



## *Drawing Attention to A Public Deficit* **Sociological Self-Reflections on Growing Up with ADD**

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**Abstract:** This article explores my own personal struggles with Attention Deficit Disorder as well as the larger implications of the disorder facing society as a whole through the lenses of both micro and macro sociological theories and concepts using a sociological imagination framework. It also works towards breaking down the common beliefs and misconceptions in society about what exactly having ADD entails, and how on a personal level one can work to combat these misconceptions. As a person with Attention Deficit Disorder taking the step of sharing her story in this paper, I believe it is important to work toward a paradigm shift in how the world views ADD, because for those who have ADD, the greatest barrier to the diagnosis is the public perception.

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### **INTRODUCTION**

I must have been about the age of seven (around 1995) when I was home from school one day, watching the Geraldo Rivera Show. Now I don't remember why I was home, or even why I was watching a day-time talk show at the age of seven, but I do remember the topic. That day's show was centered around the controversial topic of the time, ADD, and I remember calling my mother scared about what the guests were saying as I had just recently been diagnosed with Attention Deficit Disorder. This would be my first recollection of the largely negative opinion of ADD that would soon begin to shape how I interpreted my everyday life. While I may have

come a long way from my perception of the diagnosis from the age of seven, it still is a factor of my life as well as the daily lives of millions of others who share my diagnosis of Attention Deficit Disorder, more recently referred to as Attention Deficit Hyperactive Disorder (ADHD).

Now as a graduate student studying sociology, I am more aware than ever of my diagnosis, and far more intuitive as to how it has affected my **socialization**, a continuing process whereby an individual acquires a personal identity and learns the norms, values, behavior, and social skills appropriate to his or her social position (Appelrouth and Edles 2008). I am also aware of how on the macro level the societal opinion of a positive ADD diagnosis can affect either

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positively or negatively one's willingness to disclose or admit their diagnosis, and how it continues to shape and affect people's lives throughout adulthood.

## II. ADD AS A PERSONAL TROUBLE

As a child I remember being hard to handle, hyper, and prone to temper tantrum, but aren't all children? Many people jump to the conclusion that because their child is difficult he or she must have ADD, drawing conclusions merely from their lifeworld rather than actual and careful examination of concrete circumstances surrounding each case. According to Appelrouth and Edles (2008), lifeworld "refers to the world of existing assumptions as they are experienced and made meaningful in consciousness" (2008: 539). People have overlooked several of the key factors contributing to ADD and merely focused on what mass media has given them as a basis for their assumptions. The real and medical definition of the symptoms involved in the diagnosis of ADD, or ADHD, is far lengthier and involves an array of different test for diagnosis.

In the lifeworld there are two separate spheres both the *public sphere* and *private sphere*. The public sphere consists of the media and open spaces, like schools where "actors engage in a struggle over influences, that is, over the ability to shape public opinion in order to catapult an issue into official, institutionalized political bodies" (Appelrouth and Edles 2008:725). It is in the public sphere that we can see how these lifeworld meanings arise and become stereotypes or simple generalized beliefs. The private sphere of the lifeworld, in contrast, consists of the family. Here, the relationships are much more intimate. So, my ADD diagnosis was also placed in the context of my family's knowledge of and attitudes toward me as a person. In the book *You mean I'm not Lazy, Stupid Or*

*Crazy?!*, Kaye Kelly and Peggy Ramundo, portray a scene of a difficult child in a grocery store throwing oranges, while the other shoppers stare disapprovingly on the mother trying to discipline her child as best as she could—which inevitably leads to a tantrum on the part of the child (1993:29). I can personally see being that child, and my mother gasping for some sort of explanation. Kelly and Ramundo write, "Many of us have countless childhood memories of similar scenes. We were reacting predictably to the ADD wiring in our brains while our parents were trying to do the best they could in a tough situation" (1993:29). The essential part of the quote to notice is the reference to the brain. Many people have a general education on ADD and believe it is simply the inability to focus; so, they assume anyone may have it.

