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Version: Accepted Manuscript

Link(s) to article on publisher's website:
http://dx.doi.org/doi:10.1111/jtsb.12198

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Adult women and ADHD: on the temporal dimensions of ADHD identities

Paul Stenner, School of Psychology, Open University, UK

Lindsay O'Dell, Open University, UK

Alison Davies, Open University, UK

Wordcount: 10,399

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Abstract

This paper uses conceptual resources drawn psychosocial process thinking (Stenner, 2017, Brown and Reavey, 2015, Brown and Stenner, 2009) and from G.H. Mead in particular, to contribute to an emerging body of work on the experiences of adult women with ADHD (Singh, 2002, Waite and Ivey, 2009, Quinn and Madhoo, 2014, Horton-Salway and Davies, 2018). It has a particular focus on how ADHD features in the construction of women's identities and life-stories and it draws upon findings from a qualitative investigation of adult women diagnosed or self-diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). A theoretically informed 'thematic decomposition' of 16 depth interviews reveals how complex processes of identity transformation are mediated by the social category of ADHD. Through this process, pasts are reconstructed from the perspective of an 'emergent' identity that offers participants the potential for a more enabling and positive future.

Introduction

This paper uses conceptual resources drawn psychosocial process thinking (Stenner, 2017, Brown and Reavey, 2015, Brown and Stenner, 2009) and from G.H. Mead in particular, to contribute to an emerging body of work on the experiences of adult women with ADHD (Singh, 2002, Waite and Ivey, 2009, Quinn and Madhoo, 2014, Horton-Salway and Davies, 2018). It has a particular focus on how ADHD features in the construction of women's identities and life-stories. Although potentially relevant to a broader literature on mental health, gender, memory and diagnosis (see Cromby et al, 2013), the paper responds to four specific developments:

1. Growing numbers of people are accommodating the category of ADHD into their identity as the extent of ADHD diagnosis is rapidly increasing, both amongst children (Hamed et al, 2015 estimate up to an 11% prevalence rate totalling at around 6.4 million children with ADHD in the USA alone) and adults (Weyandt & DuPaul, 2006, Barkley, 2015);

2. Research to date has been dominated by a focus on children and on male children in particular, with more boys than girls being diagnosed by ratios up to 10/1 in clinical settings (Williamson and Johnston, 2015);

3. Recent years have seen a large increase in the number of adult diagnoses, and within this, women's rates of diagnosis are notably increasing, such that the gender prevalence ratio narrows markedly with age. According to Williamson and Johnston (2015), the gender gap of a 10/1 ratio of boys to girls narrows to 2.73/1 amongst adults. They also indicate that, compared to men, women are more likely to be diagnosed with ADHD as adults, suggesting a subset for whom any childhood ADHD went undiagnosed. This raises questions concerning the processes through which ADHD is recognised by or for such women, and the impact this recognition may have upon their lives;

4. Although not all who meet the diagnostic criteria claim ADHD as an identity,

there has been a growth in the number of women who have identified sufficiently with the category of ADHD to self-diagnose (Conrad and Potter, 2000). This may relate to what Williamson and Johnston (2015, p.23) describe as 'higher rates of treatment seeking for adult women compared to men', but it is also possible that some women who self-diagnose are not motivated to go on to secure a formal diagnosis. Either way, the question of why and how women 'self-diagnose' (whether or not they go onto a formal diagnosis) is of particular interest given the context described above.

In DSM-5 ADHD is defined as a pattern of inattention that may or may not include impulsivity/hyperactivity. The symptoms of inattention need to have been persistently present in two or more settings (e.g. home / school / work) since before the age of 12, interfering negatively with functions expected in those settings. DSM-5 updated the definition in the prior manual because this was deemed biased towards the symptoms of children compared to adolescents and adults. According to Williamson and Johnston (2015, p. 22) 'the diagnostic criteria for ADHD were largely developed from samples of male children' (see also Bailey, 2014, Waite and Ivey, 2009), but it is now recognized as a life-span issue. Research on adult ADHD has mushroomed, with over 50% having been published in the last 5 years (Williamson and Johnson, 2015, Barkley, 2015).

Identity and identification with ADHD

The trends described above raise important questions about how and why adult women come to identify themselves as having ADHD. Unfortunately, Schott (2012, p.11) describes the literature on the identity development of adults with ADHD as 'dismal', and studies on the actual process of ADHD diagnosis were described by McHoul and Rapley (2005, p.446) as 'almost non-existent'. Despite the possibility of stigma (Wiener et al, 2012), according to Brady (2004), the diagnostic category can provide a framework for newly understanding a child's behaviour and situation (Radcliffe et al, 2004), and, in the case of children's diagnosis, is often triggered via the education system. Whilst some women will have been diagnosed in childhood, others come to identify with ADHD only as adults. The process of diagnosis is less clear with adults, and the relevance of identity is likely to play out very differently

(Weyandt & DuPaul, 2006). Self-diagnosis is particularly worthy of attention because, for many, ADHD falls into the category that Dumit (2005) describes as 'illnesses you have to fight to get'. In situations where people aim to get diagnosed, questions of identity (especially processes of self-identification with the diagnostic category) are likely to be important.

Identity, in basic terms, is a dialogical phenomenon (Hermans and Hermans-Konoptka, 2012): it is the response someone gives to the question 'who are you?' At a more complex level it is related to the theory a person develops about who and what they are amidst an ongoing stream of positioning and counter-positioning (see Wetherell and Mohanty, 2010). That theory – simultaneously personal (and pertaining to ontogenesis) and social (implicated in sociogenesis) - is both dialogical, and ongoingly revised (Gillespie and Cornish, 2010). As the latter authors point out, identity is as much about *being identified* as about making self-identifications (Duveen, 2001). Identity is thus a relational process, not a state, and yet it serves as the source of a grounding attachment or commitment to how things 'are'.

ADHD becomes part of a person's identity when it features as an aspect of their self-descriptions and self-concept (Shames and Alden, 2005). One classic approach relevant to the current topic seeks to explain increases in diagnosis by linking identity to 'medicalization'. This approach construes identity rather passively, emphasising the 'being identified' aspect more than the making of self-identifications. Medical categories like ADHD are criticized for being part of techniques of social control which use powerful drugs to manage otherwise disruptive conduct and to impose new 'medicalized' identities on people, particularly schoolboys (Lloyd et al 2006). This approach offers a sociological explanation for high prevalence rates in the schools of North America, Australia and the UK (Malacrida, 2004). The medicalization thesis presupposes a resistant population who are unlikely to personally embrace the diagnosis, although Ilina Singh has found that mothers of 'medicalized' children may find an ADHD diagnosis 'very welcome' (2002, p. 593, see also Brady, 2014). This approach, however, becomes less plausible in situations where people appear to actively seek out an ADHD diagnosis for themselves, and this latter scenario is therefore of particular interest.

