “spectrums” and “available bandwidth” of normal cognitive capacities are more apt descriptors and identifiers in place of the complicated ADHD alphabet soup label. The relative and differing capacity of the human brain causes inevitable capacity and availability of cognitive strength to gyrate significantly based on a myriad of factors whether due to biology, environment, psychic load, socioeconomic status or other highly interactive, diverse and spectrum factors. In some cases, differences exist in human potential and attentional capacity functioning which can not be readily and easily explained by an empirical, correlative and theoretical framework and/or accumulated source of repeatedly evaluated knowledge. The differences and diversities in the human attentional capacity can be appreciated not as a non-normal means of development, functioning or intellectual prowess but as a normal, routine and generalized human development process. One must keep in mind that fundamentally humans are an inherently fragile, fraught and highly diverse organism often focused at the very primal core on survival oriented activities. It only follows then that “attentional bandwidth” or the normal context state variations in attention/functioning prowess is a realistic and routinely occurring

phenomena that is important consider in the context of ADHD diversities.

- **How have the shifting definitions of agency worked to increase diagnostic rate of ADHD?**

Americans and similar market driven economies in an efficiency sense do not often tolerate diversity as an economically prudent or acceptable reality of the human existence. This lack of acceptance of diversity as a human reality is evidenced by the existence of institutionalized forms of discrimination, strictly defined and embodied societal roles and vast structural, economic and social inequality, which are all integral to the success of the capitalist market economy system. It's important to understand how the capitalist system has worked to shift "allowed" definitions of agency towards definitions of agency that require expedient and efficient consumerism by definition. In such a rigorously, strictly and unequally defined American capitalist system, the ADHD diversity in essence exists as a "catch all" label (e.g. one must have ADHD if unable to meet unrealistic expectations of capitalist efficiency and consumption), which as results in the powerful assertion of defining control over individual agency definitions. This control and division process of course is necessary in ensuring the capitalist maxim of expedient consumerism and consumption no matter the individual cost.

- **Do recess and nature need to be prescribed rather than Ritalin?**

The empirical evidence suggesting enormous benefits when school aged children are provided with increased time for unstructured play, recess, exposure to outdoor green space and increasing physical activity is earth shatteringly clear. These forms of unstructured exposure to play

and green spaces provide clear advantages to childhood development, learning capability and improve wellbeing. The prudent and continuous exposure to nature and green spaces in addition to fostering engagement in collaborative outside unstructured prosocial activities exists as a key “dose” and treatment for ADHD.

- **Does starting kindergarten one year later actually tamper, decrease or eliminate ADHD vulnerabilities in pre-kindergarten children?**

There is increasing evidence to support the idea of delaying education activities in kindergarten age children in order to provide sufficient time for early childhood development processes to unfold and for children to reach levels of development most conducive to learning. One has to consider and push back on the idea that there is a “normal” age for a child to begin an education or that every human must necessarily progress and achieve at the same exact rate. This assertion of a “correct” or “right” normality in early education is at the heart of the ADHD debate as explored in this book. The continual questioning of what “normal” means must remain at the forefront of the discussions on ADHD.

- **Does the ADHD label represent a part of the diverse human development course? Or is the ADHD label simply an agglomeration of other related spectrum human diversities?**

The valid question of whether ADHD fits into the medical model (biomedical), social/cultural model (psychobiosocial) or other models or rather exists as a normal human diversity is core to the discussions in this book. The question of whether ADHD is a part of a normal human development course is also central thematically to this book. ADHD can be a normal part of human development often called a

“neurodevelopmental diversity” and simply a diverse difference as well as a labeled medical diagnosis with highly varied American and global definitions. Many question the previous and current conceptual working definitions of ADHD due to inherent biases, power relations, clinical subjectivities, power relations, contextual differences in society systems and many other reasons.

In fact, up until 1973 homosexuality was defined by the American Psychiatric Association as a psychiatric diagnosis, but now is considered completely “normal” according to the all powerful medical model. Some experts and professionals also believe that ADHD is simply an agglomeration of other co-occurring psychiatric conditions such as executive function disorder or perhaps simply a combination of co-occurring depression, learning, emotion, personality and other similar diversities. The medical models and labels such as with ADHD and homosexuality can carry incredible power in controlling individuals, shaping/directing behavior, disciplining and punishing the population. Thus, this book focuses on investigating these power structures and relations as especially concerned with the contradictory and disparate underlying evidence and definitions of ADHD.

- **Does an undervalued link between emotions and ADHD exist?**

Yes, research and my experience supports the notion that there is a direct and critically important correlative link between emotional states and ADHD diversities, which often overlooked in the ADHD conversation. In many cases, emotions play a pivotal and integral role in the ability for children to adults to modulate attention, learn productively and engage in successful prosocial behaviors. In fact, many assessed and labeled with ADHD, particularly the executive functioning and attention oriented diversities may actually be exhibiting signs of emotional or traumatic distress including depression or post-traumatic stress syndrome

(PTSD). It's difficult due to the subjectivity of the ADHD label to empirically ascertain, examine and determine where exactly ADHD ends and where an unaddressed spectrum emotional concern such as trauma may begin. Therefore, it is critically important to include spectrum emotional concerns including influencers and modulators such as specific state, influences, contexts and histories of the individual in the ADHD conversation.

- **What is the link between prosocial behaviors and ADHD?**

It's critically important to engage in successful prosocial behaviors in order to properly cope, learn and traverse ADHD in addition to the varying demands, challenges and joys of life. In many with ADHD differences, the high cognitive demands of prosocial thoughts and behaviors can become increasingly less attractive, fraught or difficult, which exhausts attempts to succeed with ADHD. I will explore in the proceeding pages the critical link between prosocial behaviors and ADHD diversities in addition to some beneficial coping techniques and narratives to improve and practice integrating prosocial behaviors in the context of ADHD.

- **What is the importance and impact of values, goals and goal directed behaviors in relation to ADHD?**

As will be explored in Chapter Five, clearly developed values and goals are critical in forming productive/self-actualizing goal directed behaviors—a key skillset for successfully thriving with ADHD. The importance of forming clearly defined and substantive values in concert with goals cannot be understated as an important pathway in understanding, thriving and leveraging the benefits of a diverse mind in the context of ADHD. This successfully developed and continuously practiced goal directed behavior becomes a critical source of success

when such value and goal systems are practiced and leveraged consciously.

- **Is there an undervalued link between the pervasiveness of technology consumption and ADHD diversities?**

Technology saturation and consumption is a huge issue of impressive proportions as especially related to ADHD vulnerabilities. Many and particularly those with ADHD diversities respond to modern technology and screen exposure much like pulling the handle of a slot machine—it has a drug like dopaminergic reward dosage that becomes increasing addictive and can become installed as an automatic, unproductive and consuming behavior. The addictive qualities of technology can lead to lost opportunities for identity development, individuation, self-interest, decreasing motivation and increasing divergence from the basic qualities and traits of humanizing activities that foster happiness. The advent of technology as a means of connecting one to vast information including incredible new ways of socializing has worked against many natural human forces and rather has isolated individuals, communities and larger society systems. This all spells trouble for those with and without ADHD diversities, however it is clear that there are enormous benefits to reducing technology exposure and screen time, especially in thriving with ADHD.

- **Is it societies moral duty to facilitate comprehensive investigation, assessment and treatment for ADHD?**

It goes with out suggesting that it's societies collective moral duty to lend assistance to one another as available, possible and realistic and not necessarily the entire duty of the state structures alone. However, the state must play a protective role in ensuring egalitarian, fair and equitable protection, investigation, assessment, treatment and maintenance of

ADHD. While state enterprises can be designed for the public benefit such as public health, education and public works, these enterprises are of course profit making enterprises and thus remain a tough sell in the capitalist-profit system. So the improvement of public health in relation to ADHD must be thoroughly pursued as a moralistic duty to neighbor, to the less fortunate, to the underserved and as a moral duty toward the grander wellbeing and advancement of humanity.

- **Is the American health health and safety net systems designed to address the highly prevalent and complex nature of ADHD fundamentally broken?**

By design the American government and society system is highly fragmented, fractured and focused on generating revenue as well as creating inequalities which work to benefit the top power structures. It isn't reasonable or rational to attempt advocating to upend the entire sociopolitical and governmental system design to be replaced with one that functions more fundamentally equitable and fair. However, the issue of resource, power and other related resource inequality must be at some point realistically, tangible and effectually addressed with pertinent policy levers in place for public benefit or the safety net systems such as public health will continue to inadequately address ADHD as a considerable public health concern.

- **Why are *power relations* important to explore and understand in relation to ADHD?**

In some ways ADHD exists as a power relation, a kind of all powerful historical and popular trend sociocultural label on one extreme and a powerful medical model label on the other extreme. The power relations as modulated by the special interests of the power structures with in a country system such as America seek to define and exert control over the

individual, communities and society systems in order to increase society cohesion, form docile and compliant individuals and increase economic proneness. These power relation issues are explored in depth and are at the heart of the ADHD conversation in this book.

PRESSING ADHD DIRECTIONS: THE ADD/ADHD CRISES EXPLORED

As has been explored in this book, we are thinking about the alphabet soup of ADHD all wrong. We are excluding human creativity and diverse individuality from definitions of normal while co-opting many children to an overly compliant, disciplined and docile existence. The society-state structures are continually designed and oriented to expedient and efficient consumerism and maximalist consumption often with out regard to human difference. All a while this global capitalist system encourages a classist and rule based striving along with the installation of overly rational and crushing socioeconomic efficiency and productivity. Yet in this straining shuffle for impossible efficiency in the highly competitive capitalist system and continuous class shuffle there is true disruption of what makes human life warm and wonderful, which is an inward and outward expression of mutual humility, care and acceptance of the highly diverse human condition--including perhaps most importantly the existence of ADHD as a critically important and beneficial human difference. While many books suggest a litany of prudent and not particularly prudent advice on coping with ADHD, the intention of this book is to highlight in the discussion the underlying and often missing components of many ADHD conversations, which is the pre-modern and historical origins of ADHD and the overtly divisive, controlling and docile making affect of ADHD in American and globally.

In addition, the overwhelming importance of understanding and challenging the history, context and nature of ADHD within the

American and globalized socioeconomic power structures and systems with a nod to advancing social, cultural and technological futurism is a key pursuit of this book. Further the importance in this discussion will not only be on thoughtfully leveraging not only ones understanding of the complex social, political and economic systems as discussed in this book, but also in leveraging a balanced understanding of a very complex state of ADHD affairs, which draws from many scaffolding systems and fields of knowledge and understanding. What many biomedical providers, researchers, policy experts, parents and other stakeholders fail to consider is the inherent social, cultural, political and economic barriers folded into the ADHD experience. The focus rather is often on psychopharmacologic stimulant treatment with a clinic visit too short to assess an individual for ADHD or short-term limited counseling by an often-unlicensed provider aimed at improving adjustment and coping mechanisms.

While basic and comprehensive research exists investigating ADHD barriers such as socioeconomics, this focus on barriers often does not cross or translate routinely into the clinical treatment spheres. The public and private safety net and health delivery systems for referral, treatment and management of ADHD are fundamentally flawed and broken, especially for young children in public school systems, low to middle income populations and those lacking adequate higher education. At the fundamental level ADHD is inherently a sociocultural condition and label aimed at managing and controlling the individual and the larger population in an effort to maintain the economic prowess, efficiency and advancement of the US and other global society system carbon copies. Too often the individual faced with ADHD symptoms seeks help from a primary care physician, psychiatrist or psychologist and either pursues pharmacological treatment, counseling, self-education, behavioral therapy or some combination of interrelated treatment modalities.

The primary issues here with this ADHD treatment is that psychotherapy and behavioral treatment is human resource intensive and economically demanding, so many low to middle income individuals and

global spaces, perhaps with whom ADHD symptoms are the most difficult to manage, receive either no treatment or very short term courses of human administered and truncated talking therapies. These individuals receive a psychoactive drug from a primary care physician or psychiatrist during a very curtailed clinic visit or perhaps even self-medicate with other stimulants such as caffeine or substances such as alcohol, but rarely is continuing self or clinic administered health education sought as a viable method to coping with ADHD diversities. This is one of the primary reasons for writing this book—to address the fact that there are viable and useful self-education techniques easily deliverable in this book form and steeped in empirical research that do not readily and easily exist to relevant, interested parties and ADHD stakeholders.

In addition, the very early known clinical descriptions of ADD/ADHD known as Hyperkinetic Disorder (which is still an internationally utilized label for ADHD by the World Health Organization) characterized the condition primarily as a *moral* defect of the child. The often codified disorder was suggested to be a self-motor system control deficit in which the child could not reliably self-moderate, self-manage and self-project attentive behavior in line with culturally and socially defined norms and value systems. As can be imagined, the condition which was thought to only affect children during the early years was highly prevalent and remains even more rampant in modern times as children are inherently a rambunctious, limit-testing and hyperactive bunch during the course of normal development trajectories. It also turned out that while ADHD differences may dissipate later in life, such differences do not always disappear. In fact, ADHD onset can be at anytime including adulthood, which challenges many decades of falsely and often still held beliefs about the true nature ADHD including how the human brain and mind function.

The idea of normal individual agency in the past (particularly childhood definitions of agency) and what is becoming normalized agency in an industrializing global economic system and what is becoming dis-normal in a post-industrialized society is constantly at odds

and always shifting. This cultural and societal definition of “normal” now continues to shift as human knowledge expands and expected norms continue to shift as the multitude of cultural, social, economic, technological and other forces impact and form the human experience in a confusing onslaught of ways. It’s undoubtedly true that hyperactivity, hyperawareness and inattentiveness were highly beneficial in early human life as a means of survival in ever changing environments and the same can be true today of the highly shifting and sophisticated global society. But awareness need be paramount if the incredibly fruitful benefits of ADHD are to be fully actualized. Nonetheless, in the face of kaleidoscopic modernity, ever changing advancements in society, knowledge, technology and other structural systems in addition to the highly structured nature of nearly every aspect of modern human life--has created the perfect catalyst in snowballing out of control the ADHD diagnosis epidemic.

The cluster of symptoms commonly held to be at the root of the ADHD epidemic permeates as the most prevalent psychiatric diversity affecting individuals in the United States. The prevalence rate of ADHD is suggested to be as high as one in two in certain populations with an overall prevalence rate suggested to be as high as 10% or more. However, these statistics largely fail to consider examples in which one may qualify for an ADHD diagnosis at one point in time, but may not qualify at another point and discount others not properly assessed and accounted. Thus, the diagnostic prevalence rates of ADHD in the population likely exists as even higher. Not only this, the burgeoning and continuing research suggests that ADHD can have a child, youth or later adult onset, which many experts have hypothesized to be the case for sometime.

ADHD exerts incredible emotional, physical and financial costs but presents larger pervasive socioeconomic costs to society as a whole. The estimated economic cost for ADHD assuming a 5% prevalence rate is a societal cost between \$36 to \$52.4 Billion US dollars while the individual cost of ADHD is between \$12,005 and \$17,458 in 2005 US dollars, however the actual economic cost of ADHD is on track to double

considering 2016 data suggesting a 10% overall prevalence rate or more. Research suggests that disabled, vulnerable, underserved and at risk populations are at a particularly high risk for ADHD symptomatology, specifically including transient, foster and homeless youth and adults which can have a highly comorbid diagnostic prevalence as high as 50% or more. As a biopsychosocial condition stimulant medication does not begin to address the underlying pathology of the condition or highly comorbid nature, but rather masks short term symptomatology, most probably catalyzing damaging negative pharmacological affects from often routine long-term unabated stimulant use.

The incredibly high prevalence of ADHD and the pressing questions introduced have led the debate towards a grave identification of need, a rigorous generation of assistance and certain immediacy in developing a comprehensive attempt at reaching the concerned American and global public in a meaningful way while chiefly assisting the most vulnerable of ADHD individuals. In taking a holistic approach to ADHD including consideration of a multitude of interrelated fields such as biomedicine and social policy, while also including a thorough examination of the history, origins and coping strategies that can actually work for the ADHD individual—will be the source of an exhaustive, passionate and extensive discussion in this book.

What's more this book is not aimed entirely for ADHD individuals or concerned parties, but is packed within information that will be beneficial and of interest to many. While there are numerous ADHD books, some fantastic and others less helpful, there is a confusing disarray of misinformation and discordant discussions surrounding ADHD. Many of the ADHD publications on the market do not include relevant, useful and very high impact coping techniques that can be implemented with continual practice now, but rather focus more on the purported usefulness of psychoactive drugs, the futile debate over the existence of the ADHD label or cluster of spectrum symptoms or a spirited but hasty approach to discussing the inherent complexities of ADHD. To be sure, one must approach ADHD with a holistically critical

eye and not accept any one model, approach, hypothesis, theory or related body of evidence. In many cases the primary focus of a number of ADHD approaches is to bow to powerful pharmaceutical companies and sell drugs with arguably limited utility and very harmful long-term side effects. The pursuit of other ADHD publications is to sell book copies for economic means, advance special interests such as obtaining academic tenure or a coveted private or public sector recognition rather than actually focusing on the assistance of those suffering from ADHD right now. The ADHD machine is huge and the economic interests in the machine create incredible biases, many of which negatively impact the most vulnerable of individuals suffering from ADHD. However, while the ADHD machine is a huge issue, there are many selfless individuals at the forefront of the fight against ADHD, many of which have admirable intentions and have done incredible work to support the improvement of ADHD individuals and betterment of society as whole.

In consideration of the fact that biases are inherent in the human experience, the goal of this book is not to be a “catch all” for the enormous field of ADHD. This book is not aimed at addressing the co-occurring disorders or encompassing an exhaustive discussion on the interrelated fields of economics and social policy, but rather this book is constructed to serve as a “quick and dirty yet surprisingly useful” field guide for ADHD individuals, parents, teachers, employers, social policy experts and other stakeholder professional of all stripes. This books is designed to quickly, accurately and efficiently acquaint the reader with ADHD in a rigorous manner while also presenting practical, high impact field experience and coping strategies for ADHD whether in clinical, educational, work place and other clinical and non-clinical settings.