While I was not diagnosed until the age of seven, my mother told me that teachers had been urging her to get me on Ritalin and seek help, because my behavior was not just that of an overly excited or hyper child. In "Delivered from Distraction: Living with Attention Deficit Disorder," Edward Hallowell states, "Having ADD is like having a turbocharged race-car brain" (2005:4). It was not until my family made its first big move from Arizona to Michigan and the influence of one particular teacher, that my mother finally gave in, considering the possibility that I may in fact have ADD. The move placed me in a battery of new and different situations that as a child were already confusing. My frustrations and inability to understand the situations led to more outbursts in class than those before the move. I was also at a crucial age in school when rules of the classroom become far stricter. So, even though my behavior had tended to be seen as disruptive, new symptoms were emerging in light of my new city, and the new challenges I was facing at school. It was from then on that this diagnosis began to provide me with some explanation as to why I could not

focus, and why when something did not make sense it resulted in anger and total avoidance. According to Kelly and Ramundo,

These negative cycles of interaction and reactions result from blame. Teachers of an underachieving student blame the parents for not properly supporting the child's learning. The parents blame the teachers for their incompetence. And everyone blames the child. These negative interpersonal cycles begin early in an ADD child's life and impact in a variety of ways on her subsequent development. (1993:29)

At a young age, my perception of my **self**—or my ability to be both subject and object to one's self (Appelrouth and Edles 2008:328)—was beginning to be shaped by shortcomings in school, and my eccentric ways of behaving in social settings. Kelly and Ramundo also note that “personality develops around the ADD handicap—the way each of us deals with our abilities and disabilities is affected by our life experiences” (1993:29). While I knew that I was “different,” it was important to me to appear just like all the other kids, and this was something I worked on throughout my time in the public school system, college—one that I continue to deal with to this day. Former SUNY-Oneonta student M. Goltry writes in her article, “Theoretical Reflections on Peer Judgments”:

We are all absorbed in a constant struggle to find ourselves. From the time we are born, every experience becomes a piece in the puzzle that may or may not eventually integrate into the whole person. Both society and ourselves play a major role in deciding what kind of people we will be. It is through our in-

teractions with others that we form opinions of ourselves. (Goltry 2003:19)

What I was engaging in as a child without realizing it, and am still doing in my everyday life, is what the sociologist Charles Horton Cooley called the **looking glass self**. Cooley argued that the self develops through its interactions with others, specifically “the imagination of our appearance to the other person, the imagination of his judgment of that appearance, and some sort of self-feeling, such as pride or mortification (Appelrouth and Edles 2008:313). I had **internalized** the idea that having ADD was negative based on how I imagined others view and judge me, so I did not want to project to my classmates this negative factor of my personality and behavior. In other words, I had incorporated a “specific interpretation of the cultural symbol” (Appelrouth and Edles 2008:354) known as ADD into my everyday experience of the world. I had developed an idea of how the people I would be interacting with would judge my behavior; so, to avoid any sort of embarrassment I would usually just mimic the behaviors of others around me as best as I could. I had thus taken what I took for granted to be the view of the **generalized other**, “the organized set of attitudes that are common in the group to which an individual belongs” (Appelrouth and Edles 2008:330). I had internalized what my group of peers had deemed as normal and to the best of my ability used **impression management**—or, “the verbal and non-verbal practices we employ in an attempt to present an acceptable image of our self to others” (Appelrouth and Edles 2008:480)—to produce such an image. I think this had both a positive and negative effect on the development of my self. While I was in school working toward presenting a good student image despite my lack of focus and drive, I was learning proper social behaviors or at

least imitating them. In a way, I was engaging in what George H. Mead would refer to as the **game stage** of self development, i.e., I was “able to move beyond simply taking the role of particular others and assume the roles of multiple others simultaneously” (Appelrouth and Edles 2008:329).

While this helped me at a young age to learn to better adapt to new and different situations, it has also taught me to put a strong emphasis on maintaining a “put together” appearance. To this day, I have this fear of being embarrassed, being put on the spot and not knowing the answer, and most importantly being seen as an overly emotional person. Sociologist Erving Goffman developed a perspective called **dramaturgy** where one’s everyday life is likened to a play. In this perspective we see where the division can be made between what I was trying to portray and do in the **front stage**, and how I was really feeling and doing in the **back stage** (Appelrouth and Edles 2008:486). While my front stage may have involved attempting to show restraint and present myself as being a good student who was grasping the concepts as well as my classmates, I was more or less just doodling on a piece of paper. My front stage was presenting a **character**—that is, “an image [or] managed impression that is fabricated in concert with others during an encounter” (Appelrouth and Edles 2008:488)—of a person who was following the appropriate set of rules. Backstage, though, I was fighting back tears of frustration and confusion. However, my need to be accepted by my peers and teachers as a regular student was more important to me than compromising the act that was going on in the front stage.