Other work dealing with identity takes an equally skeptical view of people's motives for ADHD diagnosis. In the US, for example, where diagnosis has direct implications for health insurance, Conrad and Potter (2000, p.574) suggest that individuals 'who, prior to diagnosis, would not have seen themselves having a disability find themselves reaping the benefits of disability legislation'. Comparable arguments have been raised about the self-interested benefits of pharmaceutical companies who benefit from recent relaxations of the formal criteria for diagnosis (Conrad and Potter, 2000, p.573). Another argument focuses on the possibility that ADHD diagnosis might be desirable to some because its treatment by drugs can enhance people's abilities to concentrate and perform intellectual tasks. In discussing adult ADHD, Conrad and Potter suggest that 'medication treatment may be seen as much as an enhancement as a form of social control' (2000, p. 575).

Comstock (2011) points out that these kinds of efforts to explain the construction of an ADHD identity imply that the 'ADHD individual' is either manipulated by powerful others using partial knowledge, or acts in bad faith with respect to knowledge about ADHD for personal gain. Although he does not provide data, Comstock suggests that this 'negative relation to knowledge' can misrepresent how people creatively grapple with knowledge around ADHD to 'positively make sense of their lives and behaviors in nontrivial ways'. Without denying that social control or benefits may occasionally play a role in diagnosis, he adopts a broadly Foucaultian perspective and asks for a deeper understanding of the complexities at play in an ADHD identity.

This study aims to provide a theoretically informed empirical understanding of the processual complexities of identity formation and change. The interest is in examining how women make sense of ADHD *from their own perspective*, but with particular attention to the situated temporal dynamics of identity change. A main point of interest is thus in deepening knowledge of the *temporal* aspects of ADHD identities. To make this empirical contribution, however, it is necessary to briefly articulate a process theoretical approach able to grasp the temporal dimensions of identity-as-process. To this end we draw upon G.H. Mead (1980) whose version of 'process thought' was directly influenced by the process philosophies of Henri Bergson and A.N. Whitehead. There is a growing interest in process thought within

psychology (Stenner and Weber, 2018), and Mead's is just one of several important contributions. To give just two inspiring examples, Brown and Reavey (2015) draw upon Bergson, Deleuze and Kurt Lewin to explore the processual dynamics at play when 'living with a difficult past', whilst Zittoun and Gillespie (2015) modify sociocultural psychology and social representations theory using processual ideas from William James, C.S. Peirce and others to illuminate the temporality of biographies. Hence we do not claim that Mead's work is of singular theoretical importance, although, like that of Lewin, it is relevant for present purposes because it is squarely located within social psychology.

There are 'many Mead's' (Gillespie, 2005), but he is best known - via the symbolic interactionism of Blumer (1980) - for his social theory of role-taking whereby we 'must be others if we are to be ourselves' (1980: 194). For Mead, the emergence of the human self was a decisive and unique moment in animal evolution: 'the self that is central to all so-called mental experience has appeared only in the social conduct of human vertebrates. It is just because the individual finds himself taking the attitudes of the others who are involved in his conduct that he becomes an object for himself. It is only by taking the roles of others that we have been able to come back to ourselves' (Mead, 1980: 184). From this perspective, self-identity and society presuppose each other because the meaningful social acts that compose the activities of a complex human collective could not be coordinated but for the evolutionary emergence of human selves. Furthermore, by definition the human self cannot be treated as something self-contained and shut up, as it were, within its own world, and neither can it be treated as something that can exist within any isolated instant of time: the self is always something *in passage* (both from one perspective to another, and from one occasion to another). Because the self is always a synthesis-in-process that is mediated through the perspectives of others, so we humans often find ourselves swept up in what Mead calls 'the passion of self-consciousness' (194) whereby we 'approve of ourselves and condemn ourselves. We pat ourselves upon the back and in blind fury attack ourselves' (189).

Whilst the remainder of this paper will certainly drawn upon this well known 'role taking' aspect of Mead's social psychology, we ground these insights in a less well known 'version' of Mead that might be called 'Mead-the-process-thinker' (see Cook,

1979; da Silva, 2008; Stenner, 2017). The process theoretical basis of Mead's thought is most fully expounded in his little known work *The philosophy of the present*, published posthumously in 1932. The following section will extract a number of analytically useful concepts from this work, including the related notions of the 'present' as the 'seat of reality', the 'emergent event', the 'revocable and irrevocable past', the 'prevising' of a future, and the 'passion of self-consciousness'.

Theoretical orientation: a psychosocial process approach

Mead's process thought begins from the ontological position that the world in which we exist is a world ultimately composed of events or what Whitehead calls *actual occasions* (Stenner, 2008). With respect to psychology and the social sciences, it is the fate of human beings that our realities are actual only in a present and that our pasts and our futures gain their actuality only from our present moment: 'reality exists in a present' (Mead, 1980: 1). Since the past that has passed has ceased to exist, we are obliged to reconstruct it in every present moment, and we do so with an eye to a not yet existing future. And yet each present is an event that becomes and then perishes, its disappearance conditioning and giving rise to the next present occasion. The self-identity of the present is in this way continually informed by the past it constructs in the present. What we call 'self' or 'self-identity' thus stretches back to the past and forward to the future: but it hangs upon an always present occasion of *actual* experience.

This theoretical stance frames our examination of how a diagnosis of ADHD informs women's reconstructions of their pasts as they anticipate their futures. Rather than directly engage with the controversies surrounding the ontological status of ADHD, we observe that, as a social category, ADHD serves as a means or medium in the present to 'make sense' out of what has disappeared into the past in order to project a more comprehensible and manageable future. It serves, in short, as a resource for *temporalising* or for binding time. Arguably, there is little to be gained by polarised debate between those who stress that ADHD is a medical reality whose material truth must be insisted upon (Barkley, 1990, 1997, 2006; Hallowell & Ratey, 1995), and those who consider it a social construction implicated in the management of conduct deemed dysfunctional (Conrad, 2007; Fitzgerald, 2009; Rafalovich, 2001, 2004;

Timimi, 2002, 2005; Timimi & Taylor, 2004). The first position places too much faith in the possibility of a secure grasp of a permanent reality (the *irrevocability of the past*) and the second gives itself too fully to the idea of an infinitely maleable past entirely subject to present social definition (the *revocability of the past*).

Mead (1980: 2) argues that the past is 'both irrevocable and revocable'. The key to the revocable nature of the past is the concept of the *emergent*: the emergent changes things. Mead (1980: 23) defines the emergent event as:

> the occurrence of something which is more than the processes that have led up to it and which by its change, continuance or disappearance, adds to later passages a content they would not otherwise have possessed.