THE ALPHABET SOUP OF ADHD AND VULNERABILITIES FOR ADHD

In many cases inquiring individuals reading may already have received a qualifying evaluation and diagnosis or others may be interested parties or experts on ADHD. However, in this quest to explore and understand ADHD, it is critically imperative to solicit and obtain an exhaustive clinical, biomedical and psychoeducational evaluation administered by a team of highly trained and experienced biomedical, psychological, psychiatric, learning specialist, clinical social worker and many other practitioner professionals to determine possible consensus on ADHD diversity. Nonetheless, this type of cross-interdisciplinary evaluation is frequently not readily feasible due to various economic, social or geographic constraints. There are many available ADHD evaluation scales available for self-assessment, some of which are widely available online to take and have limited but useful sensitivity in identifying patterns suggesting ADHD diversities. While these scales have limited usefulness with out professional analysis and further investigation, the available scales and self-analysis can suggest an increased risk for ADHD diagnosis. The only way to determine if you have ADHD is to be thoroughly assessed by a team of trained cross-disciplinary professionals. It is very unwise to rely on a primary care physician for a three minute in the moment assessment as that will not produce a viable and reliable sense of ADHD diversity. This type of cursory in the clinic diagnosis would only establish a purported possible risk for ADHD; it cannot be emphasized enough that this is not a complete and valid evaluation.

In obtaining evaluation, assessment, diagnosis and treatment for ADHD it is important to be aware of powerful special interests in all spheres of society (some of which are altruistic and others less so) that have sought to create clearly defined mental health definitions, condition

parameters and clinical treatment guidelines. Many of the expertly devised but subjectively “suggested” guidelines must be taken with a highly critical eye. Currently, three primary and combined presentations of ADHD have been devised along with varying degrees of symptom severity in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (fifth edition), which was released in 2013. This manual is utilized sometimes blindly as the so called gold standard in mental health care in the US and around the world along with other most prominent manual published by the World Health Organizations (WHO) and titled the International Classification of Mental and Behavioral Disorders (ICD-10).

Nonetheless, in determining risk assessment for ADHD, I’m providing an analysis and summarization below of the American Psychiatric Association’s Diagnostic and statistical manual of mental disorders (DSM-5) and The World Health Organizations (WHO) International Classification of Mental and Behavioral Disorders 10th revision (ICD-10) criteria, which can be utilized to determine suggestive risk factors for ascertaining if ADHD symptomology may exist as related to the medical model. If the modeled symptomology reviewed appears familiar, then the risk status for ADHD maybe be elevated. However please note that an exhaustive and proper diagnostic evaluation for ADHD is truly not needed in order to reap the enormous benefits from reading, reviewing and referencing this book. There existing broad reader applicability to the exploration, discussion and thriving techniques discussed herein and in many cases individuals with out ADHD will find benefit in the diversity of content included in this book.

The essential diversities underlying ADHD are differences with maintaining culturally and socially expected levels of sustained attention in addition to at times engaging in impulsive and hyperactive behaviors. While differences exist in the required pervasiveness, severity and degree of symptoms needed to qualify for a diagnosis particularly in the global space, please note the specificity of the DSM-5 and ICD-10 criteria set forth below for reference use in the context of this book.

The American Psychiatric Association Stance on ADHD

ADD/ADHD is often defined in the APA's *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* as a "neurodevelopmental" disorder with impairing levels of inattention, disorganization and/or hyperactivity/impulsivity. Such disability oriented language is confusing, disconcerting and often not helpful nor a holistically evaluative description. However, it is helpful to understand one opinion of how many healthcare professionals and researchers in the global north including the US describe, view and approach ADHD. As such, the noted inattention and disorganization subtype can present as though one is not listening and one can be prone to losing items, failing to follow through on tasks, becoming easily distracted internally/externally, displaying difficulty organizing, avoiding difficult tasks and can have difficulty with staying on task while the hyperactivity/impulsivity subtype can present as inability to wait, inability to stay seated, restlessness, talking excessively, intruding behaviors, motor fidgeting and general ease of excitability and high activity. Many of the criterion are still designed and focused on the child's problems (instead for example of the structural or environmental problems in a particular environment) with the most recent DSM-5 edition acknowledging a preponderance of existing evidence that ADHD can continue across the entire lifespan, but apparently usually has a childhood onset. The evidence is still forthcoming and changing on this issue of onset. So the diversity can have childhood or adult onset and/or persist into adulthood where social, academic and occupation functioning can be compromised. In many cases ADHD is co-occurring, which means increased propensity for acting out in children (medicalized as Oppositional Defiant Disorder or ODD) or increased depression across all populations or substance abuse vulnerabilities being more likely in adolescents to adults.

According to the DSM-5, the individual in most cases must persistently present a symptomatic pattern of at least six items for six or more months for children and five or more items for adolescents and adults seventeen years or older. However, there exists two additional diagnostic categories including “other specified” and “unspecified” diagnostic labels for ADHD, which coupled with the differences in culturally defined prescriptions of child and adult behavior acknowledge the inherent subjectivity of the diagnosis. The child, adolescent or adult must experience interference from the symptoms which negatively impacts normal functioning in social, academic or work activities, does not appear related to regular development processes and must meet criteria either for Inattention, Hyperactivity/Impulsivity or both subtypes. The diagnosis must be further classified as combined, predominantly inattentive or predominantly hyperactive/impulsive. Note must be taken if symptoms are in partial remission or if mild, moderate or severe in nature. If fewer than the full criteria are met for six months or more than partial remissions is indicated while the severity level is determined by degree of impairment in social or occupational functioning.

At present the colloquial term utilized as defined in the DSM-5 is “ADHD” which is in use in America and some parts of the world, however the defined term utilized in Europe and additional parts of the world is “hyperkinetic disorder” (HKD) as previously noted in the ICD-10 handbook. The hyperkinetic disorder label while often used interchangeably with the ADHD label fascinatingly includes conflicting and in some cases entirely different descriptions and definitions of ADHD. The ICD-10 classification of ADHD is described as a pattern of persistent, severe impairment of normal psychological development trajectory notable for poor behavior modulation, difficulties with inattention, lack of attention to tasks, often moving between activities with out completion and displaying disorganized and inappropriately excessive activities. The determination of diagnosis as according to the ICD-10 should be weighed along with comparative analysis of expected developmental level performance, Intelligence Quotient (IQ), occurrence

before six years of age, prediction of continuing duration, displayed impairment in two or more settings such as clinic, academic and workplace and the exclusion of other co-occurring issues such as developmental, anxiety and mood conditions. Additional differentials of disturbed activity, attention and hyperkinetic with conduct disorder exist, but much debate continues as to the further definition, classification and description of hyperkinetic diversities in the WHO ICD-10.

Chapter 3

PILLS, POWER AND SHIFTING AGENCY: WHERE CREATIVITY IS EXCLUDED AND CONFORMANCE IS ENFORCED

A Nobel Laureate with a warm disposition and a cosmically bushy mustache once said during my Berkeley years that students with ADHD were his best because such students could understand course material much faster and with much more efficiency than other students. I found this humorous as I imagined a highly focused yet simultaneously distracted student all of a sudden exhibiting laser-like attention in material of high self-interest while in a large, distracting and stimuli rich lecture hall. This insight also felt inspiring and challenged my existing pre-formed notions of ADHD as a non-normal impediment to success and happiness. In fact, I found this simple comment to be very impactful, encouraging and reassuring as I had long struggled to find ways to cope and harness the benefits of ADHD. This simple comment seems to have really worked to positively influence how I viewed ADHD and how I viewed my sense of self, self-esteem and self-efficacy as one with ADHD vulnerabilities.

In reflecting back to this inspiring anecdote and to my Berkeley years and the pathway along the ADHD striving journey, I never in a million lifetimes thought I would find myself at Berkeley (or in the many other opportunities that have arisen over the years). I had a peripheral dream of attending Berkeley one day as a young boy, only to find myself later at Berkeley in my twenties as a non traditional student and formerly homeless youth from the sunshine painted suburbs of Arizona. I was and I'm still truly a *normal* guy and yet I was admitted to attend one of the most competitive, rigorous and eminent educational institutions in the world. You may be surprised to learn that there is no reason, no barrier and no roadblock as to why you can't accomplish a similarly difficult and high prestige goal if you're willing to put in the requisite work and accept it may not work exactly out how you design (i.e. change is sometimes the only inevitable constant). It should be known that I had a very high rate of failure on this pathway but just like Albert Einstein and many others that have failed and not given up, I too have continued to fail and not give up. In essence, my early continuing academic and professional success despite or perhaps more likely because of ADHD was not unique or special as some would assume. Rather the experience of striving for a highly competitive, rigorous and very selective institution such as Berkeley, tackling the equally difficult Ivy League or succeeding on your own terms is within everyone's reach. In addition, accomplishing various personal and professional goals and developing successful coping strategies in harnessing ADHD as a beneficial diversity and not a roadblock is within everyone's reach and illustrates universally relevant human themes of striving, aspiring and achieving.

While the pathway to understanding, thriving and coping with ADHD can be difficult, it is an adventure that is exciting and intriguing for many. In many cases, ADHD individuals are routinely stigmatized and systematically separated by a defined perception of social and psychological deviance. This definition of ADHD as embodying social and psychological deviance can sometimes include adherence to non-conforming or non-normal behaviors such as speaking out of turn or

failing to complete a task. However, the obvious truth is that the word normal is one of life's greatest falsehoods and there are numerous empowering advantages to having ADHD even if at times that means understanding, accepting and working with difficulties that may arise. While some with ADHD diversities may misplace car keys more often or have difficulties performing highly specific tasks like manipulating geospatial variables that are cognitively necessary for efficiently reading maps, many with ADHD often spend much less time on other intellectual tasks of interest and can be wildly creative and artistic, seeing unique connections others cannot see.

As I'll explore extensively, the additional striving and grasping one needs to pursue for being classed as societally different for having ADHD is more than negated by the immense benefit of the noted empowering and advantageous intellectual diversities that come with ADHD. The additional effort and time dedicated to learning, practicing and thriving with ADHD is a small price to pay for such intellectual diversity and advantage. However, in order to succeed with ADHD, it takes sustained effort, incredibly hard work and continuing awareness to cope with ADHD differences and to fully harness the benefits of ADHD. To be socially deviant in the case of ADHD is to be amongst the fortunate few and to have the unceasingly capability to live a full life of admirable curiosity, soulfulness and happiness.

Make no mistake as has been discussed, analyzed and argued at length—ADHD is primarily a diverse social label with a social and culturally mandated and subjectively defined yet unique pattern of internalizing and externalizing patterns of acting, being, thinking and existing. These diverse patterns are biologically, socially and culturally correlated and have a highly environmental, contextual and state-specific influence and modulation. Whoa! That is a mouth-full! ADHD is often and largely misunderstood by the general public as a “new condition” or a diversity that is suggested to be fabricated or attributed to dangerously false assertions such as laziness. There's no need to heed this dangerous language, but rather realize that ADHD is enormously complex and it is

likely to remain so due to phenomena such as bias, private and public special interests and diagnostic inequality. The misleading notion that ADHD is a fake condition is disheartening, troubling and counterintuitive but still persist today despite massive clinical and research evidence of ADHD existence reaching back many eons ago as is explored in the next chapter.

In consideration of these complex ADHD notions, this chapter and section of this book serves to counter the enormous amount of misinformation, oversimplification, misdirection and half-truths in relation to ADHD that are circulated within the general public and re-transmitted by often well-meaning but misguided researchers, biomedical professionals and policy experts, among other stakeholders. While I've tried to remain intellectually honest and free of outside influence, everything including the contents of this book must be taken with a classic grain of salt. While it is clear that overwhelming social, political and economic power drives the enormously unequal and fraught ADHD diagnosis machine, much advocacy, education and policy work must be done to ensure that ADHD is redesigned to reflect the reality that is a diversity, a normal part of the human condition and must be accurately and honestly conceptualized as such.

In keeping with this push to ensure ADHD is correctly defined as a diversity, I've served as an ADHD advocate, researcher and social justice activist for a number of years. In this laboratory and field research, I see so many struggling with spectrum symptoms of ADHD under the weight of a failing American and global public health system in addition to often-stigmatized co-occurring mental health differences such as depression, substance abuse, anxiety and post-traumatic stress disorder (PTSD) within diverse communities like San Francisco, New York, London, Bangkok and Melbourne. In particular, I see the damaging, dragging and enduring effects of ADHD on the individual psyche (though often ignored by many) but also the wearisome effect on the health of important social, community and economic support systems. I see an overwhelmingly failed socioeconomic and healthcare systems

with out effective stop-gap prevention and intervention based measures like effective health education dissemination and comprehensive mind body care available to truly provide a system and context of evidence based tools to address the diversity known as ADHD. The pervasiveness of ADHD is chilling and remains largely unabated in America and globally despite unbelievable social, emotional and economic costs to individuals, communities and society systems.

While there is disagreement amongst professionals, research suggests that often-inexperienced biomedical professionals with little or nil formal training in psychiatric and mental health conditions including ADHD are over diagnosing ADHD at an alarmingly destructive rate. This over-diagnosis of ADHD is likely the result of the capitalist driven free market medical systems in America and abroad in addition to the enormous pharmaceutical industry influence in fraudulently labeling individuals with ADHD in rural, poor and vulnerable American states such as in the south where performance on standardized tests in public schools has become the overriding concern and more important than the state of individual health, social cohesion or economic health. All the while this powerful over-diagnosis and special interest phenomena is at the damming expense and neglect of many vulnerable children, youths or individuals with and with out vulnerabilities for ADHD. Since commonly the label of ADHD (which often includes a subjectively fraught diagnostic process) in public schools can exclude students from standardized exams or the intuitional reporting of such performance on exams in some cases—this reality essentially ensures that US federal funding for underperforming students tied to performance on standardized exams is not affected. This over-labeling with ADHD also serves a double whammy benefit for US school districts: In many cases to increase to the level of federal and other sources of funding awarded to schools and districts for the fraudulently diagnosed students. I think it goes with out suggesting that worthy ADHD students need increased services and funding, but the flow of fraudulent funding to erroneously diagnosed students must stop. More must be done to investigate,

understand and bring awareness to this ADHD fraud that is being perpetuated within the public school systems in American to the detriment of students with and with out ADHD and to the detriment of US tax payers.

THRIVING WITH ADHD: MY EARLY YEARS

While it is important to be aware of and advocate for positive change in the way ADHD is defined, diagnosed and used, there are helpful anecdotes that I can share for individuals with and with out ADHD. It would be easy to say life with ADHD was not easy for me, but I've had a very lucky existence in many ways. While I encountered serious barriers and roadblocks to thriving early on in the many overly structured and normal American suburban public schools, I have always tried and tried again even after countless failures. I had enormous difficulty with academic subjects such as reading fluency, basic arithmetic, rote memorization of dusty history and almost every other subject in early education. I stumbled in the overly structured, confining and stressful American public school systems and looked wholeheartedly for a social, intellectual and passionate connection to my early academic studies, but this connection and acceptance did not come until much later in life. I experienced issues successfully relating, socializing and enjoying the company of my peers that at the time seemed to be very disciplined and focused (while I was not) under the guiding auspices of a stable family and community members that appeared altruistically invested in an idealized concept of success, which meant a highly disciplined, conforming and compliant childhood.

This early developmental grasping and difficulties in turn lead to extremely premature disillusionment with the American public education system and continuing adjustment problems specifically in the context of the public educational system. The fact that I was at times extremely

hyper-focused on the very obscure and specific such as an electronic circuit schematic or the seemingly infinite possibility of what was outside the overly structured and crumbling 1950's bland brick and mortar walls of the public school—were not thoughts or behaviors that were tolerated or accepted in the context of the normal and highly disciplined American public school system. As the case with many children with ADHD in America and globally, due to the co-occurring existence of other spectrum diversities, many negative and ill-informed interactions transpire between the child and others whether in home life, with teachers, principals and even most surprisingly with healthcare providers. These adverse interactions with role models and authority figures lead to various traumas, embodied exclusion and general difficulty with the early childhood development process. This intolerance and lack of understanding in the truth that ADHD is part of the normal development processes is in part what drives many thriving issues with children, youth and adults with ADHD vulnerabilities. This lack of acceptance and understanding of the normality of ADHD in turn tends cause many to further falter developmentally and can be deeply troublesome not only for the child, youth and adult self-esteem, but also can created difficulties for interested stakeholders and other parties concerned with learning how to understand, navigate and encourage ADHD thriving. The key here is embodying understanding, tolerance and acceptance of the truth that ADHD is a normal and positively beneficial part of the diverse human experience.

As with many children experiencing the trajectory of ADHD in the context of these not so kind society systems, I often found myself feeling and behaving increasingly hyperactive, impulsive and deeply under stimulated, which easily thrust me into the category of “social deviant.” Chiefly, I had trouble moderating and retrieving/storing information just learned in short term memory/long term memory faculties—a common executive functioning diversity in those with ADHD. This was most assuredly because my truncated short term working (STM) memory “slots” were dancing with a continual diversity of stream of

consciousness that the long term memory (LTM) connection remained relatively adrift. And due to this high level of interest in exceedingly technical subjects such as physics and because I was defined into a compartment as a relative social deviant in comparisons to “normalized” and almost always docile and compliant children, I have sometimes had trouble getting along with my peers.

I had interests in other technical and non-age appropriate subjects for an elementary public school setting like philosophy, psychology, literature and more analytical activities beyond the usual interests of many five to eight year olds. I was also not directly interested in many stereotypically masculine and male activities like sports until later in life, but rather into intellectual curiosity and the possibilities of the computer much before the Internet age fully exploded. I still climbed trees, skinned my knees and got dirty plenty though as it was the 90’s and kids in that time spent long stretches of time outdoors before society got drunk on glowing screens, the various applications designed for creating curated “selfie” experiences and saturated engagement in various forms of self-interested and detached promotion proliferated. While I was invariably the “class clown” later on in school for often speaking out of turn, getting out of my seat during class or generally being humorous--I was at other times largely a quiet, well-mannered child during times of internal and external stability and spent many hours reading various books and tearing apart old technology to learn as much as possible about the visible and invisible physical world around me. This characterization of myself during childhood as seeming to excel and grasp for air at the same time has connotations and themes common to those with ADHD as well as spectrum attention, executive function diversities and other co-occurring diversities such as depression.

However, it was not all grasping and striving through difficulties as I did have some successes in cultivating meaningful, supportive and mutually beneficial childhood relationships and succeeded at making a handful of close friends over the years as a developing child, adolescent and youth with ADHD, though the persistent insecurity of often living in

an environment not conducive to positive development, regular moves to new homes and later insecurities in foster care did work to exasperate attempts to cope with ADHD. Later at the tail end of my early ADHD upheaval I would however attend an extension community college night program during the fifth grade, dropping out of the sixth grade at eleven years old and taking my first paid employment position in information technology where my employer wasn't to be honest interested in knowing my true age. Not long after this I ran away at fourteen and lived essentially independently from then on while in foster care, in motels, couch surfing, on friend's couches and everywhere in between along with transient bouts of social, economic and housing insecurity. This lifestyle of insecurity and the perhaps interesting trajectory of my early life coupled with the pervasive exposure to continuous uncertainty at such a young age was a glove like fit as one with ADHD as the environment was constantly shifting, new and exciting, requiring continually creative in the moment adaptation.