In the school setting, I dealt with a lot of frustration and anger, but wanting to be seen as the average student, I did a lot of **emotion work**, “the efforts to alter (i.e., manage) the intensity or type of feeling one is experiencing” (Appelrouth and Edles 2008:522). To this day as a twenty-three

year old graduate student, my everyday life involves an abundance of emotional work. Kelly and Ramundo write,

We’re not exactly sure what causes the problems with mood and emotions in ADD. We do know that ADDers often say they live on emotional roller coasters. Feeling states fluctuate, with extreme alterations in the highs and lows over hours or even minutes. (1993:52)

Being a new student in graduate school in a brand new city, far from everything familiar, I feel it is important for me to be able to control my emotions and present a confident graduate student image. While sometimes I feel undeniably home sick and overwhelmed, the constant expectation that my emotional outbreaks may lead to negative repercussions has become a matter of **operant conditioning** (Appelrouth and Edles 2008:439) leading me to often think that it is best to put on a happy face and wait ‘till I get home.

From a very young age I was constantly told that school was not the place for such outburst, and that my behavior was not appropriate. In the book “Adults with Learning Disabilities” Noel Gregg, Cheri Hoy, and Alice F. Gray write, “Radical behaviorism focuses on the relationships between behaving persons, the settings, the conditions of behavior being observed, and the consequences of behavior in context” (1998:24). In the school setting and the context of being in a class, the consequences of my actions usually left me alone in the hall for disrupting the class. As I progressed in the school system these behaviors were further reinforced and internalized. According to Gregg et al., and despite its narrow focus on observable behaviors,

[b]ehaviorism provides a methodology to help adults with learning

disabilities to gain the skills, either academic or social, to improve their current status through instruction. If behavior is seen as changeable, not all inherent in the individual, change is a realistic goal. (1998:27)

Even though Behaviorism sought only to explain the observable behaviors, which are predominant in the life of an ADD person, however, what is of more importance is the inner, mental process going on behind the scenes of the behavior. And the human brain plays an important role in making such a mental process possible. As previously mentioned, the brain and how it functions is key to the diagnosis of ADD; it is not just the behavior or lack of focus. The brain activity and the resulting mental process that makes us seem this way also must be acknowledged. George Herbert Mead thus initiated a new theoretical framework for understanding the self that expanded on the crude Behaviorist concept to include the idea that the process of inner thinking and feeling, and what goes on in the mind, itself is a behavior, one that must also be understood as arising in a social context. Mead labeled the idea as **social behaviorism** (Appelrouth and Edles 2008:313). When talking about ADD it is important to look at behavior. But more importantly, one should look at what goes on behind the scenes in the mind as Mead did. To understand the behavior of someone with ADD, it is not sufficient to just observe their behaviors, but also to be able to understand what goes on in their mind, how they think and feel and sense in the everyday life—in short, to be able to put oneself in their shoes. This is also one important reason why it is important for me to be writing this paper and sharing my experience with others.

Attention Deficit Disorder is characterized by an overactive mind, which often leads to impulsive behavior and can affect

all realms of a person's life. In their book *ADHD in Adults* authors Russell A. Barkley, Kevin R. Murphy, and Mariellen Fischer write:

Anecdotal accounts of adults with ADHD have repeatedly noted their difficulties in a variety of domains of major life activities, including workplace behavior and occupational functioning, educational settings, social functioning, dating or marital relations and behavior in community activities. (2008:130)

Kelly and Ramundo (2006) also speak in their work to the difficulties the ADD population has in each of these situations, and they attribute them to the idea that most people with ADD create different ways to “get by” in different situations by adjusting or coping with the different challenges. Each of these roles requires particular **stocks of knowledge**, which

...provide actors with rules for interpreting interaction, social relationships, organizations, institutions, and the physical world. It is only with the stock of knowledge that one is able to imaginatively explore courses of action other than those he already knows. (Appelrouth and Edles 2008:541)

I have successfully made it through college, I have worked at a full-time job, and I have what I would consider very healthy and successful social relationships, without turning to ADD as a crutch or excuse. However, I would be lying if I said that each of these things did not require me to use a clear and defined stock of knowledge on how to act within each of these areas of life.