The emergent is thus novelty: a new becoming that was not there in advance. New ideas, for example, 'emerge' for a given individual, and new social practices (and identities) 'emerge' within a given community (Andreouli et al, 2019). The emergent always and only arises within the present, but its appearance creates a new standpoint – a new present - from which the past is looked back upon, and reconstructed. This is why Mead refers to the present as the 'seat of reality' (32). From the standpoint of the emergent, the past thus becomes a different past (see Kosseleck, 2004). Put differently, in light of the emergent, what can now be considered the 'past past' (7) becomes distinguishable from the 'present past' (i.e. the past proper to the newly emergent present). In other words, a past now recognised to be outmoded (the past past) is superseded by a past of a newly emergent present (the present past).

If the emergent is the key to the revocability of the past, then for Mead, this by no means entails a denial of irrevocability: that the past is irrevocably *gone* and that it *happened* just as it happened, and in no other way. It is the fate of every present to slide into the past and thus to become a *past present*. What has passed cannot recur, although it always causally conditions the arising of the present. The irrevocability of the past, as Mead (1980: 3) suggests, concerns the fact that there is always and inevitably 'a finality that goes with the passing of every event'. That something was and is no longer, is irrevocable and never changes, but what does change is the 'what it was' (3). The 'what it was' is, however, revocable because it concerns the

importance of 'what it was', and that importance belongs always (as a present past) to the present moment from which the past is reconstructed. The emergent event changes the past because it transforms that present importance.

In this way, much like other process thinkers such as Whitehead and Simmel (see Stenner, 2017, 265-274), Mead is able to reconcile the initial insight that 'reality exists in a present' (1) with the equally important insight that there is no such thing as an 'instant' of present time abstracted from its past and future: 'If we introduce a fictitious instantaneousness into a passing universe, things fall to pieces' (177). There is, rather, 'an unalterable temporal direction in what is taking place' (13)… and 'in this passage what has occurred determines spatio-temporally what is passing into the future' (13). What *has* taken place is part of a passage: it issues in what *is* taking place. Again, this irrevocability of passage does not preclude the revocability of the past's importance to a changed present. The reconstruction of the past is basic to the conduct of any being that makes sense of events, the better to pre-empt the future and hence operate more effectively in the present.

For Mead, then, the emergent introduces a new present that, if it is to sustain itself into the future, must reconstruct its past. This 'if' implies that an emergent present need not survive in a form that allows it to transmit its inheritance to the future. In other words, what Greco and Stenner (2017) call a *pattern shift* need not occur on the strength of an 'emergent' alone. If the emergent is to be accepted as a new present, the past must be re-written from the new standpoint it opens up (Hacking, 2008). Once re-written, the emergent ceases to be an unpredictable novel event. With the benefit of hindsight, it 'ceases to be an emergent and then follows from the past which has replaced the former past' (Mead, 1980: 11). The past thus ceases to appear revocable, and relapses into the seeming irrevocability whereby what is now taking place necessarily follows from what necessarily took place. Rather than appearing as a shocking rupture, the emergent present, to use Mead's neologism, now has a past which issues into a present which can '*previse*' (12) a predictable future (i.e. to see or predict it in advance, or to *expect* it). In the report below we attempt to clearly illustrate these abstract theoretical processes using the accounts of our participants as they explain how their knowledge of ADHD affected the temporality of their identity.
Method

The project worked with a small strategically sampled group of participants. This obviously limits the conclusions that can be drawn from the study, but our aim was not to generalise to a broader population but to gain rich insight into a small number of cases. Following receipt of full ethical clearance, participants were initially recruited through two routes: an online support group for people with ADHD, and two local community support groups. Women with a formal diagnosis (whether in childhood or in adulthood), and also women who self-diagnosed with ADHD (without a formal diagnosis), were invited to participate in the study. This recruitment strategy yielded 14 interviewees, but since none had been diagnosed during childhood, a further round of recruitment was undertaken through a local university, yielding two more participants who had received diagnoses as teenagers. Participants were given the choice to be interviewed face to face in community centres, or if preferred, by telephone.

An interview guide was developed, informed by previous research, to explore key issues of identity and transition for women with ADHD. Interviews began with the researcher expressing an interest in the participant's life story with respect to ADHD, including how ADHD may have impacted their life at different moments, and inviting them to talk about all aspects that they consider relevant. They were told to expect that the researcher will keep interruptions and further questions to a minimum and will be prepared to allow long pauses for reflection should these occur. Nine of the 16 participants were self-diagnosed at time of interview, and 5 of the remaining 7 had received formal diagnoses of ADHD as adults.

The 16 interviews were transcribed verbatim and the content anonymized. The data corpus was coded following an initial thematic analysis during which each audio recording was listened to by at least one analyst while reading the transcript to enhance accuracy. The data was then subjected to a thematic decomposition by a second analyst (Stenner, 1992, 1993; Ussher & Mooney-Somers, 2000, Ussher, 2003). Unlike pure thematic analysis (and some forms of grounded theory) which analyse a data corpus structurally into cross-cutting content themes, thematic decomposition does not pretend to a purely inductive and complete identification of themes, but works dialogically between theory and data, often deploying positioning

theory (Davies and Harré, 1990) and other forms of process thought. In the analysis below we sought to identify content that speaks to transformative events and reinterpretations of the past (Stenner et al, 2012). The aim was to give a theoretically nuanced but data-grounded exegesis of the interview content through the identification of themes that indicate dynamic constructions and reconstructions of reality. Thematic decomposition shares with discourse analysis (Potter and Wetherell, 1987) an attunement to the action orientation of discourse, but without 'bracketing out' the experiential backdrop to the communication process.

Results of the analysis

The analysis will focus on a sub-set of participants whose accounts were particularly relevant to the thesis of this paper. This is because they used remarkably similar terms to describe a *key moment of realisation* that the category ADHD applies to them. This opens a space for putting Mead's concept of the 'emergent event' to analytical use, along with the related concepts described above. For these participants – whom we will call Ruth, Sarah, Jill and Maria - this moment of realisation was connected to discussions around the ADHD of their own child. The formal diagnoses of three of these participants (Sarah, Jill and Maria) were prompted by these experiences (Ruth is self-diagnosed).