The daily concerns of where to have my next meal or where I would be sleeping (e.g., my psychic load) proved to be apt and formidable challenges that I was well equipped to moderate and overcome as an ADHD individual. However, others with and without ADHD may not find it so easy to similarly cope and adapt as many interwoven and unique flavors of ADHD exist. But ADHD does generally provide a neurological toolkit for efficient and creative adaption to changing environments and conditions. I suspect that while my early developmental experiences may be more on the extreme spectrum for an individual with ADHD and co-occurring diversities, there are some very striking narrative similarities such as coping with insecurity, difficulty adjusting to normalized social constraints and attempting self-regulation in overly structured environments in relation those with ADHD and co-occurring diversities. I see many remnant strings of my narrative in individuals with ADHD, especially individuals with economic insecurities and vulnerable, underserved, sleeping rough, nutritionally insecure, ethnoracially diverse

and low to middle income populations all grappling with the highly competitive capitalist system in America and globally.

This lifelong influence of insecurity, constant change and spectrum ADHD diversities while an enormous gift, has been difficult to thrive with at times. There have been countless times that I couldn't remember something I've just been told or my attentional bandwidth would be scrambled temporarily, but this of course is not unique to ADHD as everyone experiences varying levels of forgetfulness and cognitive putters and spurts. The difference with ADHD is that this cognitive difference may happen more often and may require the development of strong thriving mechanisms to cope with successfully. I often still have an enjoyable adventure navigating windy hallways of large glass and steel buildings that all seem to look the same to me, finding my car in a large parking structure or effectively deciphering complex maps, though perhaps ironically deciphering even more complex physics schematics present no issue (in part due to self-interest and continual practice over time). However, in every case when given enough time and practice in order to adopt adjusted coping systems of synthesizing and understanding the task or topic at hand—I have no issue recalling complex information with surprising accuracy and speed, particularly if the information is of interest to me as noted in the above case with physics and other similarly interesting topics (alas to me anyway!) such as medicine, public health, creative literature and on and on.

Generally, once sustained and long-term mastery of coping strategies and subsequent information mastery is achieved, there isn't any discernable ongoing issues (but rather noticeable intellectual efficiencies and advantages over "normal" peers) with organization, recall or other memory performance and this can also prove true for numerous ADHD individuals. In essence the diversities of ADHD, the diagnostic stigma and numerous barriers all become less and less of an overriding concern when one continues to strive and press ahead on the journey towards achievement of self-actualization. It's quite true that due to a variety of factors whether through interactive modulations in the environment or in

mastering successful thriving strategies to cope, one can no longer qualify diagnostically for the ADHD label. Nonetheless, the inherent cognitive peculiarities and diversities of ADHD can make navigating various experiences very exciting but also very challenging, however I feel continually empowered by the reality that in some cases I have the opportunity to approach ideas and tasks differently from those not gifted with ADHD.

THRIVING WITH ADHD: MY LATER YEARS

An example of these ADHD advantages and cognitive peculiarities arose for me when I was accepted into a prestigious research fellowship at Stanford University School of Medicine. This acceptance to Stanford was an incredible opportunity that I was surprised to receive but on the first day in sunny Palo Alto on the “Farm” we played social icebreaker activities where we were tasked with immediately recalling names of over thirty people sitting in a large circle. I knew the likelihood that I would embarrass myself or fail at this task was high because I often become flustered in larger group settings due to overwhelming stimuli if not properly prepared and because I have working memory and attention differences it can sometimes be a challenge to readily recall recently learned information that has not been continually reinforced in a setting of low or moderate physiologic arousal. That is a mouthful, but an important mouthful to keep in mind in regards to ADHD. Thankfully, I had yet to pick up a single speed bicycle that was going to be lent to me by the school for the summer, so I was able to sneak out of the circle at the right time as my name was called and later make more personalized introductions in a one on one setting where I was in a state of low physiological arousal and where I could truly focus on remembering names and connecting on a more authentic level. I was lucky. It all

worked out in this example and I didn't embarrass myself. But what if it didn't work?

The issue with this example at Stanford is that the ADHD individual is often incredibly capable and intelligent, however given some "normal" situations like the above example the ADHD individual may have incredible difficulty navigating, organizing and coping with these "normal" situations. It's quite true that others will not be sympathetic or empathetic of your behavioral and intellectual diversity, even those that may be Nobel Laureates, hold multiple doctoral degrees or high positions of prestige, power and trust. In some cases, this type of negative experience as a result of ADHD diversities can create long term coping hurdles, substantial barriers and sustained trauma, particularly in the cases of young children and developing adolescents unaware of entire or partial existence of ADHD diversities. The paradox of unexpected success for ADHD individuals can again present barriers however given different circumstances, the ADHD individual excels. This is often why ADHD individuals will find great success in a position or context that requires successful adaptation to rapid environmental, sensory or stimuli change such as the emergency room physician or a business executive that engages in novel and challenging tasks, particularly positions that require extensive travel.

Nonetheless in other cases of striving and coping with ADHD, some children display vulnerabilities for ADHD but because such a child may have excelled in academics and may have been able to successfully advocate for an ideal employment position such as noted above, ADHD exists as a diverse benefit to such an individual. In this ADHD trajectory, the individual has found circumstance through the human development course and exploits his or her individual differences as strengths. I often see this creative adaptation in undiagnosed ADHD individuals where such individuals are coping well with out discernable intervention and/or treatment. However, many with ADHD will need to work very hard and remain dedicated to the numerous benefits of developing strong coping mechanisms for ADHD. In addition, it is important to communicate to

all concerned whether parents, teachers, healthcare providers, policy expert or the general public that the relevant stakeholders view ADHD as a powerful and diverse advantage and not non-normalized disability. As noted above, the context in thriving with ADHD and accomplishing in personal, academic and/or professional settings is to pair oneself with an idealized environment such as one that is fast paced, requiring continual adaption. The idea is to fail often and everyday if possible in achieving the goal of finding ones self-actualizing niche where the advantages of ADHD can be beneficially leveraged. I will address how to maximize the benefits of ADHD more in depth in addition to exploring adjustment roadblocks and coping barriers in Chapters Five through Seven.

I didn't formally integrate ADHD into my identity nor receive a true evaluation until my junior year of college as a transfer student to Berkeley. This was the first time that I was able to successfully advocate for a comprehensive psychoeducation evaluation (including the difficult task of securing funds as an independent student of \$3,000 to \$4,000; luckily I successfully advocated for scholarship funds on a sliding scale by being unceasingly persistent or perhaps borderline annoying and successfully obtained educational accommodations for ADHD. This example and previous discussion in this chapter illustrates that the process to developing successful ADHD coping skills often a long, challenging but exciting adventure for many as it has been in my case. It's important to reiterate and keep in mind that the mastery of effectual ADHD advocacy skills and coping strategies will often unfold slowly along with considerable and sustained practice. While there are enormous emotional, social and economics barriers for many in modern American life, the barriers for individuals with ADHD diversities can be more challenging due to the need for increased self-advocacy, continual coping skills adjustment and adapting to the overly structured demands of "normal" society. But as in the case of this example, overcoming roadblocks such as obtaining a needed psychoeducational evaluation and educational accommodations is possible with continual effort and the

acceptance that failing often and regularly, but continually trying is one important key to succeeding with ADHD.

THRIVING WITH ADHD: HOW MY STORY INTERSECTS

In considering the deep importance of not ever giving up and continuing to try and thrive despite any encountered barriers and roadblocks, I am reminded again of my time at Berkeley performing field research investigating ADHD in homeless youth and other at-risk individuals “sleeping rough” in the San Francisco Bay Area. In my previous role as community mentor I encountered a multitude of children and youth with ADHD vulnerabilities and one story has been particularly meaningful for me, which I think will be beneficial to share. This is the story of a fifth grader in an urban public elementary school from a lower-income, highly diverse yet crime infested neighborhood in the southern San Francisco Bay Area. It’s one of many neighborhoods that many drive by on the way to other “safer” or “better” neighborhoods and this sense of otherness and exclusion is pervasive in the minds of many within this community. This is a community that despite having incredible need is regularly passed over for additional federal, state and local funding and resource investments in favor of communities and school districts that are wealthier, well connected or in “better” neighborhoods. It is the unfortunate truth that the system of inequality in the US public school systems is not by any means a unique occurrence but is in many ways by design.

This child that I grew close to over a time would punch and pick on other child when standing in line and he would play practical jokes on other unassuming peers. Despite other children pleading that he “stop” or “leave them alone,” he would continue unrelentingly to terrorize and make fun of his peers. In this child, I saw shades and patterns of my earlier self in that I also acted out because I thought it to be entertaining,

though his case was more serious and troublesome. This type of acting out behavior would decrease to some degree while I was present, but the child would have “bad days” in which the behavior increased in frequency. This behavior largely served as a call for help and as a means of attempting to thrive as an impulsive child with ADHD. The acting out was designed to achieve attention from teachers, his peers and anyone in the immediate area. This is a child that had likely faced an invalidating home environment, a lack of access to healthy and nutritious foodstuffs outside the school, a lack of parental oversight and a serious lack of structure and positive role models.

He would focus on the sexualized nature of inanimate objects and remark in the middle of a class lecture that the teacher had “penis breath” or some other immature sort of remark. The content of the remark showed an empathetic lack of present awareness of the teacher’s feelings and others right to mutual respect with in the classroom environment. This behavior wasn’t unique nor surprising since the socioeconomic and educational system and the structures available in this child’s life were highly inadequate or in other words, the child truly felt that he didn’t have anyone to properly care for him, relate or understand him. His sense of self was fractured and his sense of constancy to peers, parental figures, teachers and others in society existed as a fracture and divergent experience where the sense of self for this child is frustrated by his ADHD vulnerabilities and his connection to others in society pervaded as dishearteningly fraught. In addition, a lack of impulse control can be difficult for anyone, but especially at this developing age in such a highly structured and one size fits all environment of the public school. This “blurting” out of things in a class is a telling sign of attention and functioning issues in the highly structured environment of the school classroom where children are expected to be quiet, follow strict rules and norms and sit with out movement for long periods of time despite the fact that children are not biologically oriented to be placid vessels of capitalist knowledge control and conformance.

Nonetheless, this incredibly smart, curious and adventurous child had serious behavioral concerns including attention, social and oppositional troubles that led to an invalidating environment where teachers and administrators did not know how to cope with his “acting out” due to a lack of education, awareness and resources available to cope with children that require additional empathy and attention. I visited regularly with this child and listened, asked questions and served as “stable” figure in this child’s life for a period of time, which allowed me to connect and understand what this child was going through. I worked to bring together other children in the classroom and play settings to foster a closer social connection and to improve this child sense of self-worth, self-monitoring and self-esteem by regularly ensuring that I was a stable and concerned person in this child’s life and pointed out positive attributes in a balanced way.

To be sure, this anecdote of this fifth grader illustrates a failing of the safety net institutions and systems Americans entrust children to almost religiously and blindly, but it is also a failing of other safety net systems including the US public health system. There is a serious lack of awareness, training and insight into ADHD with in public schools and with in the general public as a whole, which prompts one of the many reasons for writing this book. If the only take away from this book is that in the wide variety of cases, the child, adolescent or adult can find this type of mutually beneficial mentor, advisor and counselor type relationship, then this book has succeeded in its intended purpose of assisting the ADHD individual. The benefits and advantages of individuals that seek out help when needed cannot be understated as a highly beneficial and important thriving skill. No one can do everything alone. So whatever the barriers, assumptions or accepted realities, it is critically important continually question, reflect and analyze fact versus opinion, to seek out and accept help as needed and to keep pressing forward on the pathway to understanding and/or thriving with ADHD diversities.

THRIVING AND SUCCEEDING WITH ADHD

Whether in Global North countries like America, Europe or Global South countries like Bangladesh and India, the discussion in this chapter can prove indispensably relevant and viable as a nuanced and well-traveled resource to understanding, coping and thriving with ADHD. In reading my experiences with ADHD, the story of the 5th grader with ADHD diversities and the other intersecting anecdotes, I encourage you to believe six impossible things before breakfast as the children's author Lewis Carroll historically hazards to young and budding and the more seasoned alike. As this classic childhood wisdom examples, there exists many, many endless possibilities and you can design the possibilities everyday with your imagination, your grit and your willingness to keep trying despite failures and despite encountering any bumpy roadblocks and barriers in life. There is an excitement, happiness and a promise that emanates from practicing responsible child-like behavior in measurable doses while also entertaining the seemingly impossible possibilities. I highly suggest practicing everyday this beneficial creative practice of imagining the seemingly impossible. It is very likely that by simply by entertaining a perceived impossible idea, you will overcome a boundary, a barrier or roadblock and accomplish or chip away at accomplishing a dream or a goal in some way. The simple wisdom embodied in entraining six impossible things before breakfast can endlessly work to support ones ability to thrive, advance, succeed, fail and try again (and accept failure with curiosity rather than judgment)—and exists as a deeply powerful and beneficial practice to pursue in the context of ADHD.

To live non-judgmentally in the curiosity, intrigue and possibilities of life and to accept that suffering and difficulty is normal and does not need to be judged—can be a strong acceptance recipe for resilience, happiness and success, particularly in the context of ADHD. You can accept that life is suffering with out judgment, deposit it somewhere and

mold any judgments into curiosity and accept the idea that life is suffering, life is difficult and you're working very hard to live, to thrive and even to breath. It is important to give thanks to yourself and give compliment regularly to yourself for working so hard. The key is to foster a wild curiosity, an exuberance in your life, a penchant for viewing this existence as exciting and believing in the ability to transcend difficulties encountered. These positive approaches to thriving are all the more relevant and important in coping with and understanding ADHD. As you continue to read this book and traverse life, keep these anecdotes in mind and consider the enormous and endless possibilities in life despite any roadblocks, difficulties and struggles encountered whether in the context of coping with ADHD vulnerabilities or traversing down the pathway to a more holistic and sounder understanding of ADHD.

Chapter 4

**THE SECRET HISTORY AND ORIGINS
OF ADHD: A THOROUGHLY
PRE-MODERN DIVERSITY**

“See the naughty, restless child,
Growing still more rude and wild,
Till his chair falls over quite.
Philip screams with all his might,
Catches at the cloth, but then
That makes matters worse again.
Down upon the ground they fall,
Glasses, bread, knives forks and all.
How Mamma did fret and frown,
When she saw them tumbling down!
And Papa made such a face!
Philip is in sad disgrace.”

Excerpt from *Struwwelpeter* (“*Fidgety Philip*”) by the 19th century
German Physician and Author Heinrich Hoffmann.



Figure 10. Timeline of ADHD in its Numerous Forms.

UNDERSTANDING ADHD AS A NORMAL HUMAN DIVERSITY: IS ADHD REALLY ADHD?

ADHD is currently suggested to be a multifaceted, multifactorial and heterogeneous chronic neurodevelopmental diversity that is underscored

by a spectrum degree of inattention, hyperactivity and/or impulsivity. What does this all mean? It essentially means that ADHD is complex, in flux and has many continuous modulators. It also means as evidenced in the above historical ADHD timeline that ADHD has confusingly undergone many, many different and often bewildering sea-changes and if history is used as evidence, ADHD will continue to rapidly change. Due to the incredible variation both historically and presently with in the world in developing a unifying model of ADHD, there exists significant disagreement and controversy with what ADHD is and what ADHD is not whether in academic research realms, with in the everyday organism of the clinic or in the popular consensus. It is even the case that because the definition of ADHD changes so often that much of the research hypothesis and conclusions are likely to be seriously skewed, misleading or even dangerously wrong since researchers globally use a myriad of highly variable ADHD definitions interchangeably. In consideration of this degree of variability and clear confusion in the past and present literature on ADHD, it is paramount to discuss the inherently conflictual and prehistoric nature of ADHD as well as current ADHD paradigms. Thus, this section sets forth a relative clarity in the ADHD discussion by postulating a unified paradigm for ADHD as a prehistoric neurological human diversity, not an abnormal modern condition, which has pervaded and mystified a great many for millennia since early recorded human history.

While codification, labeling, diagnosis and other systematic means of defining and addressing ADHD are used, the focus in this book is not on scrupulous clinical diagnosis or systematic labeling. I think this approach can be disingenuous, harmful and misleading due to the high subjectivity of ADHD and constant flux in what is and what is not ADHD. In addition, I find that as discussed through out this book that a direct diagnosis of ADHD often follows with unnecessary pharmacological treatment and no explanation on the powerful benefits and advantages to having ADHD. Therefore, the focus in this chapter is on understanding ADHD as an inevitable, normal and natural course of

the diverse human experience. The highly varied history, constant change and varying subjective interpretations of ADHD globally provide clear evidence and support for this hypothesis of ADHD as a normal part of human development.

This brief ADHD discussion will explore the varying presentations of the modern condition currently known as ADHD with a pre-modern focus. In this pre-modern focus, a comprehensive and holistic inclusion of the attention, behavioral, social, cultural, biological, executive functioning and other empirical based paradigms that are extensively researched will be sprinkled into the discussion as relevant. In addition to setting forth a comprehensive and nuanced understanding of ADHD utilizing a multi-pronged approach, this discussion will include a pointed focus on the critical environmental, social and cultural ingredient influencers which directly compose and modulate modern ADHD. While many focused entirely on harnessing solutions and strategies to thrive with ADHD now may want to skip or speed read over this section, others interested in a holistic, comprehensive and storied discussion of ADHD will find this pre-modern historical analysis and overview of ADHD an intriguing, powerful and surprising journey.

As noted, I encourage healthy skipping and thumbing through the pages if desired and please feel empowered by skipping (and deviating from this social book reading norm). To be sure, to know the history and origins ADHD while not only informative and inspiring (particularly for those with an early or budding ADHD vulnerabilities or diagnosis), it will help one to think critically about a normal human neurodiversity that has at times been suggested to be fabricated, is often misunderstood or packed tightly into *modeled and* sometimes myopic paradigms. This set of ADHD diversities is thought to be a neurodevelopmental (modulated existence during early human brain development) difference that with out a doubt has a large social, economic and political slant that is clear to ascertain. One simply needs to perform an Internet search for “Is ADHD Real?” to see the extent of the emotionally charged, biased and politically infused discussion. The focus herein however will be to provide a

rigorously researched and well-supported overview on the pre-modern historical origins and present trends underpinning ADHD, which can be leveraged in not only further understanding and applying the diversity of information in this book but also for evidence utilization in moving the dialogue towards a more inclusive, diverse and sustainable view of ADHD as a normal human diversity.