Growing up with ADD, and not disclosing it, I have always made it a point to at least appear to be a good student, no

matter how difficult actually doing the work was, and that came at the cost of knowing how I personally need to go about achieving my goals in the educational world. My attention span is extremely short and the workload is extremely large. I know I must adjust my behavior and put myself in a situation that will allow me to focus. Within the educational realm of my life, it was of utmost importance to me to not let the teacher know that I had ADD; I did not want to be seen on different level than any of the other students. I did not want to get through college and think that I had received any special treatment. When I was in high school, it was the same way, and I came to this conclusion sometime in middle school that I would not allow myself to use ADD as an excuse or a crutch. I did not want to be the kid going to the office every day during lunch to take my medicine and have to explain to my peers why. While the **manifest function**, or the “intended purpose” (Appelrouth and Edles 2008:383) of this decision stemmed from wanting to maintain my presentation of the character I was playing, it held several positive **latent functions**, or “implicit or unintended purposes” (Appelrouth and Edles 2008:383) for me as I continued on with my education, like forcing me to learn focus techniques, and to explore what study habits work best for me.

I have several different **roles**, or, “complementary, detailed sets of obligations for interaction” (Appelrouth and Edles 2008:352) I play, and each has different behavior patterns which allow me to achieve my goals. Like those portrayed in the PBS documentary *Multiple Personalities*, I have created different roles for myself, not unintentionally (which seemed to be the case for those in the film) in order to suppress a painful memory, but to provide myself with a framework of behavior that would allow me to achieve a specific set of tasks or goals. It helps me to compartmentalize certain tasks and behaviors that I

need to present in order to convey the right impression in each different setting. When I know that I have a lot of school work to do, I enter my student role. I know that I cannot be at home, I cannot have my phone, or any other external distraction around me, and I know that I need to actively be participating in the work. I cannot just casually read, because even if my eyes are reading the words, my mind is thinking what I will do this weekend, or how I need to clean my room. I need to be doing more than just reading, I must be outlining, highlight and taking notes, and I must give myself ample time to do so.

In social life, I feel most comfortable, but not initially. When meeting new people I have a very difficult time opening up and talking. In a self-reflexive article, “Let Me introduce Myself: My Struggle With Shyness and conformity” former SUNY Oneonta student Sherry Wilson talks about her battle with her shyness, one that kept her from opening up when meeting new people: At work it is important for me to never give my boss a reason to question my focus or drive. So when I enter a working environment, much like the student role, it is important for me to attempt to put aside as many distractions as I can as well as double-check all work, and write things down as they come along in order to keep track of what I am doing when unnecessary distractions arise. For most people in the workplace, idle chit-chat is nothing but a harmless temporary distraction; for me it is a hurdle as it stops me mid-task and interrupt whatever, if any, concentration I had going.

I require time to become comfortable enough to share my life with someone. While I am first getting to know someone, I will occasionally censor myself to avoid saying something that I will regret. By censoring I mean that I will debate with myself whether to express a

thought or simply let it remain as a thought. (Wilson 2003:65)

For the most part I do not like to consider myself shy but, more so, cautious; Sherry's idea of very carefully censoring her speech during the initial interactions is something I can definitely relate to. I often need to take the time to observe, and **define the situation**, which is "the primary stage of examination and deliberation which one bases their actions on" (Appelrouth and Edles 2008:481). Once I have allowed myself to get a feel of the crowd, I feel more comfortable talking, and allowing myself to participate.

As I previously mentioned, maintaining a good impression and avoiding embarrassment are extremely important to me. Growing up hoping to hide one's faults is a challenge, and it was not so much that I was ashamed of it but that I did not want people to think I was any different. So, when entering a new social group, or meeting new people, I have a hard time communicating, and it is not because I am not interested, or dislike the person. It stems from not wanting to say or do anything that would diminish the person's opinion of me. When I moved to Boston this past fall, I entered into a whole new arena for each of these social worlds, and understanding these hurdles has made it easier to being able to cope and make substantial progress in my new town in all the three areas of school, work, and social life.