Before presenting the analysis, it is important to be clear that we are not claiming that this kind of emergent experiential event prompted by their own children was a feature for all of the women in our sample (several of whom did not have children). Some, for example, identified with ADHD after seeking help in connection with other co-morbid conditions. For example, participant 6 – who sought help for an eating disorder and drug abuse - describes 'a slow dawning realisation' that the category ADHD applies to her, rather than a decisive event. Participant 1 describes a phase of difficulty in college – attributed at first to dyslexia and dyscalculia - during which 'alarm bells started ringing' about ADHD. Others (five participants in particular) recognised themselves via their child's diagnosis but did not describe this in terms of a distinctive emergent event of realization. Finally, another participant does describe an emergent event, but not one connected to children. She describes walking in circles around a friend in a supermarket while being told she might have ADHD. She

promptly looked it up on the internet and describes a 'wow!' experience. Without denying these very different experiences, the following analysis will focus on the accounts from Ruth, Sarah, Jill and Maria.

ADHD identity as product of an emergent event: a 'lightbulb moment'

In the accounts of this sub-set, the moment of realisation is described as a life-changing event. For Sarah, Jill and Maria this emergent event triggered a prolonged quest for diagnosis. Maria, for example, states that her daughter:

> has a diagnosis of ADHD….And that's where we realised that I had it…. My dad was in total denial, absolutely idolises my daughter and vice versa and he was, "no, there's nothing wrong with her", but equally would keep saying, "why does she do that, why does" - and in the end I, I, I still hadn't clicked. I showed him the symptoms and he looked at them and he just went, "that's you", and we both went, "oh my goodness, that's me!"

Maria describes her initial disagreement with her father over the ADHD status of her daughter. The doting grandfather cannot accept that there may be something 'wrong' with his granddaughter and yet is also sufficiently unsettled to keep asking questions. During a decisive moment whilst considering typical ADHD symptoms, the father comes to newly recognise that these symptoms apply to his daughter. This in turn allows Maria to view herself as a new object from her father's perspective. Taking her father's perspective to herself, Maria describes how the same shock of self-recognition 'clicked' for her ("oh my goodness, that's me"). The sense of surprise expresses the novelty of the self that is observable for the first time thanks to this new perspective.

Jill uses the expression 'lightbulb moment' to describe her very similar story:

> I think it had pretty much been two years to diagnosis from my first lightbulb moment of, "oh, ADHD, hello"…   ...and the prompt was entirely my son's behaviour and his progress through the education system.

We must of course recognise that these metaphors of 'clicking' and 'lightbulbs' also serve a rhetorical purpose of heightening the listener's interest in the account. The fact that these episodes may not have been as instantaneous as the opening of an electric circuit, however, should not distract us from their subjective importance in the temporal unfolding of our participant's experiences. This importance expresses their *emergent* quality as novel and unpredictable events of insight, and it is this novelty – along with the associated illumination - that is captured in the lightbulb / clicking metaphors. The emergent event of novel self-recognition is *surprising* because, looking backwards, it introduces a new element that affords a reconstruction of a past that now belongs to a present that has been superseded. We might say that a new present now has the potential of superseding a past present. Also, looking forwards, the emergent event lends the subsequent passage of events a new content and new possibilities. The emergent event, in short, opens the possibility for a subjective *pattern shift* whereby a previous pattern of self-consciousness passes into another: after the event, things are different because the 'self' which presides over temporal experience occupies a new present (see Greco and Stenner, 2017).

As noted in the introduction, such subjective pattern shifts do not follow an emergent event automatically. Rather, if the novel perspective is to endure and be efficacious in the future, the past must be meticulously reconstructed from the vantage point of its newly emergent present, and this takes time and commitment. Participants described the emergent event - the 'click' or 'lightbulb' moment - being followed by a prolonged phase of actively seeking a diagnosis, despite obstacles: 'a very difficult two years' (Maria). Note that, for these participants, diagnosis did not prompt the pattern shift, but followed from it as a form of validation by way of formal external recognition. Jill describes a 'two-year fight to, to get it recognised. …because it took an awful lot of evidence to get it...'. Sarah offers a similar account:

'the reason why I got diagnosed was because I have a 13-year-old son… diagnosed with ADHD last June'…once Jack was diagnosed I was very proactive at looking at ADHD'.

In these cases, it is not the occurrence of a formal diagnosis that constitutes the emergent event, but the emergent event of transformed recognition that sets in motion

the process of acquiring a diagnosis. The formal recognition bestowed by a diagnosis therefore supplements a prior subjective transformation or pattern shift, and it is this that can be described as the acquisition of an 'ADHD identity'.

Transformation of the meaning of the 'object' called ADHD

As described in the introduction, the category of ADHD as a 'social object' serves to reconstruct a sector of experience and conduct relating to problems with attention as causally influenced by a specific medical condition. The category thus gives a new salience to this sector of experience and conduct, singling it out as a coherent figure for thought, communication and practical attention. Since ADHD is a medical diagnosis, the category comes with a sense of scientific 'factuality', although in ordinary discourse and some media coverage it is also often treated as controversial (Horton-Salway, 2011, 2013). Like most adult members of society, these participants had encountered the category of ADHD prior to their pattern shift. The emergent event of a 'lightbulb' experience, however, entails a new *encounter* with the 'object' ADHD, and thus involves a decisive change in the *meaning* of this object: ADHD is resignified. Participants, for example, describe having been familiar with the word 'ADHD' before the emergent event, but having understood it in a trivial way, perhaps as a controversial media topic, or as the subject of gossip amongst parents about 'naughty boys'. Some, for example, described it as a 'dirty word' or a 'stereotype'. The emergent event occasions the transformation of this trivial understanding of the object into something that is experienced as far richer and deeper. After the event, in other words, the participants are able to view the object 'ADHD' from two very different perspectives. On the one hand, they have the perspective of a world they occupied in the past (their 'past present' with its now 'past past'), and, on the other, that of the world they now occupy (the 'present present' with its 'present past').

Before Ruth became aware of her own possible ADHD status through the diagnosis of her son, she reports thinking that:

> ADHD is somewhat of a dirty word still uhm so I think that was more ..it
> certainly wasn't anything I overheard or …just in the media didn't really

know anything about it… …I knew the word ADHD existed but I didn't know anything until I actually had my son uh…

In a comparable way, Jill states that after her son's diagnosis she: 'actually stopped, um, stereotyping ADHD as a thing and actually looked at what it involved'.

These extracts tell the story of a newly discovered sensitivity to the complexity of ADHD as an object, and to the ever-present possibility of stereotyped understandings. To analytically illustrate another of Mead's concepts, this new sensitivity is associated with a new *importance* which is carried forward in the form of a strong critical appreciation of how ADHD can be poorly understood to the detriment of those who are characterised by it. The interviews are saturated with a sense of the participants having for too long misrecognised their own natures, having been recurrently misrecognised by others in the past, and having to challenge the ever present likelihood of misrecognition by others in the present and in the future. They have been misrecognised as the 'class joker' (Ruth), as 'a spoilt little bitch' (Sarah, p.3), as 'aggressive', 'rude' and 'moody' (Jill) as an 'absolute nightmare' and 'naughty' (Maria), and so on, and it is likely that these misrecognitions were, for each of these women, key ingredients in what Mead called 'the passion of self-consciousness'. Fidelity to the emergent event means correcting these problematic constructions by reconstructing the past from the vantage point of the new present it brings into view. This task, or effort after reconstruction, in turn comes to occupy the immediate future of our participants. Ruth, for example, describes herself as a 'flagship' whose mission is to enlighten people about the difference between the true nature of ADHD and the stereotypical misunderstandings:

> …we need to set the record straight here I'm a kind of flagship… because I'd like to enlighten everybody I like to sort of enlighten everyone with my knowledge and actually people don't always want it.