In turn many invested academics, policy experts and professionals of all stripes not well versed in the etiology, pathology and historical underpinnings of the spectrum diversity presently known in as ADHD will appreciate the level of conciseness, rigor and specificity provided in this book and especially in this chapter. Further other stakeholders such as ADHD individuals, caregivers of children diagnosed with ADHD, educators and supervisors of employees with ADHD will appreciate a deeper understanding of the multi-faceted cluster of complexities underscoring ADHD. As a clinician researcher and advocate focused on working with vulnerable and underserved populations, I often take a nuanced approach to ADHD that reflects the inherent realities of the broad human experience—having obtained extensive field and advocacy experience with vulnerable and homeless populations thriving with ADHD and other often co-occurring psychological and physical health diversities.

UNDERSTANDING ADHD AS A NORMAL HUMAN DIVERSITY: THE EARLY EVIDENCE

In approaching ADHD as a nuanced and diverse difference that has likely existed since the onset of recorded human history, it is prudent to start with the influencers of modern allopathic medicine, the Greeks. The closest approximation to what can be considered founding psychiatric and psychological medical literature transpired during the Greek Empire and at the onset of Western epistemology when the philosopher Galen

postulated four personality types in 131-201 AD. This personality theory suggested four temperaments built on the Physician Hippocrates II theory of four distinct humors of disease (blood, yellow bile, black bile and phlegm) in 460-370 BC, which while wildly biochemically disproven still historically informs discrete models of personality conceptualization today. The Galen temperaments of human personality are described as sanguine (extroverted), melancholic (vitreous, intelligent, reflective), phlegmatic (peaceful, at ease) and choleric (irritable, poor tempered). These personality types were mixtures of varying individuals compiled into discrete definitions by Galen with influence from Hippocrates and most appreciably other philosophers and physicians of the time. The modern form of ADHD would fall on a spectrum into a few of these antique personality clusters dependent upon differences of temperament in the individual.

It's notable that prior to Galen's four personality temperaments that Hippocrates described patients with both fast and switching response to external stimuli, which is a highly suggestible reference to modern ADHD. However, this was not the first inference or reference to modern ADHD in early recorded forms of historic evidence. It is readily possible to find modern ADHD diversities in wide array of records such as *Biblia Hebraica* (The Hebrew Bible) in 11th-12th century BCE in the character Esau and in other written scholarly and non-scholarly works such as Shakespeare's play King *Henry VIII*. While there are serious practical and methodological issues with retrospective analysis of ADHD, the historical evidence clearly stands as relevant in the support of ADHD as a continuous human diversity. This evidence that ADHD is not only a prehistoric human diversity but a diversity that research suggests has developmental, physiological, anatomical and structural influences along but with social, cultural and environment impacts, can work to paint a unifying and more inclusive understanding of ADHD as a diverse yet highly complex normality.

UNDERSTANDING ADHD AS A NORMAL HUMAN DIVERSITY: THE LATER EVIDENCE

While retrospective analysis of early ADHD in art, literature and other historical records such as in Hippocrates II and are Galen's works is important, the wide variety of researchers, policy professionals and clinicians do not routinely use this critical evidence to inform research, treatment and practice. The often first used evidence for ADHD is German physician Melchior Adam Weikar's description of ADHD in 1775 as an "Attention Deficit." This description has been suggested to be the earliest modern approximation ADHD as defined presently. However, many researchers and others continue to erroneously cite Sir Alexander Crichton or George F Still as the founding fathers of ADHD despite incredible evidence to the contrary including Weikar's research on "Attention Deficit" in "Mangel Der Aufmerksamkeit" or "Attentio Volubilis"). Still yet in other forms of ancillary evidence which compose an important source of pertinent data, there exists a correlative reference to ADHD some 162 years prior to Weikar's descriptions in the play of *King Hennery VIII* by William Shakespeare as previous introduced. Nonetheless, in many other cases the prolific lectures of George Still in 1902 as published in the *Lancet* medical journal rein as the most commonly cited modern form of ADHD—quite often ignoring this critical pre-modern medical and historical evidence introduced in this chapter. Why is this? The practice of research and clinical medicine are not exact sciences but rather arts themselves, so myopias are common and necessary to inch closer to the truth and of course myopias exist in this text. However, by pointing out the inconsistencies in the research and particularly in relation to how ADHD has been and is currently defined, a better approach to understanding, treating and working with ADHD as a normal diversity can be reached.

As noted, the medical writings of the Scottish/Englishman Sir Alexander Crichton in 1798 is at times cited the next closest approximations of the modern form of ADHD where Crichton defines ADHD as mental restlessness and physical fidgets. Some may also be familiar with the character Fidgety Philip in the German children's book titled *Die Geschichte vom Zappel-Philipp (Fidgety Philip)* written by German physician Heinrich Hoffman, which in many cases receives the designation as the the earliest reference to a hyperactive-impulsive ADHD sub-type child. The 1798 publication by Sir Alexander Crichton which is longingly and concisely titled: "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." As this is purportedly the first cohesively gathered publication written entirely on the subject of mental health concerns, it becomes extremely relevant to the discussion of the modern form of ADHD.

This first ever publication written entirely on mental health concerns by Crichton was focused on collecting discordant and fractured bodies of research on mind body health, much in the same way this book seeks to capture, analyze and record the discordant and conflicting research on ADHD. In section two of chapter two in this Crichton text a discussion ensues on attention and related differences ("On Attention and its Deficits"), which is likely to be the first concerted effort to define attention and the important differences that can arise when humans do not perform to societal definitions or expectations in regards to attention diversities, especially in the context of modernizing and highly structured societal systems. In this text, Crichton describes ADHD as a condition wherein one exhibits a dynamically changing polar shift in attention (a deficit in the selective attention faculty of the mind) as related to ones focus on a particular stimulus (or "Object of Education" in the instance of a child). Crichton suggests the level of such measured time dedicated and/or attention and focus directed on a particular stimuli fluctuated to a great degree. The object of one's focus varied from a thought to the next

or directed focus on a physical object to the next physical object appeared to fluctuate highly. The result as Crichton suggests is the inability to fully or accurately process the various stimuli in a useful way. Originally Crichton described this “power of attention” as uniquely different in each individual but also different in time and context for the individual. This is an important distinction, which underscores a high level of external impact as incredibly important in terms of understanding and thriving with ADHD. The power of attention or the degree of excitement that occurs as a result of internal and external stimuli naturally fluctuates when one is fatigued or one has a bacterial and viral infection (a common cold) for example, which is the case for everyone with and without the diversities of ADHD.

The principal effect that attention has on the mind as Crichton proposed over 200 years ago is to moderate one’s degree of vividness, clearness, accuracy, speediness of judgment and memory capabilities. The primary focus of Crichton’s investigation was on the child and the lack of constancy to an educational object or stimuli (e.g., a school task or lecture), which essentially translated to the capacity of moderating sustained focus and attention. While this text is some 200 years old, it provides a relevantly accessible wealth of information, clearly sets forth ADHD as an old normal diversity of human experience and provide insight into how present ADHD has developed. The Crichton text describes a diversity that has purportedly existed in different varying conceptions very closely married to the present ADHD definition for at least 200 years. The idea that ADHD and its differences in attention, memory and internalizing and externalizing inattention and hyperactive faucets now often known more variously as existing on a “neurobiological,” “neurodevelopmental” and “psychobiosocial” spectrums—would also readily occur in adults and not only the child is a relatively novel hypothesis suggested by present research yet still often hotly debated as of writing. However, it is clear from early research such as the Sir Alexander Crichton work above, that ADHD occurs as a normal diversity in all, which includes children and adults.

However, while it seems rather natural for onset to occur at various stages considering a robust analysis of the origin, history and definitions of ADHD coupled with how forces such as the environmental influence and genetics can modulate ADHD (e.g., switch ADHD on and off).

While Crichton, Weikard, Still and even Hippocrates and many others are central characters in the ADHD story, the present thinking on this diversity continues to undergo many conflicting and confusing changes as has been introduced. The early descriptions of individuals suggested to have ADHD by William Shakespeare, John Locke or the many conflicting labels whether “Attention Deficit,” “The Fidgets,” “Hyperkinetic Disorder” (still in use today in most of the world) or even the highly contradictory moral deficit, brain damage and dementia type labels—will all continue to confound and inform the discussion on ADHD well into the foreseeable future. In this discussion, many experts often pursue the etiological, pathological and historical discussion of ADHD by focusing on the formations of disparately defined medical literature as the only relevant information, such as referring myopically to Sir Alexander Crichton’s work but discounting Melchior Adam Weikard’s. While in some cases shortsighted and in other cases simple research variability, many investigators often do not approach other forms of viable recorded evidence which clearly underscores ADHD as a pre-modern human diversity of the normal human experience. In fact, many researchers and experts cite confounding, conflicting and variable early and current ADHD definitions while neglecting integral evidence or emphasizing the importance of one subjective definition over the other.

UNDERSTANDING ADHD AS NORMAL HUMAN DIVERSITY: PUTTING THE PIECES TOGETHER

This routine occurrence of conflicting scholarly and clinical variation in ADHD unfolds similarly to the formation of conflicting historical definitions of ADHD. This myopic focus is due to a multitude of biases and a strongly socialized belief that social and cultural factors (among other determinants of health) often do not influence or are not important to disease. However, the biomedical model (a model focusing on biology only) has dissipated somewhat in recent times as largely ignored and incredibly important influencers such as social and cultural processes are at times considered relevant by investigators, clinicians and others. But other factors such as the “economic agitators” also cause stakeholders to ensure reliance on further evidence that supports special economic, policy or social interests in order to for example increase ADHD prescriptions and pharmaceutical profits to achieve profit centric goals. While this is a largely disheartening state of ADHD affairs, it is overwhelmingly possible that with additional sophisticated research approaches, highly developed methods and continued advocacy efforts that in the near future it will be possible to re-theorize the high generality of ADHD concerns for what they actually are—which is simply a state of functioning that is a normal part of the human trajectory. In this way the sociocultural, economic, political, educational and medical delivery systems can be redesigned to positively encourage the leveraging and advancement of normal diversities in humans rather than the over-medicalization and assignment of harmful disempowering language (such as deficit or disease). In this way, a pivot away from the fraught over-medicalization and over-diagnosis of ADHD and a shift away from utilizing ADHD as a controlling, powerful, exploitive and subordinating tool can begin.

The pursuit of de-medicalization, de-labeling and reemphasis of ADHD as existing at the birth of humanizing historical activity and as an integral normal human diversity is already underway. In fact, such a normalizing conceptualization of ADHD and other normal interrelated human processes is firmly held in professional, research and advocacy circles. ADHD with its many conflicting presentations, vast historical evidence and with its position as the most prevalent diversity humans today presents a particularly compelling case for continuing positive advocacy and furtherance as a normal human diversity. As can be readily discerned, the evidence needle is moving full speed ahead as research unearths novel discoveries, understandings and ongoing research efforts continue to roll back the date of known, verified and supported evidence and references to ADHD.

However, as noted in the long storied history and evidence underpinning ADHD, the analysis of ADHD's etiological roots as a prehistoric, pre-modern and inherently normal course of human diversity and difference has been at times largely ignored. While as noted positive changes are occurring, issues clearly exist with the validity of retrospective analysis and clinical diagnosis utilizing historical data in the context of ADHD, there is simply so much recorded evidence on attention oriented diversities in human development through out time that to ignore the pervasiveness of such historical evidence will not continue much into the future. To put it simply: The present condition defined as ADHD, now in its infinite abyss of confounding definitional iterations, has been repeatedly conceptualized with partial or complete ignorance to its etiological, historical and pre-modern flavor. There has been an almost utter deference to the biased power structures of the cultural, societal, economic and professional medical models prevalent in both past and present historical evidence. Nonetheless, positive strides towards utilizing integrative, holistic and more nuanced approaches to ADHD in investigatory evidence and clinical practice are being made and this book stands as one more iota in tipping the scale full speed ahead towards

conceptualizing ADHD as a long-standing and incredibly diverse direction.

WHAT WILL ADHD BECOME?

In considering the present day prevalence of ADHD as the most commonly diagnosed diversity, its prehistoric origins and the lack of a clearly unifying theory for ADHD which encompasses the complexity and holistic nature of the diversity—this analysis albeit brief seeks to disrupt the present day ADHD product market place and provide a cohesively new paradigm that is holistically, diversely and historically grounded. The scholarly approaches to ADHD especially when taken in the etiological, pathological and symptomatic context of the American Psychiatric Association's manual of mental disorders appears to describe a diversity which has an inherent deviance, appears relatively novel and largely discounts the complex and normalized human diversity underpinnings. However, as has been clearly set forth in this chapter and through out this book, ADHD exists as a normal human diversity and has existed since at least the onset of early recorded forms of evidence originating from the Greeks and other founding influencers of Western Civilization.

This notion of a historical and modern normal in ADHD while supported by endless mountains of evidence has not inevitably become a clear consensus in research, professional, policy and popular culture circles. This must change for the better. It is with out doubt that ADHD in its present form with its stronghold as the most prevalent diversity, exists as one of the most pressing modern issues facing Western human civilization. This is because ADHD can exist as a barrier and roadblock for many simply because of how ADHD is presently defined (as a disease, as an absolute label), diagnosed and treated at an alarming rate with harmful pharmacological treatment. This deviant definition labeling

and treatment of those with ADHD exists unquestionably as an enormous roadblock to the success, actualization and healthy development of children, youth and adults. The sheer volume, impact and global reach of ADHD as the most prevalent diversity in the world is simply staggering. This discussion on early historical ADHD in relation to present conceptions of ADHD in addition to the larger broad strokes in this book necessarily provide the intellectual tools to push back against the deafening powers of controlling medical, social, economic and cultural forces—in an effort to understand, leverage and succeed with increasing understanding of the normal human diversity known as ADHD.

Chapter 5

HIGH IMPACT APPROACHES TO THRIVING WITH ADHD

This section is focused on simple and easy to practice coping strategies in improving self-esteem and self-actualizing direction as well as goal directed and focused thoughts and behaviors in the context of ADHD, which are critical skill avenues to practice harnessing in thriving with ADHD. Please skip around this section as around as needed.

THRIVING WITH ADHD: PRIMER TO STRATEGIES AND APPROACHES

The strategies and approaches in this chapter for thriving with ADHD can be utilized, practiced and applied straight away and referred to as often as necessary during mastery (let's not forget after all a "field guide"). The coping techniques and strategies below can also be practiced and utilized as an ancillary adjunct to ongoing efforts to cope with ADHD such as psychotherapy, coaching, self/assisted behavior modifications, integrative care such as exercise, yoga and diet

modifications or other types of useful coping strategies such as continually practiced and applied mindfulness for ADHD techniques as explored below. It is best not to tackle ADHD with out the assistance of many, so ask a friend or mentor if necessary to help if a psychotherapist, coach and other type of healthcare professional is not readily available. And while there is a wealth of information and resources on understanding, coping and thriving with ADHD, I have found the resources in this chapter be particularly helpful for ADHD.

MINDFULNESS FOR ADHD

To start off with a beneficial field practice to address and empower from the onset, I would like to introduce and guide the reader through a simple mindfulness sensory and stimulus re-direction practice. This mindfulness practice can be used to become present, sit with one's self and develop mindful strategies in which to cope with ADHD diversities in the context of modern life. This is a powerful experience and some report being so laser-like aware that it becomes difficult to continue the practice. In other cases, this mindfulness practice shines a new light on an underlying set of thoughts, behaviors and/or emotions. Please proceed as comfortable. At the time of writing this book the empirical evidence for mindfulness as an efficacious strategy to cope with ADHD and many other co-occurring mental health concerns such as depression is essentially with out reproach. The evidence for utilizing mindfulness alone or as an adjunct to other forms of treatment including with this field guide as a viable means of developing coping strategies in the management of ADHD diversities is now highly convincing.

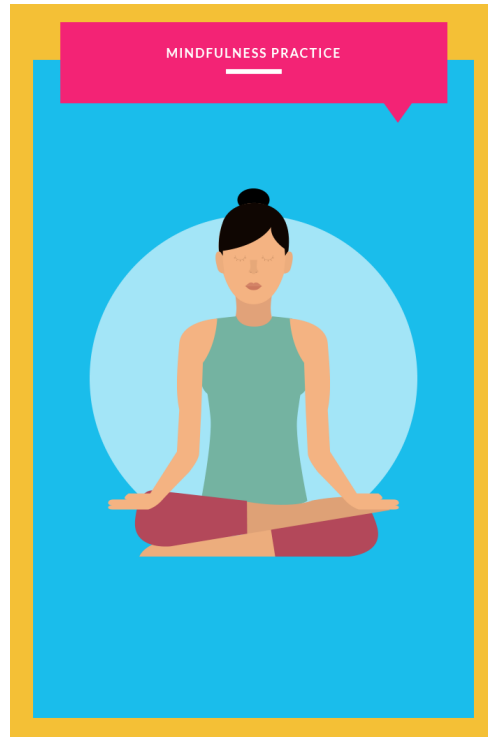


Figure 11. Mindfulness Practice Example.

GUIDED SENSORY MINDFULNESS PRACTICE FOR ADHD

- Please find a fragrant and attractive fruit for this practice exercise. It is recommended that a blueberry be used
- Please take a few of these blueberries in your hand, about two or three is fine
- Now, find a comfy, quiet and distraction free space to retreat to for about two (2) minutes
- Relax into the most comfortable position sitting on a comfortable surface
- Close your eyes while clenching the blueberries

- While eyes are closed and blueberries clasped in hand –
- Begin to ponder where these blueberries may have come from, where the farmer may live, what his farm might aesthetically look like, the name of the person that picked these blueberries, what his life might be like, what route the blueberries traveled to reach the store, the twists, the turns, the bumps, the potholes, the long winding journey from the farm to transport to store to your market bag to your refrigerator to being clasped in your hand
- Now take the blueberries in your hand and smell them and ponder the smell. Is the smell fragrant? Enjoyable? Do other fruits smell like these blueberries?
- Place one of the blueberries on your tongue in your mouth and consider the flavor, the texture on your tongue, the juiciness, the freshness, how does it feel? What do these blueberries taste like? Do you enjoy the flavor? Describe the flavor and feeling to yourself if you wish.