### III. ADD AS A PUBLIC ISSUE

As I move forward in life and with my education, C. Wright Mills' idea of the **sociological imagination** becomes increasingly more relevant. According to him, the sociological imagination "enables its possessor to understand the larger historical scene in terms of its meaning for the inner life and external career of a variety of

individuals" (Mills 1959:348). Society is in a constant state of change, and it is important to recognize that and to make connections from the past to present, as well as the internal to the external and establish how that impacts one's daily life. Regarding "public issues," in contrast to "personal troubles," Mills writes

*Issues* have to do with matters that transcend these local environments of the individual and the range of his inner life. They have to do with organizations of many such milieu overlap and interpenetrate to form the larger structure of social and historical life. (Mills 1959:359)

For me while the issue of ADD is personal, it transcends my personal life and has a meaning in the society as a whole. In the movie *Girl at the Café* it isn't 'till the end of the movie that we find why Gina has such a personal investment in the issue of saving thousands of children's lives in Africa. Her sociological imagination allowed her to draw the connection from her personal life of losing a child, to that of the societal problem of mothers in Africa losing their children at an exponential rate. When we can relate personal issues to public issues on the macro level, we can find in seemingly personal challenges a greater meaning.

Attention Deficit Disorder is an extremely prevalent public issue today, and not many changes have been implemented in order to adjust the public view of the disorder. To this day a positive diagnosis of ADD or ADHD pigeon-holes those affected by the disorder into categories and labels that are very difficult to overcome. A positive diagnosis acts makes it next to impossible for the individual to escape from the stereotypes and presupposed limitations of an ADD person. Soon the diagnosis becomes their sole characteristic; it becomes who they are, and not simply

something the person has.

In the movie *Awakenings* Robin Williams plays a neurologist who discovers a small group of people in the mental hospital who are for the most part catatonic, and need certain motivators to be able to do the most basic tasks like eating or simply moving. In the beginning the conditions of these people are simply a problem for the doctor to solve. It wasn't until they received their first successful drug therapy and awakened from the coma-like state that the doctors began to see them as real people. The patients were no longer simply mentally ill; they were people with families and defining characteristics. Through the process of working with these awakened patients the doctor had his own awakening. He begins to recognize that these people were alive inside of their bodies, even though they couldn't physically show it. Conversely, he realized how people (including himself) who are seemingly well and able to move may be asleep inside, needing awakenings. This was no longer just a problem or medical condition to be solved. The doctor now had a personal investment in finding a cure to help these people return to their normal selves, and break through the common assumption that they are beyond help and meant to remain in that catatonic state forever. Much like the common assumption facing the patient in awakening, that they were nothing more than catatonic bodies, common assumptions become hurdles to the ADD individual's everyday life. While I chose to not disclose my diagnosis during school, others may feel it is necessary, and they will as Kelly and Ramundo write need to

... [b]e prepared to face faulty assumptions about the nature of [their] disorder. Many people view mental or emotional problems as *diseases of the will*. In other words, they assume that the sufferer could, with sufficient effort, over-

come the problems—but is choosing not to. (1993:305)

It is these types of assumptions that keep the ADD individual trapped. In *Adults with Learning Disabilities* Gregg et al. write:

It may be that these exaggerated stereotypes serve to make the non-disabled feel less vulnerable, and more able, just as exaggerations between women and men serve to make men feel more powerful. Whether one considers learning disabilities as a social construction or a biological fact, it is possible to question the significance of the attitudes, assumptions, and social meanings that are attached to the label and the implications behind such meanings. (1996:43).

Under such circumstances of public stigma, then, ADD individuals (or others for that matter) find themselves unable to *negate*, or challenge the ideas presented by the status quo (Appelrouth and Edles 2008:403), surrounding ADD in order to break free and redefine the terms of their diagnosis.

A diagnosis of ADD should not consume one's entire life; it merely provides some explanation regarding what has been afflicting the person. Since my positive diagnosis it has been something that I did not want others to know because of the prevailing ideas in mainstream media and culture. Society is highly competitive, and it is difficult to get ahead if you present yourself as anything other than the strongest candidate. Even though scientifically discredited, *Social Darwinism* or similar beliefs still inspire many to view social life in terms of the survival of the fittest, following what Charles Darwin's original theory pertaining to nature (Appelrouth and Edles 2008:197).