In becoming a flagship, Ruth, as it were, says 'no' to the future that would follow from her past present, and she says 'yes' to a different possible future that would follow from the consolidation of her emergent present (a 'future future'). Through the emergent event, then, the category ADHD acquires a new and intense personal

meaning as these participants encounter a richer reality to it and, at the same moment, begin to apply the category to themselves, their children, and others around them (particularly other family members). The category of ADHD, once reconstructed in a 'lightbulb moment', affords the emergence of a new ADHD identity, displacing the old. The self-consciousness underpinning this identity supplies the participants with a new perspective on their lives and on the person they have always been. Achieving this new vantage point is a decisive moment, but, as we have seen, it does not complete or exhaust the process of pattern shift. Rather, it sets it in motion by creating a new present perspective from which the meaning of events from the past, and of possibilities for the future, can be more or less painstakingly reconstructed and re-imagined. Participant 3 (page 2-3), for example, describes:

> always thinking there was something wrong with me. I remember always kind of being told that I was a drama queen, that I was a spoilt little bitch, that I was a fidget, that I was nosy… that, you know, all of that kind of stuff, I, you know, so I kind of grew up thinking that I was just a spoilt little cow who wanted, you know, wanted everything. My brother and sister hated me.

An emergent ADHD identity enabled this participant to reconstruct such events and thus to re-evaluate the deeply sedimented sense that she had been 'bad' since childhood: 'I used to think that something very, very bad had happened to me and I'd blocked it out.... And the ADHD kind of made me stop looking.' What was her present past, in other words, has become a past of the past (a past past). The intensity of this transformation - and its implications for the future - is well described by Sarah:

> I desperately wanted help and I think when I, when I went to the treatment centre on my own accord, it was almost then that I thought, this is what I've been looking for my whole, whole life, somebody to listen to me, to what I'm saying and not say, don't be so stupid. And, and now I recognise, you know, like because I've done so much work on myself and because I've learnt so much, I recognise that my dad has probably got ADHD.

Transformation of the subject: ADHD as pivotal to a new identity, with a newly irrevocable past

The above analysis shows how an emergent event can be the occasion for the becoming of a new 'ADHD identity' which, in the words of Maria, 'really, really defines me'. This identity provides a new present from which perspective Mead's *revocable past* can be reconstructed. The following quotations illustrate quite how meaningful that new identity is for those who acquire it:

…it's who you are it's who I am to every fibre of who I am (Ruth).

Um, however, since the, the diagnosis, oh, oh it's, I, I can only see my life now post-diagnosis and pre-diagnosis, I am a different person (Maria).

I really, really love what ADHD brings for me, if that makes sense… It makes, um, I think it makes me a really interesting person to be around… Whereas before I used to see who I was as a flaw and everything like that. Now I almost feel like I'm lucky to have what I have and to be who I am (Sarah).

Yeah, I like it. I'm proud of it and I'm actually now really, really bloody proud of myself… because I've had so many people knock me and I've had so many people put me down… I have also been immensely critical of myself. Yeah. (Jill).

…everything about me from my height to my looks everything is down to my ADHD I believe everything that is who I am I think it's because I have a tendency to stand up for what I think is right it's again back again to the very young, right and wrong, the injustice of it all… (Ruth)

The sense of injustice invoked in the last extract (and of pride and love in the other) is important (it expresses the *importance* that Mead presents as pivotal to the revocation of a past). It expresses the fact that the emergent becoming we are describing is not merely a neutral, intellectual, cognitive affair but a deeply felt and thoroughly evaluative struggle. In the next section we explore the proposition that the emotional stakes involved in the new ADHD identity are very high because, for each of our participants, the old (superseded) identity was a morally troubled identity. It was an

identity characterised by forms of conflict and guilt, criticism and self-criticism that characterise Mead's 'passion of self-consciousness'.

The deeply troubled nature of the old identity: the passion of self-consciousness

Each of these participants describe very difficult childhoods marked by a sense of self-hatred and self-destruction arising within difficult family relationships. Ruth, who was brought up mostly by her grandparents, describes a long history of feeling resented by other family members for her 'loudness' and for appearing out of place. She describes episodes of being bullied and bullying at school (including physically attacking a teacher) and expresses a profound sense of the injustice of her situation:

> we were all sitting down waiting for stories and I'd got up and said to the child 'can you save my space?' the child had then not saved the space and let someone else in uhm I thought there was plenty of room we could all sit down I sat down again the supply teacher had uhm said 'no you're not sitting there' 'but I was sitting there first' again the injustice of it all uhm so basically I wouldn't move so she told the whole class they could do whatever they wanted to me as long as they moved me off the chair so thirty children or 29 trying to kick me hit me punch me in the class.

Sarah also describes a difficult childhood 'I cried all the time, very lonely, very sad, being on my own and almost the voice inside my head was my only friend'. The youngest of three children, she describes feeling excluded from the close bond between her older brother and sister whose agendas dominated her parents' concerns. She describes her relationship to her sister (who 'completely preoccupied life at home' after having a son aged 15) in quite moving terms:

> I almost loved my sister so desperately and wanted her approval and wanted her to like me, because she hated me, but at the same time I almost wanted to be better than her in my parents' eyes… I wanted to be like her, but I also wanted to destroy her and that went on for a long, long time.

She felt resented - 'always kind of being told that I was a drama queen, that I was a spoilt little bitch, that I was a fidget, that I was nosy… my brother and sister hated me' – and her response was to try to ruin their relationship: 'I would just sit outside her bedroom door just kicking it constantly'. At school she 'was bullied or became the bully' and had begun smoking, stealing, drinking and being sexually active by the time she was 10. As a teenager and young adult she describes regularly drinking until she passed out, moving 'in and out of relationships' and engaging in a pattern of binge eating and self-starvation.