STIMULUS RE-DIRECTION AND MINDFULNESS TOOL FOR ADHD

While the above introductory sensory mindfulness practice if practiced routinely is incredibly beneficial for many with and without ADHD, not all find it immediately helpful unless practiced. Another beginning technique is to use a stark stimulus such as a frozen ice cube in your hand to act as a beneficial distracter, calmer and stimulus redirector.

The ice cube in the hand coping strategy can be used when experiencing issues with focusing attention, remaining calm or when dealing with difficult thoughts and/or emotions related to ADHD.

-
- During a time of self-determined need, simply clasp an ice cube as tightly comfortable in your left or right hand as possible
 - Squeeze the ice cube with your fingers closed inward to feel the cold sensation for 10-15 seconds or longer as desired
 - Focus on the sensation and feeling of the cold ice cube in your hand
 - Utilized this technique regularly and repeat as comfortable, needed and as beneficial in order to disrupt, sooth, reset and realign

CORE PRINCIPLES FOR COPING AND THRIVING WITH ADHD

Please reference and skip over as necessary the important core principles below for coping and thriving with ADHD diversities.

- Distractors need to be managed internally and externally, e.g., in public spaces use ear plugs to decrease sound distractions as needed, use an eye mask along with ear plugs to decrease light/sound distractors in sleeping spaces, utilize mindfulness as one of many tools as outlined in the introduction to cope with moments of high distraction, unusual difficulty and/or fluctuating states of emotion
- Understand that some with ADHD have increased sensitivity to light and sound including other stimuli such as touch. Reducing stimuli load on the brain (decreasing exposure to extraneous stimuli) can assist greatly in thriving capability
- Ensure your sleeping space is dark, quiet, free of discernable stimuli and disparate objects/clutter and as organized and comfortable as possible

- Make sure sleep and wake times are consistent, e.g., 9 am wake up, 11 pm asleep. I find it very important to note that modern sleep norms are driven by almost entirely by modern economic considerations and humans are prehistorically wired to wake up in the middle of the night and not sleep entirely through the night or obtain eight hours of sleep (an interesting body of sleep research explores the fact that many before the industrial revolution woke up in the middle of the night and routinely slept longer than 8 hours). Sleep can be very difficult to regulate linearly and statically for anyone, so if sleep is an ongoing concern, seek outside support and help as needed to work towards the individualized goal of healthful sleep/wake schedules (e.g., reference “CBT-I” as this therapy can be very helpful in assisting with sleeping concerns)
- Abstain from caffeine, alcohol and all other psychoactive substances if possible, but at least ten or more hours before planned sleep time. Dosage level is also relevant, so add more hours if at a higher dosage, e.g., more cups of coffee, more glasses of beer—will require additional dosage hours for the body to properly filter these substances
- Practice ritual mindfulness techniques to relax well before bedtime nears and if trouble sleeping, get out of bed and try sleeping again in a 15-30 minutes. Repeat as necessary. These techniques will assist with ensuring that sleep is not exasperating attempts to cope with ADHD
- Obtain a white noise machine or obtain a light machine in order to assist with regulating sleep/wake and mood cycles. This white noise machine will help greatly with management of ADHD
- Everyday language choice and emotional states are highly interlinked and integral to coping with ADHD. The use of should, must, have to, always and other form of absolutist language do work to create anxiety and stress. The use of unfair or harsh self-

judgments can lead to low self-efficacy, self-esteem and issues with coping. If possible, avoid using “shoulds” and “musts” and “have tos” in daily language. You have some free will and choice and this is an empowering fact to keep in mind

- The environment needs to be designed to accommodate ADHD. Make sure to have a central space for keys, phone, wallet and other daily belongings. Use this space everyday to de-clutter mind, space and routines. This space can be on a counter in one specific area, on an entry table or other centralized location. Make sure this space remains the same and does not change or have any other distracting or cluttering objects in the vicinity
- A toolbox (an easy to reference written or stored list) of go to coping facts and mechanisms such as utilizing mindfulness, a coping mantra/mission statement such as, “I can do this because I am highly intelligent, capable and dedicated” or a gentle reminder to phone a close friend, family member, mentor or therapist in times of need
- Understand that with ADHD one can experience heightened levels of emotions, moments of low-bandwidth (inability to cope as efficiently) and difficulties performing a task at any given moment. The quality and impact of ADHD vulnerabilities is highly state dependent, meaning that how you feel and how you can perform is highly variable from one moment to next. Don’t give up. Try again later and keep trying and trying as long as necessary to complete a task or reach a goal

SUCCESSFUL ADHD COPING IN ACTION: VALUES, GOALS AND SELF-ACTUALIZATION

In keeping these core coping points in mind, the importance of goal setting and value development is introduced below as a particularly

effective and natural coping strategy approach in successfully harnessing ADHD as a beneficial diversity.

It's important to note that:

- Values drive goals
- Goals influence behaviors
- Goals in turn shape perceptions

When one has a clear and established set of easy to access values such as authenticity, compassion, selflessness, one can have a clear sense of self (e.g., a developed ego) and in turn these values can foster goal directed thoughts and behaviors in concert with established value systems. If one doesn't have clearly established and secure values then goal setting becomes extraordinarily difficult, so it's important to establish clear values with the aid of exemplified values in the list below. Not only that but ensure that the values selected are well practiced, maintained and continually modulated as needed in order to ensure that proper goal directed behaviors can be pursued and sustained. Once clear values are identified and accounted securely in long term memory, one can then establish a set of ongoing and continually modulated goals, which will broadly and directly influence action, behavior, thoughts and feelings of happiness, inclusiveness, self-esteem and self-efficacy.

If one has embodied selflessness as an important personal value, then this person may wish to make a goal to volunteer in a community minded organization focused on assisting the homeless or perform a random act of kindness for a stranger such as giving a compliment and expecting nothing in return for this selfless act of kindness. In turn once values and goals are clearly defined, established and set in memory, the behavioral processes of setting these goals into real world action is the next inevitable step. However, there are many psychological and physical

roadblocks to the value and goal setting process let alone the process of acting on clearly defined values and goals.

Thus, this section will walk the reader through the critical steps to coping, succeeding and harnessing ADHD as a substantially important and beneficial diversity while identifying in the discussion roadblocks and issues ongoing in succeeding with ADHD.

1. Identifying, setting and clarifying values
2. Identifying, setting and managing goals directed behaviors
3. Identifying and overcoming psychological and physical roadblocks to setting values, goals and engaging in goal directed behaviors

Example Core Values

- Honesty
- Dependability
- Loyalty
- Religiousness
- Truth worthiness
- Worthiness
- Youthfulness
- Creativity
- Curiosity
- Joy
- Humor
- Mindfulness
- Respect
- Optimism
- Service to Others
- Environmentalism

- Dedication
- Altruism
- Passion
- Courage
- Open-mindedness
- Commitment

What are five resonant and/or important values selected from the above example values?

- 1.
- 2.
- 3.
- 4.
- 5.

What are your three most important and clearly defined values selected from the list above?

- 1.
- 2.
- 3.

What are three goals based on the selected values above that can be realistically accomplished in the next 6 months?

An example of altruism would be: “I want to spend more time performing public service and volunteer several hours a week at my local homeless shelter.”

- 1.
- 2.
- 3.

What are three specific barriers to achieving the three value derived goals selected above?

For Example: “I don’t have time to achieve this _____ goal.”
“I don’t feel capable of achieving this _____ goal.”

- 1.
- 2.
- 3.

What are three specific solutions to the noted barriers in achieving your three goals above?

For Example: “I can take a class to obtain the requisite knowledge and experience to achieve this _____ goal.”
“I can rearrange _____ in my schedule which will create more time to accomplish _____ goal.”

- 1.
- 2.
- 3.

It's important to note that the above coping approaches while enormously beneficial and useful for many if practiced rigorously—are not intended to substitute but rather to enhance professional advice and care for ADHD vulnerabilities. It will be beneficial to continually refer back to the identified values, goals, barriers and solutions as developed in this section and to remain aware of the selected values, barriers and solutions. It will also help to make a copy of these values and goals and post them next to a bathroom mirror, on the refrigerator, in a work space, in a car and anywhere that is easily noticeable, so that continual reminder, reinforcement and practice can occur. It's important to revisit values and goals and revise regularly and to ultimately be flexible, stay dedicated and keep trying towards embodiment of values and achievement of goals no matter the barriers and difficulties encountered.

Chapter 6

REDESIGNING AND RETHINKING ADHD: RADICALLY UNDERVALUED PATHWAYS

This chapter explores creative pathways in rethinking, reshaping and redesigning life with ADHD. Reference the pathways below as relevant and design into your life adventure as you wish.

RADICALLY UNDERVALUED PATHWAYS INCLUDE

- Prescribing “Doses” of Nature and Green Space
- The Ever Important Technology Diet: Why Technology May Actually Be Causing ADHD
- The Understated Importance of Emotions and Learning
- Exploring Crucial Definitions of Agency: Rethinking Time, Self, Expectations, Motivations and Procrastination
- The Curious Power of Dialogue, Imagery and Language
- Approaching Environmental, Nutritional and Diet Constraints
- The Usefulness of Slowing Down: Expressive Reflection, Journaling, Letter Writing and List Making

- The Dosage Benefits of Integrative Health and Physical Activity
- Humor and Laughter as an Effective Coping Strategy
- Adapting Space: The Critical Importance of Invigorating Home, School, Work and Other Environments
- Navigation of Modern Social Structures, Systems and Contexts: Exploring the Importance of Social Skills, Self-Advocacy and Self-Efficacy
- The Advantage of High Quality Support Systems

PRESCRIBING “DOSES” OF NATURE AND GREEN SPACE

In 2005 Richard Louv coined the term “Nature Deficit Disorder” in the 2005 book “Last Child in the Woods” to highlight the drastic shift in the amount of time humans, but particularly developing children, adolescents and youth are spending in nature. The suggestion is that less time in nature results in an increase in behavioral health concerns and there appears to be a strong and mounting base of rich literature suggesting that this is one crucial factor working to negatively impact psychological functioning. The issue of reduced recess, reduced unstructured play in the public school systems in America and globally has in no uncertain terms led to increases in ADHD and exasperation of existing concerns, particularly in the highly structured and crushing environment of the American public education classroom.

In response to the deficit in nature exposure, many innovative programs for developing children, adolescents and youths have been launched, most of which are focused on the enchantment of interventions with out a keen eye to all sides of the research literature. While some programs focus on what the storied MIT Economist James Heckman underlines as the need for social policy levers to address early intervention in order to dissuade the negative affects of inequality, which directly correlates with the level of exposure to green spaces, other

programs intriguingly do not provide direct or structured programming. The Forest/Nature School movement is generally an early education option available throughout the world, but with more limited availability in the United States, though this availability is fast changing for the better. The Forest School option for early education while highly varied does not teach any academic subjects, relies on soft skill building like social skills, team cooperation, emotional modulation and other aspects of personality development.

While it is clear that increasing nature is highly beneficial to psychological health whether in adults or in developing populations such as children, it appears to be particularly beneficial in very young children. The exposure in very young children such as Pre-kindergarten and Kindergarten to nature, green spaces and unstructured creative play provides a highly useful, impactful and effective experiential experience. This early exposure to unstructured green space play has been suggested to decrease and/or temper ADHD concerns, decrease aggression and improving outcomes with social competency skills, which are skills that have been suggested in a myriad of studies to be more important than core academic skills.

THE EVER IMPORTANT TECHNOLOGY DIET: WHY TECHNOLOGY MAY ACTUALLY BE CAUSING ADHD

In many ways technologies endless ability to captivate and engage the user as an active stakeholder in clicking, pressing and the ensuing content creation blitz has created a boon for corporate commerce and media in America, but quietly presents overwhelming issues for many including those with ADHD. The always switched on capability, infinite and instant access to ready information and “slot machine” like dopamine trickle can tax and overwhelms cognitive processing and coping abilities.

In many ways the prehistoric roots of the human brain have not fully adapted to this high level of access to information and the way in which humans now rigorously use an Internet connectivity to find answers, socialize and individuate has fundamentally shifted how humans broadly function including the nature of prosocial activities, available attentional bandwidth and modulation of memory and emotions.

In order to counter the slot machine like effect of technology, it is often prudent to start evaluating and considering the developed and ongoing relationship to technologies. In evaluating the relation to technology, it is prudent to understand the empirical evidence. Many studies investigating relationships to technology suggest that individuals in the United States interact, touch and use mobile devices many times during an hour and for most of the waking hours. To be sure, mobile device usage is reaching epidemic levels in the US and globally, which has led to decreasing prosocial behavior and increased highly addicted behaviors. In other case, this relationship to technology and excessive social media use has been shown to increase reported instances of depression, loneliness, social anxiety and other forms of increased psychological distress.

However, while mobile device penetration and usage is quite prevalent in the US and globally, there are other trouble signs that video games, popular media entertainment and other virtual reality innovations may be changing how entire young generations develop, socialize, interact with the wage-labor market and view the world. In some cases, young and in some cases older people are seeking the solace of the virtual world rather than entering the wage labor market. What does all this mean specifically for ADHD? In a broad sense, it means that ADHD is highly modulated, switched on and to many degrees could in part be the result of increasing technology saturation, penetration and rampant usage in daily life. It is easy to see how technology can distract and overwhelm the brains executive functioning circuitry even in the healthiest of individuals, but particularly so for those with ADHD vulnerabilities.

So how can you fight back and take a technology diet to better cope with ADHD?

1. Change to a “dumb” phone permanently or temporarily several days a week that has a calling and/or texting functionality only. There are many used and new models available on the market as of writing
2. Decrease the amount of “screen time” by selling unnecessary technological devices such as duplicate tablets, computers/laptops, mobile devices and the like
3. Switch from cable or satellite TV to an on demand streaming package that allows for greater agency, control and choice in content consumption
4. Limit interaction and usage time with technology and refer to other sections herein on spending “disconnected time” in green spaces and nature
5. Keep a handwritten journal of all technology interactions and usage times through a day if unsure how to proceed with a “technology diet.” Review the journal log and determine which areas require attention. Then make a specific, detailed and discrete plan of action to reduce technology usage or interaction such as selling a current mobile phone and acquiring a dumb phone (a phone with out Internet access) or selling off excess technology devices to limit opportunities for excessive interaction or usage

It’s important to keep in mind that the most often penetrable and enduring behavior change is one that involves making decisions that alter the landscape of an individual environment often permanently. In some ways, this means an individual no longer has a choice on whether to comply with the behavior change since the environment now requires such change. This type of behavior change management can be very effective if time and consideration is taken to ensure that decisions made

which change the environment sometimes irrevocably—can work to benefit and support positive change. An example of such behavior change management could be switching jobs, changing living arrangements, taking a different commute method to work such as a train, bus or car or even walking if possible, moving to a different geographic location, re-arranging the location of technology and other items in an environment and the list goes on. In following some of the above suggestions and making a permanent change to the environment, one can decrease the level of interaction with technology and thus increase the propensity for successfully coping with ADHD and other psychological stressors.

THE UNDERSTATED IMPORTANCE OF EMOTIONS AND LEARNING

The purpose of emotions is to provide meaning to life however emotions can sometimes go awry and impact the ability to successfully cope, especially when ADHD is in the picture. The endless veracity and diversity of emotions can stand as an incredibly powerful, impactful and even mystifying phenomena. The fact stands that direct control over emotions cannot be achieved as emotions ebb and flow and fluctuate with remarkable quality, variability and strength, but luckily controlling emotions is not a desired outcome. Since being able to properly cope with ADHD often means remaining as emotionally self-regulated as possible, the fluctuating diversity of emotional states presents continuous tug of a war in relation to coping with ADHD. In many cases, ADHD is intimately interrelated to emotions and because ADHD is considered to be highly comorbid, it often exists along side other human differences that can influence or modulate diverse emotional states. Rather what is important is how one chooses to deal (judge, contextualize, describe, etc)

with the wide range of diverse emotions that may arise is with in cognitive agency.

Nonetheless, it is important to note that in some cases, affective emotional states can even masquerade as hyperactive and inattentive forms of ADHD in individuals while creating cognitive dissonance, white noise and overall reducing available cognitive bandwidth for engaging in successful learning. In other cases, ADHD and emotions serve as deeply intertwined partners in orchestrating a co-modulating actor-process, which works to bi-directionally influence emotion and learning processes. This interactionism of actual and perceived emotional states stands as particularly important in determining possibilities for information processing success and the availability of one with ADHD to actively and successfully participate in educational and learning settings. While ADHD is often not coupled with emotional states, the quality of emotional states, especially in young children and adolescents in a learning environment, presents particularly important and fruitful areas to focus on understanding and addressing.

In a learning environment with ADHD, this focus on the relationship of emotions and ADHD as integrally critical can mean pursuing strategies to remain emotionally self-regulated, self-directed and ultimately internally and externally reflective, which can include numerous internal and external coping techniques and strategies that are thoroughly explored in this book. While the self-realization that ADHD is so integrally related to fluctuating emotional states can be in itself a coping tool, there are some basic coping skills to keep in mind. As covered through the book, mindfulness tools are paramount to utilize along with ensuring adequate diet, physical activity and abstaining from excessive alcohol, processed foods, sugars. Along with referring to the individual coping areas in this book, it can be immensely helpful to analyze ones other internal and external variables. For example, are there any possible environmental stressors, triggers or cues that work to escalate or deregulate emotions? One such example could be lack of exposure to green spaces, a rushed/hurried and crowded environment or

sources of external emotional invalidation whether in the awareness or not from peers, teachers, caregivers and other social group members. It's important to keep in mind when pursuing coping strategies with ADHD in the context of emotions and learning processes, that it is key to be flexible, open minded and dedicated, but also to be as assertive as possible in reflecting on and communicating needs and adopting the noted coping strategies and pursuing reflective analysis of the discussions in this book.

The incredible importance of affective or emotional states on the ability of one to function properly, process, learn and in particular cope with ADHD cannot be understated as an incredible area of often devalued concern. The emotional state whether perceived as positive or negative in a child, adolescent or adult influences the relative degree of efficiency and success in higher-level cognitive thinking including in particular learning processes which also has direct and indirect impacts on ADHD coping success. It is highly encouraged that this section on emotions, learning and ADHD is taken as particularly key with in the context of the overarching coping strategies and content discussion in this book. While many spend the day in a veritable autopilot (which has benefits and disadvantages), if the only insight gleaned from this book is that it is important to slow down, reflect and “listen” to the internal autopilot processes swirling, unfolding and catalyzing internally, then this book has succeeded.