The societal stigma attached to the idea of learning disabilities, including ADD, puts those afflicted on a different level. They are seen as weaker and in need of more attention than are their fellow classmates or co-workers.

Similar to what the sociologist Dorothy Smith describes in terms of women's experience in a gendered society, or what W. E. B. DuBois calls in the racial context, "double-consciousness" (Appelrouth and Edles 2008:289), often times the ADD individual will also experience a *bifurcation of consciousness* "a separation or split between the world as you actually experience it and the dominate view to which you must adapt" (Appelrouth and Edles 2008:586). Our *epistems*, or frameworks of knowledge, teach us the appropriate ways in which we are supposed to act according to the dominate view of society (Appelrouth and Edles 2008:642). However, the ADD person will experience the world differently than others, yet they will be forced to act according to the societal norms, and ignore whatever their impulses are telling them. The individual is taught from a young age the appropriate ways to act in different situations; these become engrained in their minds. Even though social interactions change from one moment to another, we also develop a *habitus*, or a mental filter, through which we habitually think and experience the world. "The social world is, to a large extent, what the agents make of it, at each moment; but they have no chance of unmaking and remaking it except on the basis of realistic knowledge of what it is and what they can do with it from the position they occupy from within" (Appelrouth and Edles 2008:707). The ADD individual places a large emphasis on maintaining what they consider to be a good presentation of themselves; so, they tend to always live with a double-consciousness of how they feel and how they should outwardly act, always looking at themselves through

the eyes of others. This helps them maintain the presentation of their selves as someone who is no different than their peers or colleagues.

While ADD is categorized as a learning disability, effects of the disorder span in to all aspects of the individual's life. It surpasses simply being an issue of lack of focus and becomes an issue of both cognitive and physical behaviors. Social interactions become tough to navigate. Max Weber outlines four types of social actions, and the ADD individual tends to be torn between the *affective* "marked by impulsiveness or a display of unchecked emotions" and *traditional* "behaviors that are determined by habit or long standing custom" (Appelrouth and Edles 2008:143). More often than not the ADD individual will sway towards affective social action, and give in to their impulses.

Individuals with ADD have a tendency to have poor money management skills as they are prone to impulse shopping (Kelly and Ramundo 1993, Gregg et al, 2008). In the mind of the ADD person, wants quickly become needs, and the instant gratification of the purchase is placed at a high priority:

Four areas of money management were specifically more elevated in the ADHD group than in either the Clinical or Community control groups, these having to do with deferred gratification (saving and putting money away for retirement), impulse buying, and meeting financial deadlines (nonpayment of utilities resulting in their termination). (Gregg et al 2008:374)

It is as if many people with ADD live by what Sigmund Freud called the *pleasure principle*, where they respond to their "instinctual drive for the immediate and painless gratification of desires" (Appelrouth and Edles 2008:411).

This idea of instant gratification leads to an increased amount of consumerism and subjugation to what Karl Marx called *commodity fetishism*, where the individual places an intrinsic value on the commodity (Appelrouth and Edles 2008:58). Our society has begun placing more and more importance on commodities; we have created a *culture industry* where our pursuit of happiness and success is achieved through material things (Appelrouth and Edles 2005:410). In the documentary *The Corporation* we see how one advertizing company seeks to make advertisements in order to reach its target population, mainly children, packaging its products to seem as if they are necessary things in the child's life. The children don't really know why they need these items, but they are being made to think that having that one toy, or whatever it may be, is essential to their very being. The ADD consumer acts much in the same fashion; impulses drive their wants and needs. "A pattern of living for the moment with little attention to the future, makes household budgeting and long-term planning, difficult. Savings accounts might be non-existent. Credit cards might exceed their limits" (Kelly and Ramundo 1993:43).