Jill describes herself as having grown up with negative thinking 'as a very small child in a very odd household' where she felt she could never meet the 'expectations laid on me' by her parents and that she had 'not ever really had parental approval'. She says that 'as a small child actually felt I was living in the wrong family' and that 'I didn't like being a child'. She describes arguments with her mother over who is to blame for her character (which she describes as 'wilful non-compliance or wilful neglect of myself'): 'My mum's always saying, "oh you blame us for everything, you know, you were wild… it's not our fault"'. She perceived that 'there was like almost like a malevolence within me… What I felt was that I was actually a bad person… I was not an adequate human being'. At school, she describes herself as 'wild' and 'like some wild animal had turned up in class and they were like, what do we do with, with her'. As a young adult, she would 'get drunk beyond belief… and I was promiscuous', and she became a drug user, describing herself as 'a very addictive obsessive'. She tried to take her own life 'seriously on two attempts'.

Maria says comparatively little about her own childhood, but describes depression as being a 'mainstay of my life' and she defines her life as a 'never ending, um, failure' and a *struggle*: 'I had one of the mums at school say to me, what do you do all day? And it was very easy, one word answer, struggle'. As a young person, she 'had, um, anorexia, um, and bulimia' and she 'was suicidal in the past' and has a diagnosis of bi-polar depression. Relationships have 'never lasted for very long' and they've always gone wrong, um, and they, I, I've never been married'.

Giving oneself some slack by letting oneself off the hook

The profound desire for transformation described above is easily understandable given the troubled nature of these 'old' identities. Participants describe in vivid terms how the emergence of their new ADHD identity served as the basis for a new present from which they could reconstruct a more accepting identity that they could be more proud of and positive about. Maria, for example, describes how she is now able to give herself 'some slack':

> …I, I get confused and overwhelmed so easily. The difference now is I don't berate myself as, as much, if, if at all I suppose. No, I suppose I still do, but nowhere near as much… I give myself some slack. I understand that I have a disability, a huge disability that's had this -because I have it quite severely I think.

Sarah uses the different but comparable phrase of letting herself 'off the hook' to express the same relief from embattled self-criticism. She extends this changed attitude to her son, who she now supports rather than criticizes (she now fights 'his corner'):

> Um, it's answered a lot of questions. Um, it's kind of let, I let myself off the hook. I forgive my - I, I believe that Max was sent to me as a gift to teach me and I almost feel that as I work through his problems with him and do the things that he needs, I'm healing that little girl inside of me. So, when he comes home from school and says that things happen with a teacher I believe him and I step up and speak to his teacher about it and fight his corner, whereas I grew up in an environment was, well, you shouldn't have done that. So, so I almost feel like, like as I fight his corner I fight mine too.

The category of ADHD thus allowed her to entertain a more positive and tolerant relationship towards her self and her child:

> Um, it's hard in the sense of the guilt that I feel around my, my children and the behaviours, my behaviours towards, towards my parenting skills and the things, but, you know, I have to tell myself that I was sick and that I didn't know any different...

In explaining their situation, these participants are very aware of the potential accusation that ADHD can be used as an 'excuse for behaviour word' (Ruth). From their perspective, however, they are not offering excuses for past conduct, but *understanding* it:

> I'm not saying, "oh it was an excuse". I know I did some really shit things! I behaved really badly at the time… There's no beating around the bush. I've done the guilt, I've done the shame… What I've said is, "you've had ADHD which is actually fairly debilitating… and what you did is understandable… in those circumstances. (Jill)

> And I like my - I'm going to get upset now - I like myself, um, and it is the reason for all of those things and that it's not an excuse….. It's absolutely 100% the reason why I struggled at all of those things and probably will forevermore and unfortunately you've got this condition which affects memory, organisation, distractibility and then you've got age and it's probably going to get worse! (Maria)

With the benefit of hindsight: lay psychological theories of self-formation

Through reconstructing their past experiences in the light of the perspective afforded by an ADHD identity, these participants are able to newly understand, not just their past feelings and conduct, but also other people's past reactions to that conduct, and their own past reactions to those reactions. In this way, they are able to unpick the process of their own self-formation, and to grasp – or at least offer a theory about - how their own and other people's past ignorance of ADHD has contributed to the construction of their own self concept and conduct. To use Mead's neologism, on the basis of a newly constructed past, they are able to *previse* the future. Jill expresses this quite complex 'lay' social psychology in the following terms:

> And obviously there's a knock on effect, there's cause and effect and one thing leads to another and I can look back and say, well, if my parents had

been a little different, you know, well, if this had happened, well, if that had happened, but I don't regret it.

Participants thus do not offer simplistic causal stories about how their behaviour issues in a linear fashion from a medical condition of ADHD. Rather, the very *misunderstanding* of ADHD enters as an active ingredient into their psychosocial formation through a complex layering of events upon events. For example, Jill observes that if her parents had known about ADHD when she was a child, she may not have developed the 'negativity loop' of self-criticism, 'wilful non-compliance' and self-neglect. Sarah likewise observes that with earlier knowledge of ADHD, she might have felt less isolated and needy and so might not have engaged in the misbehaviour that provoked the punitive reactions from her parents that fed into the next phase of her misconduct. In these lay theories, ADHD does not *cause* anything directly, but feeds into the way practical and emotional reality gets constructed both by and for the participant. Unsurprisingly, the holistic and temporal complexity of these lay theories imply that it is not discrete *facts* that can serve as evidence for the importance of ADHD, but the *entire life* of a person with ADHD:

> Um, I have to be honest, that's not across the board with my family and I have, there's a huge gap now between me and my sister, because she, she doesn't understand… at the beginning she didn't even believe that I had either of these conditions and she was sort of belittling me and at one stage my mum and dad went round with evidence and I thought, but why are you doing that, why should you have to? My whole life is, is the evidence… (Maria).

Discussion

The analysis offered in this paper draws on the experiences of a small number of women who identify with ADHD. These experiences were theorised with the help of a number of interconnected analytical concepts drawn from Mead, including the emergent event, the irrevocable past, the revocable past (where transformations of 'importance' allow a past past to be distinguished from a present past), the 'prevised' future, and the passion of self-consciousness. Without wishing to universalise these theorised experiences, it seems clear that they are, when sensitively analysed, very

informative about *one* of the routes by which women in the UK are coming to identify with, and seek out a diagnosis for ADHD during their adult years. It provides some insight, for example, into what Williamson and Johnston (2015, p.23) describe as 'higher rates of treatment seeking for adult women compared to men'.

The analysis provides examples of how women can come to a new sense of themselves as adults with ADHD via an encounter with the ADHD of their own children. It provides a detailed picture of how an emergent event can participate in transforming a prior identity based on a history of often very difficult experiences and life problems, and of the often meticulous process of personal reconstruction this entails. We can, therefore, better understand the centrality the new identity has for these women, and the energy and commitment with which they can take forward their message about ADHD. We can also understand how, once the new identity has sedimented, the past informed by ADHD itself becomes an irrevocable past with a facticity that can seem beyond question. These findings indicate the value of a methodological approach informed by the process thinking of Mead and others, which draws attention to the often quite subtle and complex 'lay social psychology' articulated by the participants themselves.