**EXPLORING CRUCIAL DEFINITIONS OF AGENCY:
RETHINKING TIME, SELF, EXPECTATIONS,
MOTIVATIONS AND PROCRASTINATION**

“Laziness is nothing more than the habit of resting before you get tired.” - Jules Renard

It's critically important in the context of ADHD to rethink external and internal pressures that result from various cultural, societal, economic and social influences such as time, reference peer expectations, general external social pressure and other important influencing factors such as the type of perceived behavioral motivators. For example, the typical external motivators of grades in education settings and financial compensation in professional settings are typically not successful motivators for those with ADHD. It's critical to keep in mind that in finding the most opportune and successful way to cope with ADHD involves serious and sustained self-examination including modulation and development of value systems and ascertaining the specific individual motivators that increase the likelihood of attaining the most positive outcomes. In my case, I find that a huge external motivator is tackling difficult problems or topic others may avoid. I find immense rewards from this process of intellectual challenge and vigor rather than perhaps being motivated by receiving a higher level of professional compensation or a higher grade in an educational setting.

Aside from the importance of rethinking external and internal pressures and how those processes differently interact with ADHD, the specific language that revolves around these pressures is equally important to explore and examine. The language utilized whether in internal or external cognitive processes is an immensely powerful and ever-impactful tool in terms of daily functioning and particular relevant in coping with ADHD. If in the process of coping with ADHD such language as "shoulds," "musts" and "have tos" are used, such language can work to conspire against successful coping and self-actualizing pursuits. This kind of imposing, polarizing, loaded and one sided language when used in the internal or external dialogue creates unrealistic pre-defined situations that can lead to anxiety, stress, depression, related elevated emotional states or other forms of unnecessary suffering that can often deeply interfere with the process of coping with ADHD.

It's important in relation to the above that in the popular lexicon and connotative language surrounding procrastination, it is often classed as a negative behavioral trait. However, procrastination can be a wonderful tool if utilized wisely and efficiently. Certainly one is not "lazy" if procrastinating, but actually delaying what is perceived as less important to tackle the more important tasks and/or goals. In every case it is a good idea to use the gift of procrastination as an advantage. It's a good idea to procrastinate on the little things like cleaning a car or dwelling, running errands, and the like and rather focus on the more important self-actualizing goal directed behaviors that will add value such as completing a critical work assignment or writing an essay.

Aside from catalyzing the benefits of procrastination, ensure that in almost every situation *at least* fifty (50%) percent more time predicted to complete a task is allotted whether traveling to an appointment, work meeting, class meeting or when scheduling any sort of other appointment. If early to something for example, go to the waiting room or sit somewhere comfortable and use this downtime wisely by bringing a book (ideally this book), write in your journal, make a phone call or other downtime oriented tasks if lucky enough to be early or simply take stock of the day and what lies ahead. This often reflective and calm downtime is critical for coping with ADHD in order to decrease stress, anxiety and depression, but also to provide a reflective mind space to process and cope with the day demands and activities. Is it better to be late or early to something considering individual, social and society norms, demands, values and goals? Would it be better to finish a task early and have extra free time for leisure? Then in essentially every case allow for 50% more time than predicted for appointments, tasks and the like. This is an absolutely indispensable technique if practiced and use in daily life for those with ADHD, but make sure to keep practicing as long as it takes for this technique to "stick."

THE CURIOUS POWER OF DIALOGUE, IMAGERY AND LANGUAGE

As previously discussed, the type of language one actively or inactively (consciously or unconsciously) chooses to utilize can have a powerful and lasting impact on how we view others, ourselves and the wider world around. The four letter word A-D-H-D can have an incredible impact on the individual as it can become self-embodied and take on individual and generational level inequality making and re-transmission. The label ADHD is at the end of the day a social label given unrestrained to many and used as a freely as ones first name in some cases. The label is handed down with little insight into what the possible negative or positive affects whether short or long term that providing such a label to an individual whether a child or adult can have.

However, some may have an “Ah-ha!” moment once one has undergone a thorough psychoeducational and psychosocial evaluation and ADHD symptoms are determined to be present. This “Ah-ha!” moment can in some cases be what one needs to get on the track to developing successful coping mechanisms and finding empowerment in the condition. But for many individuals the ADHD diagnostic label can be troubling and perhaps even lead to an increase in severity of ADHD vulnerabilities and lead to exasperation of other concerns such as depression, anxiety and stress.

There are some words in the American lexicon, which can be particularly harmful and exist in many vocabularies as the result of factors like social conditioning. Such words include should, must, have to and other absolutist language which connote a sense of unceasing duty and in many cases actually lead to uneasy mental states. This is because when one uses the language “should” or “have to,” one often makes an internal agreement to do something in an impossibly idealized way and one can’t possibly hope to accomplished something in such a linear, exacting and modeled manner. It can be said that everyone has the right

to free will, agency and choice and one need not engage in a behavior if motivated primarily by of fear, guilt or obligation. Often times these types of absolutist words will lead to feelings of inadequacy, failure or to the aforementioned spectrum concerns of stress, anxiety and depression and exasperate attempts to cope with ADHD. The key here is to use language which is positively affirming in nature and to be continually working to actively be non-judgmental towards yourself and others.

Some examples beneficial positive affirmation language can include:

1. I am joyful, capable and I will choose to be happy
2. My heart, my lungs and my body is working so hard for me. I am so appreciative.
3. I am thankful for the positive contributions that others have made in my life today
4. I acknowledge my intrinsic value, self worth and agency
5. I am powerful and I am beautiful
6. I am confident in my abilities and I will succeed
7. I am capable and dedicated. Today I will work even harder than before.
8. I do not fear change or the concerns of tomorrow, I choose to non-judgmentally embrace change and the unknown and to use it to my advantage.
9. I feel so grateful to have the gift of life and of breath
10. I am working so hard and making progress towards my goals every day

APPROACHING ENVIRONMENTAL, NUTRITIONAL AND DIET CONSTRAINTS

The perceived and actual quality of an individual's physical environment, nutritional intake and dietary thoughts, beliefs and behaviors have a huge impact on the ability to cope with ADHD. The individual contact environment whether a food desert with out easy access to fresh vegetables and unprocessed foods or a densely populated urban neighborhood without many green spaces—can intimately contribute to the level of available ADHD coping bandwidth, ability and ultimate success with ADHD. There are of course social, economic and cultural interpretations and constraints to keep in mind, particularly in the economics realms, which prevent some from accessing egalitarian environments. However, this section offers some practical coping advice in addressing environmental, nutritional and diet constraints as an ADHD coping avenue for those in all diversities and stripes of society.

There are several important coping points to consider adopting:

- Decreasing sugar intake, artificial food colorings and highly processed/manufactured food stuffs
- Engage in regular physical activity every day even if for a few minutes. Focus on building in and engaging in some exercise during your routine activities such as commuting to work or school by bicycle, walking or taking public transit methods.
- Increase recurrent exposure to green spaces by spending more time in parks, tree lined streets and natural environments
- Increase exposure to the ambient sun or purchase a blue light machine while taking proper safety precautions such as timing exposure
- Take a multivitamin if nutritional intake is determined to be a concern in consultation with a biomedical healthcare provider

- At any time, seek help from a healthcare provider with assistance, guidance and advice on how to better cope with ADHD in utilizing above suggestions

THE USEFULNESS OF SLOWING DOWN: EXPRESSIVE REFLECTION, JOURNALING, LETTER WRITING AND LIST MAKING

There are many forms of “slowing down” such as the French tradition of the often communal and extended prix fixe meal or the American equivalent of similar privilege, “the Brunch.” However, slowing down does not require privilege nor a long drawn out communal meal in some exotic eatery in Europe. The many forms of slowing down which you may already be familiar with such as seeing a film in a theater, resting on a beach with a good book, going on an extended wilderness trek—these are some routine examples of slowing down. When one engages and practices in this type of slower activity, this important practice can work to assist in improving cognitive processing by allowing for increased reflection and can work to catalyze improved attentional bandwidth as well as working to improve overall daily coping with ADHD. While there isn’t a one size fit all methodology to slowing down, the effortful, engaged and sustained practice of slowing down a particular activity will have enormous moderating benefits in improving attention and executive cognitive functioning.

But in addition to slowing down a particular activity or engaging in an already slow activity by design, the metacognitive practice of writing down reflective thoughts, emotions and referring back to those routinely whether kept privately (journal, multimedia recording and/or alternative formats such as Internet social media) or shared with another individual or larger audience (letter writing, lists, public blogs, SMS, etc.) is deeply cathartic and beneficial to all, but in particular those with ADHD

vulnerabilities. In particular, the importance of a keeping a continuous recorded journal cannot be understated. In keeping a journal, it is recommended to utilize letter writing on pen and paper to friends, relatives or searching for a pen pal group. It is recommended that one utilize a paper format journal purchased from a local bookstore or ordered in an online marketplace that can be kept in the same safe place after writing an entry since this ensures no readily accessible distractions. However, technology is not recommended to utilize in preserving reflective thoughts or analysis because of the inherently distractive and disruptive nature of such devices. In fact, as advocated elsewhere, the “technology diet” can be a very beneficial practice for ADHD individuals and many others alike. In fact, the constant influx of endless slot machine like stimuli that technology provides the ADHD brain is not generally conducive to a happy, healthy sense of self-empowerment. Thus when slowing down, ditch the technology, grab the vintage pen and paper and find an apt grass knoll or beach to reap the benefits of self-reflection and slowing down.

HUMOR AND LAUGHTER AS AN EFFECTIVE COPING STRATEGY

In some cases, it can seem impossible or incredibly difficult at times in attempting to cope with ADHD, life and other facets of being an inescapably fallible human. In this case a simple distraction in the way of humor can release needed dopamine in in the pleasure centers of the brain and get one back on track to coping successfully. It’s recommend that one view several “funny” videos alone in a quiet, secure and safe space with a smartphone and headphones or computer with headphones on an Internet streaming website until a plenty good laugh has been had.

This technique is particularly useful when experiencing some anxiety, emotion/thought ruminations, stress or depression in your day

and when a difficult or complex task is about to be approached or undertaken. It needs to be noted that while this technique works very well for many, particularly prior to engaging in public speaking and when feeling particularly nervous (or a high level of anxiety) for example. However, this perhaps unusual coping skill may not be effective for all and certainly not every time utilized. Nonetheless, keep the generalized humor and laughing coping strategy in the coping toolkit as one of many possible techniques to try and continue to try if useful.

THE DOSAGE BENEFITS OF INTEGRATIVE HEALTH AND PHYSICAL ACTIVITY

There are numerous promising studies which show what many with ADHD already intuitively feel – that physical activity works well as a moderator in reducing the impacts of inattention, distractions and hyperactivity and assists in soothing difficult emotions relating to ADHD. While integrative health and pursuing physical activity together can be remarkably apt coping pathways, it is important to note that the totality of coping strategies and discussions contained in this book and others as well as professional advice from healthcare providers need be weighed in a balanced manner.

There are several important coping points to consider:

1. Integrative health in simplistic terms means addressing health from a holistic perspective encompassing the mind, body, self while not focusing on any one particular model of health and wellness
2. There are many integrative techniques that can be utilized such as yoga, stretching, mindfulness meditation, acupuncture, massage therapy, all of which can be beneficial coping strategies for ADHD

3. In many cases long walks (particularly through a calming space such as a lush park), jogging, running or participating in physically demanding sports if possible can be a remarkable “treatment” for ADHD
4. The use of mindfulness meditation along with positive affirmations for example as outlined in other sections of this book is an ideal marriage as an integrative health and physical activity coping method
5. It’s important to continually search and pursue other coping strategies along side working towards positive integrative health and engagement in physical activity

It need be noted that many of the above activities such as massage therapy, acupuncture, mindfulness meditation, yoga and other important coping tools are available free, on a sliding scale based on predefined criteria such as income level or at highly reduced rates in the United States and other countries. One can generally inquire if a sliding fee or discount scheme exists or would be considered for those at different income levels. If cost is a concern, then in many cases connecting with trainee practitioners whether massage therapist, yoga practitioners or psychotherapist, it can be wise financially and provide a mutually beneficial practitioner-client growth and exploration relationship.

ADAPTING SPACE: THE CRITICAL IMPORTANCE OF INVIGORATING HOME, SCHOOL, WORK AND OTHER ENVIRONMENTS

While the psychiatric hospital and the clinic exerts a sometimes useful, powerful and specifically designed vessel in which to pursue treatment for diversities such as schizophrenia and can be helpful for a range of issues, ADHD can routinely be best addressed in real world

contexts. As written extensively, ADHD exists as a diverse and normal course of human development, which while exerting different cognitive behavioral processes and thus requiring different adaptive strategies, such differences can be adequately and effectively addressed in non-clinical settings like the education classroom or workplace.

To this end, it is quite helpful to discuss ways in which the environment can be adjusted to be suit those with ADHD differences and vulnerabilities. One key reason that adjusting the environment can be enormously beneficial to ADHD actors and many others alike is that reducing distracting stimuli, poorly configured or designed spaces can work to reduce the cognitive and psychic load, thereby freeing up taxed cognitive resources for other tasks, such as coping with ADHD or working more efficiency in the educational classroom or workplace. The resource tips below are not designed to be extensive but rather to suggest working points to explore additional ways to adapt, invigorate the various spaces all encounter, interact and utilize. In addition, the act of pursuing reflection, understanding and analyses of how space and design can impact ADHD differences, efforts to cope and facets such as productivity, among many other factors—are all vitally important points of consideration.

Important notes to consider:

1. It is critically important to remove distractors from an environment such as disorganization, clutter, triggering objects whether in the physical environment of home, work or within the virtual digital device world
2. While many workplaces, educational environments and various other types of private and public spaces are not designed nor adapted for true openness, happiness or productivity impregnating, but rather exist for some other predetermined purposes, such as exerting a powerful control on the individual. Keep this in mind.

3. When dealing with difficult environments or space whether in terms of visual, tactile or auditory stimuli, it is important to use strategies to cope with such realities of space and environment whether private and public that cannot be readily modified.
4. Such broad coping strategies as mentioned previously include using noise canceling headphones/ear plugs, holding an ice cube in hand and focusing on that ice stimuli, keeping very tart dried fruit on hand and focusing on the taste while chewing, engaging in mindfulness meditation, engaging in prosocial behaviors such as conversation with a stranger if that is useful, changing spaces/environments temporarily or even permanently if possible, among other coping factors overviewing in this book.

**NAVIGATION OF MODERN SOCIAL STRUCTURES,
SYSTEMS AND CONTEXTS: EXPLORING THE IMPORTANCE
OF SOCIAL SKILLS, SELF-ADVOCACY
AND SELF-EFFICACY**

One of the toughest aspects of thriving with ADHD diversities in competing in a highly competitive neoliberal capitalist society like the United States—is developing the coveted ability to successfully advocate, argue and diplomatically achieve desired goals in daily life, particularly when it comes to navigating complex social systems and institutions. It's almost as if one doesn't catch "stream" early on in life that it becomes increasingly more difficult as one develops to catch "stream" later in life in order to compete successfully. In this case the "stream" is latching onto an education, career or other desired goal directed behavior pathway aimed at attaining some level of satisfactory achievement, subsistence and self-efficacy, which is usually in the form of a stable monetary income and a relatively stable health status.

This process of catching stream in essence requires extensive access to awareness, education, self-monitoring, self-regulation and efficient planning and execution, all of which can be exceedingly difficult in the constraints of a competitive socioeconomic system that belies mythically on individualistic prowess as *prima facie* but this Western socioeconomic system fact remains especially difficult for the ADHD diverse individual. One big key here is to keep trying no matter what happens and no matter the outcomes, which means keep asking questions even if the answer is known, to keep reflecting on and asserting needs, desires and goals in socially appropriate and respectful ways and to keep trotting down the pathway towards self-actualization.

THE ADVANTAGE OF HIGH QUALITY SUPPORT SYSTEMS

High quality support systems can include but are not limited to: peers, family members, mentors, work colleagues, sports coaches, community advisors, healthcare providers and so on.

In many ways ADHD presents most assuredly as a type of interpersonal relationship concern, a human difference that often presents situations which require coping mechanisms most especially in highly structured, defined and/or “normal” social settings, most particularly in social contexts that are highly rigid such as public schools or the workplace. This is why it is so important to address concerns that arise in social settings such as seeming to blurt out things before thinking, acting in socially unacceptable ways at times even when not intentional, feeling overwhelmed by externalizing stimulus in large groups and shutting down or acting out, feeling emotionally elevated or flooded but unsure why or feeling at odds and socially awkward at times, among other differing concerns related to ADHD.

In any ongoing and successful plan to cope with and understand ADHD, it is imperative to have a supportive, non-judgmental and fully

developed social safety net system. This social safety net system development and maintenance can be enormously difficult for anyone and can be even more difficult for those with ADHD. There are many barriers, factors and issues to consider when developing supportive social relationships such as the availability and perceived quality of such relationships. It becomes particularly important to ensure that when choosing supportive people to associate with that such individuals are coping with life well, available to engage in a healthful relationship, largely non-judgmental and hopefully modeling productive behaviors. While this is not always possible, it's important to associate with individuals that embody and reflect desirable and healthy qualities since one often internalizes and learns how to think, act and behave from peer reference group qualities.

While the development of interpersonal relationships whether with family, peers, mentors or others are deeply critical, there are times when such relationships are difficult to source, develop or maintain. In this case, it is imperative to work with a professional trained and knowledgeable in relationships such as a psychotherapist, counselor, psychiatrist, social worker or other highly experienced individual. In addition, a properly trained and experienced ADHD healthcare provider and coach can work alongside such professionals to work towards developing successful, efficient and balanced goal directed practices. While the active development and fostering of mutually beneficial, healthfully safe and high quality supportive relationships whether in the conventional or unconventional sense is highly important in coping with ADHD, it is all the more important not to give up and to keep pressing on if met with rejection, difficulties or non-ideal circumstances.