Their impulses then begin to control them, and even more detrimental to them than their poor spending habits is the ADD persons' susceptibility to risky behaviors such as thrill seeking, drug use, and other deviant acts (Barkley et al. 2008; Kelly and Ramundo 1993). Coupled with their predisposition to act impulsively, people who have ADD also face different social challenges such as lack of poor social skills, or working to maintain their character at work; all of these factors may make the ADD person gravitate towards drugs and alcohol. Authors Kelly and Ramundo write: "ADD adults are also at somewhat greater risk for substance abuse. Impulsivity, social isolation and an inability to handle emotions can make the escape of alcohol or

drugs particularly tempting" (1993:43). In our, what Michel Foucault called, *disciplinary Society* we are forced through intimidation of possibly being watched to adhere to the rules (Appelrouth and Edles 2008:644). A person with ADD will feel the pressure to conform and follow the rules. However when the rules are lifted and they no longer feel the pressure, they tend to give in to their impulses and do whatever will give them that instant gratification. As Baker, Murphy and Fischer state in their book *ADHD in Adults*, "The previous literature on children with ADHD followed to adulthood indicated that they carry an elevated risk both for later substance use and abuse as well as for many forms of antisocial activities and their consequences (arrest, jail)" (2008:326).

#### IV. ON THE POSITIVE SIDE

While it may be true that some of the factors mentioned here make a diagnosis positive diagnosis of ADD seem like a dismal fate, that is not the case. It may be true that having ADD has longstanding effects that go beyond the classroom; but it is not all bad. Like all things in life constant adjustments are needed to achieve one's goals and maintain one's ideal status. Despite the challenges and barriers facing people with ADD it is simply a matter of working past them in order to achieve one's *calling*. Often times ADD people will take a while to find their niche, "An ADDer is often a late bloomer who experiences a number of false starts before he finds his unique niche" (Kelly and Ramundo 1993:405). Many times people with ADD find themselves in careers that allow them to use their creative thinking like analysis, problem solving and critical thinking. People who have ADD tend to lead a life guided by *individualistic rationality* which allows them to "transcend the status quo" (Appelrouth and Edles 2008:405), to

question take-for-granted social attitudes, and think creatively in order to solve the problems at hand. Their ability to see things from different perspective gives them an advantage that others may not have, the individual must use their *agency*, their “capability to act, to ‘make a difference’ to intentionally intervene in the world” (Appelrouth and Edles 2008:755) and create these opportunities for themselves.

In the same manner that it takes time for someone with ADD to find their calling or place within the working world, the same is true in the social realm of the individual’s life. While a lot of the literature I consulted spoke to the belief that many individuals with ADD lack proper social skills, they (and I) don’t entirely agree. I think it is a matter of an opinion often times. It just takes time for the person to open up. In her article “The ‘Out’ Crowd: Resisting stereotypes of High School and Teen Culture” former Macalester College student Ellen Corrigan writes about the importance placed on certain images of how normal teen culture looks:

High school is a pivotal time in teens’ lives, as it is the time they begin to form their identities outside of their families. They often look to images in the media in order to find out how teenagers in high school are supposed to act, and thus begin to engage in those activities. Alcohol, partying, gossip, and keeping up with the latest fashion trends become the pinnacle of high school life, because those are the issues the media chooses to depict as “normal” teenage concerns. High school, as an institution itself, perpetuates these images through the emphasis placed on the status of individuals and their group of friends. (2005:141)

Corrigan’s portrayal of high school life is a basic one, but her points are valid; many teenagers strive to achieve what they believe is “cool” based on media images. Too often kids are cast aside who do not fit in to the cookie-cutter idea of what a normal teenager likes, or does with his or her free time, and the same goes with ADD adolescents. While ADD may commonly affect individuals, each also has a different set of traits and characteristics that will allow him or her to relate to others. It will be a matter of time before someone with ADD can learn to relate to others, and it may not be an instantaneous connection that others may have. Like other things in the ADD person’s life, it requires time to interpret and digest.

My story of dealing with ADD since childhood through the present realization of its nature and dynamics is just one of many among the ADD population. Growing up with ADD has without a doubt greatly shaped who I am as a person, just like it does for all those who spend their childhood with that gnawing thought in the back of their minds that they are not like everyone else—that something about them is inherently different. Taking the time to look back and reflect on my life from the perspective of a person with Attention Deficit Disorder has made me even more aware of how exactly it has affected my life. I can see my personal story emerging through the research and stories in the different literature on ADD that I have consulted. There is comfort for me to know that throughout the years when people told me ADD was made up, and that everyone has it, they were focusing only on its aspects of being disorganized and unfocused. While ADD is not a factor in my life that I see subsiding anytime soon, having this knowledge will allow me to make strides in overcoming some of the barriers in front of me.