Our concerns with the temporal reconstruction of identity provide a potentially fruitful way out from the impasse of an increasingly polarised debate in which ADHD is presented either as a form of social control, a strategy for gaining welfare benefits or a means for drug companies to amass further wealth, on the one hand, or on the other, as a medical condition whose biological veracity must simply be insisted upon. It is quite possible that, in different circumstances, it is all of these things, and yet it is also a way in which people can make sense of the complexity of their difficult lives, the better to become more active in the present.

It is, however, important to re-affirm that the reality expressed by the participants discussed in this paper is not the *only* reality in our sample, let alone in the wider-world. Our analysis in no way denies that there are other routes through which women encounter and adopt an ADHD identity, and future research should explore this variety. Indeed, we agree with Brown and Reavey (2015: 211) when they insist upon the situational specificity of experiences of all kinds, whilst also aiming to develop

concepts which 'are meant to make connections beyond particular cases'. Concepts like the 'revocable past' are not meant as transcendent categories into which data chunks can be coded, but as common notions which point to commonalities between cases that, in themselves, are always radically specific. The concept of the '*ir*revocable past' then serves in a comparable way, but also as a corrective to any one-sided tendency (encouraged by its partner the 'revocable past') to stress contingency over irreversibility (or vice versa).

It is also important to affirm the partial and selective nature of our analysis. We have worked, for the most part, with a small set of concepts from Mead's *Philosophy of the present* and applied them to those aspects of our interview transcripts which afford illumination by way of them. An extended and more substantial analysis might connect this to a variety of other bodies of work with which our approach is in dialogue. For example, it would be useful to attend to what Brown and Reavey (2015: 210) call the 'setting specificity' of participant's experience. For those women who encountered their own ADHD through that of their children, for example, the school setting was decisively important, and schools as institutional spaces clearly play a key role in patterning the experiences that unfolded (as do medical encounters in GP waiting rooms, experiences in work places, and so on). More emphasis could also be placed on gendered relations of power or on the institutional power of medicine (Hacking, 1998). Connections could also be made to what Brown and Reavey (2015: 107) refer to, not just as experiencing 'with, through and for others' (as when Maria realises she might have ADHD 'though' her father's recollection of her as a child) but also as 'managing the memories of others' (as when Maria manages the 'gap' in understanding that exists between herself and her sister).

Inflected beyond memory, it would also be useful to further expand the connections to work on ruptures and transitions more generally. From the perspective developed by Zittoun (2008), for example, 'emergent events' followed by a transformed process of re-signification and re-description might be described as 'ruptures' followed by 'transitions', where the latter includes the use of 'symbolic resources' to re-position and re-locate the person in the symbolic and social field of their life-space. This in turn raises important questions of agency and affect, including the extent to which the phases of transition which follow events that rupture biographical trajectories are such

that they increase or diminish the powers of the actors involved (Stenner et al 2011), or perhaps hold them suspended in a 'liminal hotspot' (Greco and Stenner, 2017).

Finally, we hope that our analysis provides a window into the growing tendency to reject pathologizing aspects of diagnoses (where difference is equated with diminished value), and to stress instead a discourse of difference grounded in equality (Silberman, 2015). Indeed developments in critical disability studies, particularly critical autism studies offer a way of enabling a discourse of difference and equality (O'Dell et al, 2016; Davidson & Orsini, 2015). The category of ADHD allowed our participants to reconstruct what they previously thought of as highly negative aspects of their characters as forms of *difference* that have been subjected to systematic misunderstanding. This allows them to affirm the value of their difference.

References

Andreouli, E. Kaposi, D. and Stenner, P. (2019) 'Brexit and emergent politics: in search of a social psychology'. *Journal of Community and Applied Social Psychology,* in press.

Bailey, S. (2014) *Exploring ADHD: An ethnography of disorder in early childhood.* Abingdon: Routledge.

Barkley, R. A. (2015) *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (4th ed.). New York: Guilford.

Blumer, H. (1980) 'Mead and Blumer: The convergent methodological perspectives of social behaviorism and symbolic interactionism'. *American Sociological Review,* 45, (3): 409-419.

Brady, G. (2004) 'ADHD diagnosis and identity: a sociological exploration'. *Clinical Psychology Forum,* 40: 42-44.

Brady, G. (2014) 'Children and ADHD: seeking control within the constraints of

diagnosis'. *Children & Society*, 28(3): 218-230.

Brown, S.D. and Stenner, P. (2009) *Psychology without foundations: History, philosophy and psychosocial theory*. London: Sage.

Brown, S.D. and Reavey, P. (2015) *Vital memory and affect: Living with a difficult past.* London: Routledge.

Butler, J. (2012) On this occasion. In R. Faber, M. Halewood and D. Lin (Eds) *Butler on Whitehead: On the occasion*. Plymouth: Lexington Books.

Comstock, E.J. (2011) 'The end of drugging children: Toward the genealogy of the ADHD subject'. *Journal of the History of the Behavioral Sciences*, 47(1): 44–69.

Cook, G.A. (1979) 'Whitehead's influence on the thought of G.H. Mead'. *Transactions of the Charles S. Peirce Society,* XV2: 107-131.
Cromby, J. Harper, D and Reavey, P. (2013) *Psychology, mental health and distress.* London: Palgrave.

Conrad, P. and Potter, D. 2000 'From hyperactive children to ADHD adults: observations on the expansion of medical categories', *Social Problems*, 47: 559–82.

da Silva, F. C. (2008) *Mead and modernity: Science, selfhood and democratic politics.* Plymouth, UK: Lexington Books.

Davidson, J. and Orsini, M. (2013) (eds) *Worlds of autism: across the spectrum of neurological difference.* University of Minnesota Press: Minnesota, USA.

Dumit, J. (2006) 'Illnesses you have to fight to get: facts as forces in uncertain, emergent illnesses', *Social Science and Medicine*, 62(3): 577–90.

Duveen, G. (2001). 'Representations, identities, resistance'. In K. Deaux and G. Philogene (Eds.), *Social representations: Introductions and explorations*. Oxford: Blackwell.

Gallichan, D. J and Curle, C. (2008) 'Fitting Square Pegs into Round Holes: The Challenge of Coping with Attention-Deficit Hyperactivity Disorder.' *Clinical Child Psychology and Psychiatry*, 13(3): 343-363.

Gillespie, A. (2005) 'G.H. Mead: theorist of the social act'. *Journal for the Theory of Social Behaviour,* 35(1): 19-39.