Chapter 7

CASE STUDIES IN HARNESSING ADHD AS A BENEFICIAL DIVERSITY

CASE STUDY ONE: JOHN THE TRAVELING SALES PERSON AND ENTREPRENEUR

In the case of John, a second generation immigrant from Europe to America, he grew up in a middle to upper class family, did become college educated but did not distinguish himself academically due to unaddressed spectrum ADHD diversities. While the University student and academic pathway may exist naturally for some including those with out issues in delaying gratification and for those that wish or require additional time to build up experience and coping knowledge, the traveling sales person and entrepreneurial pathway present as examples of interrelated pathways not necessarily requiring delayed gratification. In many cases ADHD individuals such as John do not wish to delay gratification and wish to dive right into ideal environments where immediate rewards and success is possible. Those with ADHD like John thrive in constantly changing, unstructured environments with significant stimuli where differences with ADHD may not be visible and can serve rather as a competitive coping advantage.

In the wide variety of sales oriented positions and entrepreneurial endeavors, there is a degree of kinetic movement with plenty of standing, traveling physically from one destination to another or speaking at length to deliver sales pitches and/or important positions. The kinetic dedication and exertion required in most cases for the salesperson and entrepreneur works to mediate and moderate ADHD symptoms, which is why this may be an ideal and successful pathway for the ADHD diverse person including John. In the case of John however the pathway to becoming a salesperson was not a linear and direct one. Prior to advancing to the successful position of an executive level salesperson and manager, many different divergent pathways were pursued such as an artist, model and with in the retail/food industry service positions.

In essence there is no correct pathway, particularly as concerned with ADHD individuals and despite such criticisms that may be leveled by peers, family and others with in society, if the pathway you're traveling down feels like play, then proceed ahead. There are many forms of modified responsibilities and positions available to those with ADHD, but in the case of John and in so many with ADHD, resiliency and the willingness to try on many hats and fail is key to succeeding. If at first you try one pathway that doesn't fit, don't be afraid to go with your gut feeling and quit. There will be many more pathways to go down, many more opportunities ahead and with significant effort, an ideal niche pathway will present itself beautifully.

CASE STUDY TWO: AMELIA THE EMERGENCY PHYSICIAN

Amelia, an American, dreamt endlessly since childhood of being a physician, but her goal was often stymied from the onset by an endless onslaught of Americas focus on standardized testing in various public schools. This overwhelming focus on standardized measurements of academic knowledge and achievement were not conducive to Amelia's

ADHD diversities. She did not perform well on standardized tests because she had trouble focusing and sitting still for many hours and because standardized tests served little interest to her wonderfully curious psyche. She was very intelligent from childhood and learned well in group settings which allowed for continuous interaction, social engagement and regular kinetic movement. She excelled in sports and was very social and empathetic as a child and adolescent but her grades and standardized test scores while above average did not allow for entrance into medicine in the US, which places incredible emphasis on normalized achievement in standardized test scores and the grade point average (GPA). Such markers of achievement on standardized exams and GPA grading has little to no utility in determining academic or professional fitness in medicine and other professions yet the irrational focus remains in America on such measures.

She soon graduated from a competitive liberal arts college with a 3.0 GPA, a high level of extracurricular engagement and soon forgot about her dreams of being a physician. She instead took an engaging and immediately available position as a community public health advocate. This position continued to remind her of her passion and interest in science and medicine and it was not until one day a colleague remarked perhaps she could pursue medicine outside the American system. She applied to a number of foreign institutions with different entrance requirements such as more emphasis on cognitive abilities and the interview and successfully garnered admission to many schools. Many of these foreign medical schools did not require any standardized exams and considered criteria such as the personal essay and interview to be crucial in determining admission decisions.

While Amelia's pathway seems quite typical albeit if meandering and not directly akin to ADHD differences, there are patterns of difficulty that present as issues in the education system designed for one type of "normal" person. In many cases the child and adolescent that presents as different than what is considered "normal" often has immediate difficulty in the classroom and education setting, such as sitting still in a chair for

extended periods, talking out of order and remaining engaged in materials perceived to be boring. These comprise many of the issues that Amelia experienced, but often times stand as serious roadblocks to many, much in the same way Amelia did not find initial actualization. The key here is sharing Amelia's story in a case study format is to show one way in which true actualization may be delayed, goals may be deferred due to roadblocks, but to keep pressing ahead no matter what and to keep looking for innovative solutions to life's roadblocks. Don't ever lose hope and don't ever stop trying because there is a solution there to be pursued, just as in the case of Amelia finding her way to actualization.

CASE STUDY THREE: CLARA THE ACADEMIC AND THE SEMI-STRUCTURED LIFE OF THE STUDENT AND ACADEMIC ENTREPRENEUR

The life of a student provides a very conducive environment for one with ADHD diversities, though it may seem counterintuitive at first because many of the ADHD differences intimately influence learning, attention and planning processes (often under the umbrella of terms like "Executive Functioning" and "Cognitive Control"), which are critical to modulate and utilize successfully as a student. However, many higher level learning environments are much more forgiving, can be largely unstructured and more inclusive than the typical corporate environment and workplace. This lack of definite structure is particularly true for distance learning format classes that can in some cases be self-paced, providing a means in which an ADHD individual can work at times when the level of functioning is conducive and allows for more efficient levels of concentration and attention.

One can be a student for a large chunk of life while taking nearly as much time as needed in figuring out how to properly cope with ADHD and reap incredible long-term benefits as a result of further education

attainment such as increased economic earning capacity, among other positives. The life of a student can serve as a sandbox for failing and succeeding and developing successful coping strategies without being in peril of economic failure or social isolation as a result of failing. While ADHD is a protected condition under the Americans with Disabilities Act (ADA) as I've covered in this book, successfully advocating for and receiving workplace protections in particular under this act can be unceasingly difficult and seemingly impossible at times. However successfully advocating and receiving ADA protections and benefits in the form of learning accommodations can be much easier due to more robust enforcement and protection systems that are in place at institutions of higher learning.

The US has been gifted with a very complex though extraordinarily well funded federal, state and local financial aid education system. In addition to this there is a highly fractured patchwork of institutional, governmental and private foundations that provide numerous student minded funding sources for the highly motivated seeker and in addition provide abundant sources of financial and technical resources from the undergraduate to professional levels. To be sure there are many online resources in which one can learn about the availability of competitive and non-competitive scholarships, entitlements, grants, loans, fellowships, etc. In essence it can be a full-time job in itself to learn how these funding systems work and how to apply for and receive such funding, yet more importantly the educationally related income itself can be commensurately enticing to undertaking a thorough investigation of funding programs in existence.

While some with ADHD will excel at reading and discerning the meaning of overly complex legislation like Section 479A of the Higher Education Act of 1965 or policies and procedures manuals like US Department of Education's Federal Student Handbook, many with and without ADHD may find these dense documents not easy to decipher and understand. However, I implore you to read and decipher these policies, procedures and other similar legislation and manuals and

become a “researcher” of your own life’s pursuits and goals. Don’t be afraid in this research process to ask many questions to anyone and everyone that you think may help or even perhaps most importantly those you think wont help.

It’s important not to give up if you become frustrated or overwhelmed, simply come back at a later time. It’s very important however not to take on the role as a “know it all” in navigating bureaucratic situations even if you feel you know it all after having memorized the relevant legislation, policies and procedures. Rather approach situations and individuals as though you don’t know anything and you’re always curious open to new suggestions, varying viewpoints and the always possibility of learning something new. Strive to approach each experience in life from a humble perspective where learning is allowed to organically continue to unfold through a continual osmosis of the mind, body and soul. It’s important to form well-crafted questions and be open to listening; you will learn something new almost every time. Make note that there is no true expert in the areas on US Federal Financial Aid and other related education minded funding sources due to the inherent complexity, fractured nature and laudable vastness of programs and funding sources available.

CASE STUDY FOUR: BJØRN THE DESIGNER

In the case of Bjørn, a high energy, creative and deeply empathetic Swedish-American living in New York, the path to actualization has been paved with many ADHD roadblocks. While Bjørn had significant difficulty in socializing as a child in Sweden and America, jumping from one topic to the next and often seemingly in a hue of distracted dreamscape, she was often wildly creative, seeing things others often did not. This confluence of inattentive ADHD and individual cognitive and behavioral differences lends greatly to the furtherance of the creative self

and the “differing self” conception, mind and states of being. In particular, if one with ADHD develops a strong sense of interest and engagement in design, aesthetics, architecture and other similar creative pursuit then this pursuit mantra becomes *prima facie* and quite an intense goal directed life focus.

It is the “sensitive moments” of availability to direction that influence, ignite and direct an interest and eventual adoption of a pursuit, such as in the case of Bjørn’s personal and professional creative directions. In the course of ADHD, whether at risk, diagnosed or facing a barrier bottleneck of in between, the gift of ADHD can catalyze a true creativity unseen in many others. The pursuit of design and aesthetics as in the case of Bjørn if that be your true calling, can be cathartic and endlessly rewarding. The primary consideration here in Bjørn’s case is that there were barriers that diverted, distracted and slowed progress towards the goal of becoming a designer. Such roadblock barriers are wide sweeping and ranging from economic to social to more pragmatic concerns of daily life and are all that more difficult with those that have ADHD centered differences.

As in the other case studies and with Bjørn’s pathway and coping with ADHD, there are many roadblocks both readily and not readily apparent that can stand in the way of self-actualization, thriving and accomplishment. While Bjørn had obvious roadblocks to overcome with being highly distractive and unfocused naturally, these attributes turned out to be highly beneficial. She meandered down a pathway that has provided feelings of acceptance, happiness and self-actualization and while the pathway towards self-actualization can necessarily be challenging—she persisted with grit and resilience and did not give up. To be sure, a correct or normal pathway in life or in terms of ADHD does not exist. The key as with Bjørn’s and the other case studies above is to continually keep trying no matter what roadblocks present as there is hope, there will be tomorrow and another ripe opportunity to try, and try again.

CASE STUDIES IN FOCUS: SPOTLIGHT ON THE IMPORTANCE OF HIGHER EDUCATION AND ADHD

While higher education is not a pathway everyone wants or needs to pursue, it does present as particularly compelling and necessary for many in order to compete and cope with in the highly competitive American and globally connected societies, particularly for individuals with ADHD.

It is important to note in the context of applying and utilizing the case studies herein and in pursuing various ADHD coping directions that US Federal Financial Aid stands as an excellent coping resource and tool for ADHD individuals. In many cases, a US student appeal with accepted (as determined by institutional) documentation the institutional cost of attendance (COA) for additional funding to assist in covering allowed diversity related expenses including ADHD.

What does this mean?

The US Financial Aid can be used for allowed expenses such as necessary psychotherapy, healthcare and even an evaluation to determine ADHD diagnosis. In all cases a continuous self-advocacy, financial aid appeals both written and verbal as well as proper and comprehensive documentation will be required. As an undergraduate there will be some funding limits in place largely depending on the educational institutional, but there is much more latitude as a graduate student at the time of writing. Some US states such as California offer state administered aid programs which provide even more assistance and funding for residents particularly at the undergraduate level and with in private institutions, which need be considered in evaluating, researching and pursuing assistance and aid programs.

It need also be noted that:

1. Each school administers, determines and packages various sources of aid differently. Some schools provide more aid than others even if located down the block. When choosing a school, examine your aid award closely and meet with financial aid administrators in person to ask many well researched and crafted questions. Then ask more questions and more questions. It is actually a wonderful quality to be persistent and annoying if done so in a kind manner and if such a strategy produces positive results
2. Do not use the “sticker price” cost of attendance of a school particularly if a highly competitive private school to discount this as an option. In a wide variety of cases the more expensive option becomes the more affordable one once relevant aid programs are thoroughly researched and considered
3. Choose a school with a responsive and organized financial aid office—this is absolutely essential. Not every financial aid office is the same
4. The aggregate limit of PLUS student loan debt you can accrue as a graduate student has been unlimited since July 1, 1993
5. There are many income oriented repayment programs in effect in the US and abroad including the UK, so the level of debt accrued is not always relevant and rather the income level calculated according to a set methodology is what matters more at the time of writing
6. US Federal Financial Aid can be utilized at many International schools, some of which may be more interesting, easier to study at, provide a lower cost of attendance or provide an environment that is better attuned to ADHD due to a less intensity (less structured, less focused on standardized exams as a student performance measurement methodology, etc). It is critical to consider and research international programs as an option since many with ADHD will find the academic differences such as a three year (3) bachelorette or nine (9) month masters degrees in

the case of much of Europe and the UK to be more attractive options than the four or more (4) year US bachelorette or often multi year US masters degree

The above student aid and attendance details can often become confusing and generally tend to overwhelm many but it is critical to master the above points as a higher education student with ADHD. The above details and strategies are helpful to understand and utilize in the context of ADHD since many often have higher expenses related to ADHD such as treatment, diversity accommodations and taking additional courses or longer to degree completion due to a reduced course load. Since at the time of writing this book there are many payment plans in place tied to 10% or 15% of gross calculated income and since a borrower will make no payment while in school, 6 months after school in many cases, no payments during times of deferment/forbearance and because a borrower will make no payment while income is zero or low, student debt is an important tool to responsibly and actively utilize as one of many important ADHD skillsets in thriving with ADHD.

**POST-UNIVERSITY AND HIGHER EDUCATION LIFE
WITH ADHD: SOURCES OF CONTINUED SOCIETAL
INTEGRATION, PRODUCTIVE WORK
AND SELF-ACTUALIZATION**

If one with ADHD follows the higher educational pathway, it will take perhaps longer than others to find the successful method for succeeding in an academic environment. One can expect to fail many times, but it is critical to keep trying even if that means many years of failure before success. Do not give up. One cannot expect to succeed in an educational environment with out continuous, concerted and comprehensive effort and utilization of significant outside assistance.

This pursuit of an educational pathway is by no means the easiest pathway for the ADHD individual to seek, particularly if coping resources such as therapy, tutoring and coaching are not easily procured. However, the social and economic benefits to succeeding in an academic environment are enormous for anyone, but particularly so for the ADHD individual and for the ADHD individual in the lower to middle income bracket.

The life of a student provides a lot of unstructured time for emotional growth, self-reflection and developing self-motivating skillsets, which can be applied seamlessly in certain types of workplaces and professional environments. The natural progression for the ADHD higher learner is to stay in the academic related environment, whether in the public sector at a higher learning institution, non-profit organization or other organization that focuses on issues of similar interest to many ADHD individuals, including social justice, human non-normalization and human rights. Since ADHD is a diversity, which is protected under the American with Disabilities Act (ADA), the ADHD individual is theoretically eligible to self-advocate for a work schedule and rules that creates a conducive and productive environment. This will be a nearly impossible battle to obtain work place accommodation for ADHD in most American workplaces, but in institutions of higher learning, the US government and non-governmental/non-profit organizations, it will be substantially easier to acquire legally protected workplace protections and accommodations for ADHD. As such, the role of the telecommuter, professor, traveling executive/manager, entrepreneur and other roles particularly in the contexts noted may be ideally suited for the ADHD individual with in the many competitive constraints of a capitalistic western society.

CONCLUSION

WHAT TO TAKE AWAY FROM THIS BOOK

My humble hope is that *The Field Guide to ADHD: What They Don't Want You to Know* has been positively impactful no matter how small the sway. I hope you've taken a great deal away, will continue to reference this work for years to come and have garnered a new perspective on the ever changing alphabet soup world of ADHD and how interrelated phenomena like economic, social and health inequalities fit meaningfully into the larger conversation on ADHD. It's my hope that the various vignettes, empirical data, anecdotes, warrior (as I like to call it) and various other elements of this field guide will serve you well on your ADHD journey whether or not you have vulnerabilities for ADHD. Nonetheless, perhaps one of the many common and important threads from this that I think is important to reiterate is that ADHD is dangerously misunderstood from many viewpoints whether historically and presently with the myriad of conflicting labels, from research and clinical approaches and with in everyday conversation. ADHD is a prolific and dare I hazard to say a quite popular label in the everyday American and global lexicon and has often been utilized as a diagnostic division device of economic, social, health and other inequality creation

and retransmission in America and globally as has been thoroughly demonstrated in this book.

To be sure, one can only conclude that while the ADHD label does attempt to define a very palpable description of real human difference, the agglomeration of ADHD as created today is as much a confusing and contradictory historical relic as Hippocrate's Four Humors, stress inducing stomach ulcers (Ulcers are the result of infection of *Helicobacter pylori*), the dusty designation of homosexuality as a disordered disease by the American Psychiatric Association or the gluten-lactose-nut allergy dietary craze that has been shown in some cases to resolve through minutely increasing doses of lactose, nut(s) or gluten over time. While ADHD is not a fabricated label and rather in fact an exactly palpable human difference that many highly intelligent and creative children, youth and adults thrive with daily, it's a diverse difference that is extraordinarily misunderstood in past and present milieu, much in the same way as illustrated by the exemplified medical misgivings and misunderstandings of ulcers, homosexuality and even Hippocrate's Four Humors.

ADHD AND FUTURE DIRECTIONS

But like with any supposed medical malady, it's more complex than simply pointing to one singular piece of etiological, pathological, historical or empirical evidence available. So while many healthcare professionals and researchers alike may still cling to the personal and/or professional belief that stress causes stomach ulcers despite Robin Warren and Bary Marshall elucidating the mechanism of action as *H. pylori* causing stomach ulcers (and winning the Nobel Prize), there has been enormous progress made in understanding the many relevant integrative and spectrum sources of psychobiosocial (a multi-etiological approach to mental health) and other holistic integrations of empirical

evidence. ADHD scholarship and sentiment is also inching towards an increasingly multidisciplinary, nuanced and more beneficially complex construction with the acknowledgement of historical and currently accumulated evidence that ADHD is a pre-modern and long standing human diversity, which follows the increasing degree in which healthcare providers are considering the holistic spectrum of integrative health concerns (e.g. routine consideration in daily physician practice of non-organic health concerns such as mental health) in defiance of the long accepted and powerful biomedical model (health concerns only have biological origins).

Nonetheless, it's prudent to reiterate that the present understanding of ADHD as investigated, explored and discussed variously in this book and within other resources on ADHD represents a momentary and historically abstracted understanding of ADHD. This is an ADHD understanding that will continue to shift dramatically and appreciably as time continues to influence knowledge creation and understanding. The current and past conflicting definitions of ADHD have been formed from domestic and global sentiments of popular culture trends and social, political, technological, biomedical as well as many other postmodernist and pseudo-modernist trends, norms and forces. The World Health Organization's many varied and distinguished authors in the psychiatric bible for most of the world (ICD-10) prudently echo the evidentiary impermanence of ADHD's (and other mental health differences) present definitions, understandings and conflictual shortcomings in the introductory preface to the ICD-10.