## V. CONCLUSION

Impulse shopping is something that I personally have always done. I never once considered the fact that my attention deficit was contributing to my compulsive spending habits. Even as a child it was always “Mommy I NEED it,” not “Mommy I want it.” In my mind there was no difference between need and want, they were things that were essential to my being a happy child and denial of that caused me a great deal of distress. Since growing up and having to deal with my own finances these needs have gotten a little better, but I still have the most horrific time creating and maintaining a budget. Making a purchase is something I have always had the ability to control. Now that I know why I may be having these impulses I can take a step back and look at why it is that I feel so strongly that I need that one particular item. Having the ability to step back and realize that this will probably end up being a fleeting impulse will be crucial on my next trip to Target. The question “Do I really need that?” will have to be altered in my mind since need and want are synonymous with each other. I will need to begin to recognize this discrepancy in meaning and alter how I define the two. The question will need to become “Is this really need? Or is this a want?” and “will this purchase seem so crucial tomorrow, or in a week?” Having the ability to recognize this issue in my life and seeing how to effectively enact change by knowing the source will really help to create a positive change in my spending habits.

As I move through life, situations will continue to arise where my attention deficit my pose as a barrier. However, being able to recognize and anticipate these hurdles will allow me to better navigate the obstacles. I have always known that ADD has been a factor in my life. I always just assumed that it was restricted to my class-

room behaviors or my study habits. Possessing more in-depth knowledge as I have sought in this paper will allow me to move forward with a greater confidence.

When I encounter new social situations and I feel myself pulling back, I can try to more rationally understand what is happening, and work to break down the interactions and to define and establish a new set of habits based on my social position at the time. I can recognize my impulses and work to counteract them and begin to let people see the real me, instead of my socially presented self who, I must say, is not nearly as fun.

In the end one of the biggest steps I can take to make strides in working through barriers of having ADD is learning to confront those who preach the validity of the stereotypes. When I am involved in conversation where people are saying ADD doesn't exist, instead of not speaking up for fear that it may diminish the character I have been portraying for years, I can tell them some of the deeper implications of having ADD. These misunderstandings stem from the lack of a true base of knowledge on the topic, and being one of the many who have had to hear from all their peers that it is a made-up condition, it is time for myself and other who have it to stand up and begin correcting this misinformation and lack of knowledge. This is also what gives me courage and hope to share my story of personal troubles with ADD through this paper so as to further educate others about it as a public issue.

As a person with Attention Deficit Disorder taking the step of sharing her story in this paper, I strongly believe that it is important to work toward a paradigm shift in how the world views ADD, because for those who have ADD, the greatest barrier to the diagnosis is the public perception.

## WORKS CITED

- Appelrouth, Scott, and Laura Desfor Edles. 2008. *Classical and Contemporary Sociological Theory: Text and Readings*. Los Angeles, CA: Pine Forge. Print.
- Barkley, Russell A., Kevin R. Murphy, and Mariellen Fischer. 2008. *ADHD in Adults: What the Science Says*. New York: Guilford. Print.
- Corrican, Ellen. 2005. "The "Out" Crowd: Resisting the Stereotype of High School and Teen Culture" *Human Architecture: Journal of the Sociology of Self-Knowledge* 3(141).
- Goltry, M. 2003. "Theoretical Reflections on Peer Judgments" *Human Architecture: Journal of the Sociology of Self-Knowledge* 2(19).
- Gregg, Noel, Cheri Hoy, and Alice F. Gay. 1996. *Adults with Learning Disabilities: Theoretical and Practical Perspectives*. New York: Guilford. Print.
- Hallowell, Edward M., and John J. Ratey. 2005. *Delivered from Distraction: Getting the Most out of Life with Attention Deficit Disorder*. New York: Ballantine. Print.
- Kelly, Kate, and Peggy Ramundo. 2006. *You Mean I'm Not Lazy, Stupid or Crazy?!: the Classic Self-help Book for Adults with Attention Deficit Disorder*. New York: Scribner. Print.
- Wilson, Sherry. 2003. "Let Me Introduce Myself": My Struggles with Shyness and Conformity" *Human Architecture: Journal of the Sociology of Self-Knowledge* 2(65).

## Films:

- Awakenings*. (1990). Columbia Pictures.
- The Corporation*. (2004). Big Picture Media Corporation.
- The Girl in the Cafe*. (2005). Home Box Office.
- Multiple Personalities*. (1993). Home Box Office.