Gillespie, A. and Cornish, F. (2010) 'What can be said? Identity as a constraint on knowledge production'. *Papers on social representations,* 19(5): 1-5.

Greco, M. and Stenner, P (2017) 'From paradox to pattern shift: Conceptualising liminal hotspots and their affective dynamics'. *Theory and Psychology*, 27(2): 147-166.

Hacking, I. (1998) *Re-writing the soul: Multiple-personality and the sciences of memory.* Princeton, N.J: Princeton University Press.

Hamed, A.M., Kauer, A.J. and Stevens, H.E. (2015) 'Why the diagnosis of attention deficit hyperactivity disorder matters'. *Frontiers in Psychiatry*, 6, 168: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4659921/

Hermans, H.J.M and Harmans-Konopka (2012) *Dialogical self theory: Positioning and counter-positioning in a globalizing society*. Cambridge: Cambridge University Press.

Horton-Salway, M. (2011) 'Repertoires of ADHD in UK newspaper media', *Health*, 15(5):533–49.

Horton-Salway, M. (2013) 'Gendering attention deficit hyperactivity disorder: a discursive analysis of UK newspaper stories', *Journal of Health Psychology*, 18(8): 1085–99 [Online]. DOI: 10.1177/1359105312456326

Horton-Salway, M. and Davies, A. (2018) *The discourse of ADHD: Perspectives on Attention Deficit Hyperacitvity Disorder*. London: Palgrave.

Kosseleck, R. (2004) *Futures past: On the semantics of historical time*. New York: Columbia University Press.

Gwynedd, L. Stedd, J. and Cohen, D. (Eds.) (2006) *Critical new perspectives on ADHD*. London and New York: Routledge.

Malacrida, C. (2004) 'Medicalization, ambivalence and social control: mothers' descriptions of educators and ADD/ADHD'. *Health* (8) 1: 61-80.

O'Dell,L., Brownlow,C., Bertisldotter Rosqvist,H., Orsini,M., & Ortega,F. (2016) Critical Autism Studies: Exploring Epistemic Dialogues and Intersections, Challenging Dominant Understandings of Autism. *Disability & Society* 10.1080/09687599.2016.1164026

Quinn, P.O and Madhoo, M. (2014) 'A Review of Attention-Deficit/Hyperactivity Disorder in Women and Girls: Uncovering This Hidden Diagnosis'. *The Primary Care Companion for CNS disorders, 16* (3): http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4195638/

Radcliffe, N., Sinclair, S., and Newnes, C. (2004) *Clinical Psychology Forum, 40* Special issue: Children and ADHD: Sharing untold stories

Shames, W. and Alden, P. (2005) 'The impact of short-term study abroad on the identity development of college students with learning disabilities and/or ADHD'. *The Interdisciplinary Journal of Study Abroad*, 11: 1-31.

Silberman, S. (2015) *Neurotribes: The legacy of autism and the future of neurodiversity.* New York: Penguin.

Singh, I. (2002) 'Bad boys, good mothers, and the miracle of Ritalin', *Science in Context*, 15(4): 577–603.

Singh, I. (2004) 'Doing their jobs: mothering with Ritalin in a culture of mother-blame', *Social Science and Medicine*, 59(6): 1193–205.

Singh, I. (2005) 'Will the 'real boy' please behave: Dosing dilemmas for parents of boys with ADHD', *The American Journal of Bioethics*, 5(3): 34–47.

Singh, I. (2008a) 'Beyond polemics: science and ethics of ADHD', *Nature Reviews Neuroscience*, 9: 957–64.

Singh, I. (2008b) 'ADHD culture and education', *Early Child Development and Care*, 178(4): 339–46.

Stenner, P. (1992). *Feeling Deconstructed? With particular reference to jealousy.* (Unpublished Ph.D. thesis). University of Reading.

Stenner, P. (1993). Discoursing jealousy. In E. Burman & I. Parker (Eds.), *Discourse analytic research: Repertoires and readings of texts in action* (pp. 94–132). London: Routledge.

Stenner, P. (2008) 'A.N. Whitehead and subjectivity'. *Subjectivity,* 22 (1): 90-109.

Stenner, P. Church, A. & Bhatti, M. (2012) 'Human–landscape relations and the occupation of space: experiencing and expressing domestic gardens'. *Environment and Planning A* 44(7): 1712 – 1727.

Stenner, P. McFarquhar, T. and Bowling, A. (2011) 'Older People and 'Active Ageing': Subjective aspects of ageing actively and becoming old'. *Journal of Health Psychology*, 16(3): 467-477.

Stenner, P. (2017) *Liminality and experience: A transdisciplinary approach to the psychosocial*. London: Palgrave.

Stenner, P. and Weber, M. (2018) (Eds.) *Orpheus's glance. Selected papers on process psychology: The Fontarèches meetings, 2002-*2017. Louvain-la-Neuve, Belgium: Les Editions Chromatika.

Timimi, S. (2007) 'The medicalization of childhood', *Healthcare, Counselling and Psychotherapy Journal*, 7(1): 7–9.

Ussher, J. M., & Mooney-Somers, J. (2000). 'Negotiating desire and sexual subjectivity: Narratives of young lesbian avengers'. *Sexualities*, 3: 183–200.

Ussher, J. M. (2003). 'The ongoing silencing of women in families: an analysis and rethinking of premenstrual syndrome and therapy'. *Journal of Family Therapy*, 25(4): 388-405.

Waite, R. and Ivey, N. (2009) 'Unveiling the mystery about adult ADHD: One woman's journey'. *Issues in Mental Health Nursing, 30*: 547-553.

Wiener, J., Malone, M., Varma, A., Markel, C., Biondic, D., Tannock, R., et al. (2012). 'Children's perspectives of their ADHD symptoms: Positive illusions, attributions, and stigma'. *Canadian Journal of School Psychology*, 27: 217–242.

Wetherell, M. and Mohanty, C.T. (2010) (Eds) *The SAGE handbook of identities*. London: Sage.

Weyandt, L.L. & DuPaul, G. (2006). 'ADHD in college students'. *Journal of Attention Disorders*, 10(1), 9-19.

Williamson, D. and Johnston, C. (2015) 'Gender differences in adults with attention-deficit/hyperactivity disorder: A narrative review'. *Clinical Psychology Review,* 40: 15-27.

Zittoun, T. (2008) 'Learning through transitions: The role of institutions'. *European Journal of Psychology of Education,* 23(2): 165-181.

Zittoun, T. and Gillespie, A (2015) 'Integrating experiences: Body and mind moving between contexts'. In B. Wagoner, N. Chaudhary and P. Hviid (Eds.), *Integrating . experiences: Body and mind moving between contexts* (pp. 3-49). Charlotte, NC: Information Age Publishing.