The inevitable impacts of changing sentiments, trends and new evidence will determine if ADHD definitions, labels and treatment approaches will reflect all of the available information including historical data or if ADHD will continue to be a tool of inequality division, control and retransmission among American and global populations. In considering the fact that a psychiatric/psychological diagnostic manual such as the WHO's ICD-10 actually represents a historical collection of contemporary norms, opinions and sentiments

(much like any historical text) rather than something more concrete like a cell cytoskeleton as seen through the lens of an electron microscope, the only reasonable pathway to comprehensively understanding, treating and addressing ADHD is as an ever shifting diversity of the normal human experience. During the construction of this book, I have sought to stay true to this often very apparent reality of ADHD and to do so in an intellectually honest, rigorous and empirical way.

ADHD AND EDUCATION: TWO NATURAL BEDFELLOWS AND ANOTHER IMPORTANT TAKE AWAY

The most natural, impactful and effective laboratory, clinic or treatment vehicle for addressing ADHD is closely tied into the confines of the educational setting and classroom and the inclusive pursuit of early prevention and intervention strategies in the context of ADHD. So the question begs: What can America and other highly interconnected global nations do to improve the educational environment for all, but particularly for ADHD individuals—for the betterment and advancement of society? Firstly, America and global countries can focus closely on implementing rigorous, research driven and inclusive principles of education system, delivery and maintenance that include a pointed emphasis on de-structuring classroom environment, curriculum delivery and design. This focus would be a pivot in many cases from utilizing discordant, fractured yet highly regimented strategies of instruction and pedagogy that simply do not work for ADHD children, youth and adults, but tend not to work well with many other diverse populations. It goes with out saying and isn't a radical idea that over emphasizing standardization of the classroom, instructional experience and out of control standardized testing is simply designed as a capitalist control strategy to coax generations of children into becoming increasingly placid, oppressed, docile and efficient capitalist consumerists rather than

active, engaged, creative and fulfilled activist-thinkers. Since in public and private education systems many underserved, vulnerable and resource disadvantaged are taught to follow the rules while the more fortunate are taught how to bend rules, it's often true that only in the most privileged corners of society that engaged activist thinkers are fostered and developed in the American and global capitalist systems.

Thus due to teaching and enforcement of discipline, obedience and conformance training in many American and global public education systems—there exists an important cluster of elements in such systems that are sorely disregarded. These critically missing elements include nurturing happiness, emphasis on fostering wellbeing and encouraging social acumen development in concert with teaching realistic connections to the realities outside the classroom laboratory such as the harsh competitiveness of the capitalist system. In almost every case the relevancy of fostering happiness and successful social acumen development must be conceived as a critical focus of well-rounded child, youth and adult education. The focus cannot be on academic achievement alone, particularly in terms of measurement on standardized test and compliance with curricular expectations. The importance and relevance of disparate skills like Algebra and pre-Enlightenment history must be continually reexamined and supplemented closely with instruction on relevant basic numeracy and principles of social systems, economics and the study of history that is of high impact and relevant to life outside the classroom.

The establishment of non-structured, self-designed and self-driven school systems with a high reduction in the amount of guided instructed and required hours a child, youth or adult is to be physically present in the classroom must be continually evaluated to determine actual benefit and usefulness of such highly structured school and academic systems. The inclusion of a loosely guided tutor-mentor system where all work collaboratively and the training, skills and academic mastery necessary to think, behave and succeed in highly competitive capitalist life must be fostered alongside the development of critical skills of multi-language

fluency, numerical literacy, creativity and social acumen and must be critical goals of any education system. In order to learn “how to be happy,” young children must first grow and learn in a system that is not designed to discipline, punish and conformity and not only delivers a more diverse, relevant and engaging curriculum, but provides a system of design that encourages diversity, difference and high levels of creative experimentation.

Perhaps the single most important determining factors in whether a child, youth or adult is successful within the constraints of capitalism is the level of social acumen competency reached and not necessarily the level of educational attainment. This is a point that becomes critical in the discussion of education reforms and a holistic overhaul of the education systems and approaches at present. The ADHD individual in particular often needs to find creative solutions to thrive with social frustration, different social skill development, different education attainment and co-occurring concerns such as anxiety and depression. This essentially ensures that education and societal system that does not successfully teach but yet values advancement primarily based on social acumen, a difficult recipe for many. The work of positively changing, advancing and invigorating the American, transnational and global education systems currently in place with a pronounced emphasis on considering the pervasiveness of ADHD must be a pointed focus of education reform.

The change starts with you, the reader. There exists an enormous power invested in you to make a real difference through advocating continually for improvement whether as a stakeholder, educator, caretaker or individual with ADHD. Your involvement can be as simple as advocating for inclusive change for ADHD in your daily life and sharing this success with others. You can share this book with a colleague, friend or fellow ADHD'er. These seemingly small examples can have huge positive impacts on improving the state of ADHD education systems by encouraging small incremental changes in how people think about ADHD, which can have a trickle affect in positively

changing private and public consensus, public policy and in turn positively influence the state of education and ADHD.

APPENDIX

APPENDIX: ADHD EMERGENCY REFERENCE SECTION

I highly recommend continuously practicing the steps below and referencing this and other sections of this book as one of many comprehensive and empowering strategies to thriving with ADHD vulnerabilities.

1. Find the most safe and private space available
2. Take a mindfully slow deep breath
3. Hold this breath in for a few seconds
4. Exhale slow while focusing on your breath
5. Take one more deep breath
6. Again, hold this breath in for several seconds
7. Exhale slowly with a nice freeing sigh of calm collection

Pat yourself on the back for doing the best you can and compliment yourself for working hard. For example, “I’m trying the best I can and I’m doing a great job.” Modify this self-compliment and tell yourself this. It helps when you say this out loud several times. Let it wash over you for a second. Be kind, be aware, be present with yourself and any feelings

or thoughts you may be having. Try not judge but rather try to accept how you are feeling.

Remember everyone has a tough moment (or many tough moments) now and again and again. In fact, a few tough days here and there are completely normal. The key is how you choose to appraise, respond and cope with a tough situation, thought, emotion and/or behavior. In many cases it helps to take the old cliché advice of sleeping on something before thinking any further or acting as when tired, ill or simply overwhelmed, an impulsive decision made in the moment can have lasting impacts. If you're unsure of something, if possible: don't act, sleep on it and approach it again the next day and repeat as often as necessary.

It's true that we all have tough days but tough days can seem even more difficult, winding and long with ADHD. The key here is to endeavor to remain as mindful and reflective as possible while engaging in non-judgmental description of thoughts, behaviors, actions and other events in life. It can be highly beneficial to attempt to be grateful and mindful of self, others and the fact that later in the day or tomorrow one often has a very different view on thoughts, behaviors and emotions. This is why the old adage that one should "sleep on it" if something seems too difficult now and try again tomorrow is excellent advice. The chances are that tomorrow things won't seem as difficult anymore or at least physically and cognitively; you'll be more equipped after a night's rest. In concert with a treatment plan developed with your therapist, physician and larger treatment team—keep in mind the following coping techniques, which are here for ease of reference after you've practiced, applied and used some of these techniques effectively under the supervision of a treatment team.

1. You are highly capable, intelligent and committed to living a happy and authentic life
2. Give yourself a compliment such as: "You're doing an excellent job at _____"

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3. Give yourself a mental or physical pat on the back for working so hard
 4. Give yourself permission to forgive yourself and others and be generous, kind and grateful for this incredible gift of life
 5. Keep in mind the positives in life and make a short, brief bulleted list of your positive qualities, attributes and accomplishments
 6. Keep in mind how far you've progressed and try to keep a balanced view, realizing that there are shades of gray and positive/negatives to situations and events. Focus on evaluating a situation, thought or behavior and search for levels of gray by attaching a number from 1-100, 1 being a balanced thought and 100 being one that is unbalanced
 7. Make a list of the progress you've made in the last 6 months to a year and include in this list your positive attributes and keep this list accessible to you, e.g., carry it in your wallet or post this list in a prominent place
 8. Use the numerous and varied tools in this book (thumb through specific sections and reference as needed)
 9. Reach out to friends, a mentor, family, a psychologist or others for help if needed
 10. Write down how you're feeling and read it back to yourself and give yourself one compliment
 11. Write in a journal – this will help organize your thoughts and emotions and provide a venue to reflect back, monitor progress and continue improving
 12. Keep a photograph or newspaper clipping about someone you aspire to embody or be similar to in an easily accessible place you'll see daily

APPENDIX: ADHD LABELS PAST AND PRESENT

- 11th-12th BCE: “Biblia Hebraica” (The Hebrew Bible), ADHD type traits and behaviors personified in many actors, but “Esau’s” impulsive and inattentiveness suggest reference to early ADHD
- 460-375 BC: Hippocrates describes an akin to early ADHD as “Quickened response to sensory, soul moves quickly onto next impression,” which is suggested as an “overbalance of fire and water”
- 131-201 AD: Galen, Four Personality Temperaments, suggests disparate resemblance to ADHD in Sanguine and other personality model temperaments
- 1613: Shakespeare’s Play “King Henry VIII,” a reference to “A Malady of Attention” is highly suggestive of early ADHD
- 1693: English Philosopher John Locke’s Pivotal Educational Essay titled “Some Thoughts Concerning Education” describes students exhibiting ADHD like differences as pupils that “...cannot keep mind from straying”
- 1775: Melchior Adam Weikar’s “Der Philosophische Artz” and Chapter “On Attention” or “Mangel der Aufmerksamkeit.” Weikar coins the term, “Attention Deficit.”
- 1798: Sir Alexander Crichton, known for “Mental Restlessness” and codifies ADHD as the “Disease of Attention.” Crichton coins the term “The Fidgets”
- 1845: Heinrich Hoffmann, Children’s book character called “Struwwelpeter” (“Slovenly Peter”), which resembled an ADHD archetype. He wrote book titled “*The Story of Fidgety Phill*” and coined term “Hyperkinetic Syndrome”
- 1848: Charles West wrote of the “The Nervous Child”
- 1859: Heinrich Neumannn, “Hypermetamorphosis”
- 1885: Désiré-Magloire Bourneville, “Mental Instability”

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- 1892: Thomas Clifford Albutt, “Unstable Nervous System”
 - 1899: Thomas Smith Clouston’s “Simple Hyper-Excitability”
 - 1902: George F Still, Father of English pediatrics codifies ADHD as “Attention Deficit of Moral Defect of Character and Control Deficit”
 - 1908: Alfred F Tredgold codifies ADHD as “Minimal Brain Damage/Dysfunction in book titled “Mental Deficiency”
 - 1913: Robert Stein’s “Partial Moral Dementia”
 - 1917: Term in public milieu include “Post-Encephalitis Behavior Disorders and “Hyperactive Child Syndrome”
 - 1931: Donald Winnicott’s “Hyperkinetic Child”
 - 1952: First edition of the American Diagnostic Statistical Manual of Mental Disorders (DSM) which incredibly has no mention of ADHD however homosexuality is classified as a mental disorder
 - 1957: “Hyperkinetic Impulse Disorder”
 - 1960: “Minimal Brain Damage”
 - 1966: “Minimal Brain Dysfunction Syndrome”
 - 1968: DSM II: American Psychiatric Association “Hyperkinetic Reaction of Childhood”
 - 1977: ICD-9: World Health Organization, “Hyperkinetic Syndrome of Child”
 - 1980: DSM-III: American Psychiatric Association, “Attention Deficit Disorder, ADD” with and with out hyperactivity in
 - 1987: DSM-IV: American Psychiatric Association removes subtypes. New label of “ADHD” first used
 - 1992: ICD-10: “Hyperkinetic Disorders” with early onset disturbance of activity and attention and with or without conduct disorder
 - 2000: DSM-TV-IR: Three new subtypes of ADHD introduced including predominantly inattentive, predominantly hyperactive/impulsive and combined types

- 2013: DSM-5-TR: This is where it becomes even messier. Symptoms can now “appear” by age twelve and no longer require “impairment” in specific settings or functional capacities such as at school, work and other settings. Now only the presence of symptoms and clinically significant “interference” of symptoms is included as diagnostic DSM criteria. ADHD-subtypes arranged into combined presentation, predominantly inattentive presentation and predominantly hyperactive-impulsive presentations. New severity classifications introduced

ADVOCATING AND RECEIVING COMPREHENSIVE SERVICES FOR ADHD

At the time of writing in 2017, healthcare in the United States and globally is in a state of constant flux and crises. In Europe, the “Brexit” and nationalist political movements have created social and economic uncertainty while in the rest of the world the post-Arab spring, ongoing ISIL oriented conflicts such as those in Syria, Iraq, violent Russian nationalism in action in Ukraine and the conflicts numerous in Africa and Latin America have all driven particularly enormous population migration and migrant health disaster situations. While many of these disasters are sadly and to much dismay not mainstream concerns for many global populations, such events remain incredibly relevant and pressing disasters for the many currently suffering and deeply relevant to the discussion on ADHD and inequality in this book. For many whether in conflict or disaster situations or not—ADHD remains a periphery concern despite being the most prevalently diagnosed psychological difference and despite existing as a root barrier to success for many American and global populations. Unfortunately, the state of treatment for ADHD in the US and many other global locales is wholly inadequate and troubling. While the advent of the 2009 Affordable Care Act (ACA)

in America expanded access to healthcare coverage for some including significant increases in access to behavioral healthcare services in certain states, this new coverage is likely to appreciably change and significantly degrade by the time this book reaches publication. In any case, the American ACA legislation and many other safety net healthcare systems in the world have not gone far enough in ensuring adequate service coverage for the most vulnerable and deserving with ADHD and with out. In addition, access to adequate health coverage when in existence, remains in many cases incredibly difficult to obtain, access and utilize for so many.

Therefore, whether or in the American or global social, economic, political and health system, it is imperative remain vigilant, to stay updated on the most recent healthcare changes, actions and legislation. It remains more imperative than ever to obtain a proper exhaustive mental health evaluation and determine qualification for an ADHD diagnosis as an empowering step towards working with in and with out the social, economic and healthcare systems to thrive with ADHD. While the shaky footing of the American ACA has conveyed an extension of health coverage for some 20 million Americans or more, access as noted to high quality medical care including comprehensive psychological and psychiatric coverage for mental health conditions such as ADHD remains deeply troubling and a serious ongoing challenge. It is often the case by design that the US funded healthcare program for indigent individuals called Medicaid limits access to many qualified and high quality biomedical providers including psychologists, psychiatrists, nurse practitioners, physician assistants, social worker specialists among others that can properly examine, assess and manage conditions such as ADHD.

As an American or global individual coping with ADHD whether from a low to middle income or higher socioeconomic background, one must dare to push ahead and ask relentless questions in order to properly advocate and receive needed medical care. I write in depth about this advocating process later in the book and I implore you read in depth about the importance of self-advocacy in terms of receiving high quality

and comprehensive biomedical care for ADHD in order to reach full potential and self-actualization. While receiving ADHD care for low to middle income individuals remains a serious challenge and barrier to coping, it is my hope that the contents of this book will serve as a high impact, low cost means of improving functioning and coping with ADHD. However, with the generality of social, political and governmental systems, there are inherent loopholes and ways in which individuals can better cope under and with in the constraints, rules and regulations of the respective social and political systems.

In this case here are strategies below for finding, accessing and sourcing a comprehensive ADHD treatment and support system for those with and with out economic means.

1. Find the local University based hospital psychiatric clinic and/or graduate training psychological counseling clinic as a base means of ascertaining basic therapeutic services and referrals for further care
2. Look for community and public health clinics that provide affordable counseling, psychological and psychiatric care
3. Don't not give up. You can do this. You're already doing an absolutely amazing job at thriving and coping if you're reading this

SOME CAVEATS

1. The key is to punch the pavement - do not give up calling and going in person as often and long as it takes to ascertain proper care
2. Prepare a well researched list of concerns and questions including inquires on sliding fee, length of care, support groups, skills groups, psychiatric care if necessary, peer mentorship opportunities, help line numbers, etc

3. In many cases in community health, sliding fee clinics or group based treatment that a waiting list “test” is used to ensure that individuals are sufficiently serious about participation in treatment. It’s a very good idea to be on as many waiting lists for care as possible
4. Don’t assume any clinic, practitioner or mental health support safety net will be reliable. While many are reliable, many are also not. Keep trying. No matter what happens

APPENDIX: DEMOGRAPHICS AND METHODS

For this book I conducted four years of research including transnational ethnographic and mixed methods research on young children (ages five to eleven (5-11); US grades K-5; male and female) living, acting, behaving, thinking and thriving as especially concerned with social, health and economic inequality, existing ADHD diagnosis and/or suggested risk and/or existing vulnerabilities for the ADHD label. In addition to performing exhaustive multidisciplinary background and field literature reviews using peer and non-peer reviewed sources such as journal articles, policy white papers, judicial precedent and legal opinions, online web sources and books, I performed extensive field research with in public and private education systems in the American states of California and Arizona and in Helsinki, Finland, Santa Clara, Cuba, Marrakesh, Morocco and Riga, Latvia.

This participant observation and mixed methods research was initially inspired by my experiences in the SAGE early childhood mentoring program at UC Berkeley in 2013. The first research and participant observation sites for this research included the elementary school campuses of Berkeley Arts Magnet Elementary in Berkeley, California and Manzanita SEED in Oakland, California. While my SAGE mentoring responsibilities ended, the participant observation

fieldwork and empirical research continued to include a number of educational campuses and systems such as Rajakylän Päiväkoti Kindergarten in Vantaa, Finland, which is within the Helsinki urban area. I performed this Finnish field research with the local assistance of Hanna Toivakka and others that advised on cross-cultural concerns and assisted with the capture of visual Finnish data utilized in this book.

Much of this field and mixed methods research anecdotally underpins the discussions in this book. This research coincided with work on an illustrative and collaborative children's book primarily designed for ages four to eight. This children's book project is aimed at improving self-monitoring and self-regulating behaviors in children at risk for ADHD. This children's book project has greatly cross-informed and inspired the work for this book. In addition to working on the noted projects and performing participant-observation research in Finland and various transnational and global educational systems, I was also working on other various projects in a similar inequality milieu including the investigative study of homeless, transient and at-risk youth primarily in the San Francisco Bay Area. This field work with at-risk youth ages 18-24 did elastically cross-inform the broader research and writing for this book especially in terms of exploring inequality and ADHD as well as anecdotal inclusion of ethnographic research on transnational and global educational systems. While much of the book does not reference the participant observation data collected, the direct and indirect anecdotal references various included serve to increase the robustness of the discussion on ADHD while the utilization of various field notes and visual ethnographic data integrate a highly beneficial qualitative nuance to this book.

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