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Paying Attention: The Lived Experiences of Female ADHD Graduate Students in Higher Education

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I am submitting herewith a dissertation written by Tiffany Michelle Devol entitled "Paying Attention: The Lived Experiences of Female ADHD Graduate Students in Higher Education." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Educational Psychology and Research.

Qi Sun, Major Professor

We have read this dissertation and recommend its acceptance:

Qi Sun, Mitsunori Misawa, Merilee McCurdy, Sandra Thomas

Accepted for the Council:

Dixie L. Thompson

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

Paying Attention: The Lived Experiences of Female ADHD Graduate Students in Higher

Education

A Dissertation Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Tiffany Michelle Devol

May 2022

Dedication

To my boys. You will always be my best.

Acknowledgements

To my husband Garrett, and my boys, Dante and Julien, none of this would be possible without you. For all the late nights, weekends, and panic attacks, thank you for being there and for always trusting I would make it.

To my mom, thank you for raising me to believe that I could achieve what seemed impossible. To the man who chose to be my dad but didn't live long enough to see this, I love you big as the sky. To Hope, thank you for the gift of forgiveness.

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To my family, friends, teachers, and colleagues, past and present, I am who I am and where I am in part because of you. Thank you for the lessons. I'll carry them with me, and pay it forward, always.

Abstract

Attention Deficit Hyperactivity Disorder (ADHD) rates have been increasing, and while adult learners with ADHD have maintained some success to get to college, they still underperform their non-ADHD peers despite having normal intelligence. There is some research on the impact ADHD has on adult learners as they enter college, but there is little research on how ADHD impacts graduate students seeking to continue their education. Given the fact that this population of adult learner is still struggling, it begs the question, why? And what can be done about it? The purpose of this study was to understand the essence of the lived experiences of graduate students with ADHD as they navigate their way through their graduate programs. Using a phenomenological approach, open-ended interviews were conducted with nine female participants via Zoom. Interviews were transcribed verbatim and then analyzed utilizing the phenomenological method used at the University of Tennessee and defined by Thomas and Pollio. This method is based on the philosophy of Maurice Merleau-Ponty and looks at participant experience through the lens of Merleau-Ponty's concepts of world, body, others, and time. Three global themes emerged from the study: *Just a little bit extra, I always felt I was going to fail,* and *they don't understand.* Findings revealed that despite most participants maintaining high GPAs, the level of struggle they face is not evident through academic measurements. This was not previously known in the research about what it's like to be a female graduate student with ADHD. The pressure of graduate school appears to be overloading their ability to cope; causing emotional distress, impairment, and poor quality of life; and fear of disclosing their ADHD and seeking support. Despite this, all nine participants have chosen their degree programs to help others in similar situations. This study offers a window into the struggles and perseverance of these participants and others like them, and has implications for higher education, university disability services, policy makers at all levels, and research in how adult learners with ADHD can successfully obtain a graduate education.

Keywords: ADHD, Attention Deficit Hyperactivity Disorder, Graduate Students, Adult Learning, Phenomenology

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Chapter One: Introduction

Hope is the thing with feathers that perches in the soul and sings the tune without the words and never stops at all. - Emily Dickinson (1861)

She grew up feeling a little different than the others. They would bounce around the classroom, or happily chat with each other during recess. She just liked to sit in the corner and read her books. The other kids made her a little nervous, almost as if when they saw her, they knew. She sometimes felt embarrassed that she was interested in weird facts that the other kids didn't seem to care about, but she loved school. She was such a good student and she tried so hard. She spent hours and hours every single night to get her homework just right so that her teacher would be proud of her. When her teacher asked questions in class, she was always the first to raise her hand; excited to prove herself, to feel like she belonged. She really needed that approval. Things at home were a little rough. As she got older, the hours and hours she spent on homework began to grow even longer, and for the first time she was struggling to keep up. She felt ashamed and frustrated. This was her new reality.

The story above is an amalgamation of experiences taken from the participants in this study to help bring you into their world. In this chapter, I will provide a detailed background of the problem of Attention Deficit Hyperactivity Disorder (ADHD) adult learners face in graduate school. A statement of the problem is also presented to help you understand the importance of researching graduate students with ADHD. The purpose will describe what this study seeks to know. The research question and philosophical framework guiding the study, and the overall significance of the study, will be given and discussed. An outline of the methodology along with a discussion of limitations, delimitations, and assumptions are also included. Definitions of terms

to be applied in the study will be reviewed. This chapter concludes by providing a brief review of the chapter.

Background of the Problem

ADHD is a neurodevelopmental disorder characterized by persistent patterns of impulsivity, difficulty maintaining attention, poor organizational skills, and difficulty completing daily tasks (Fugate, 2018; Kotsopoulos et al., 2013; Lovecky, 2018). ADHD rates have been increasing. According to the American Psychiatric Association, the prevalence for ADHD in children and adolescents is around 5% (2013). Multiple studies demonstrate that the prevalence for ADHD is between 2% - 8% in the U.S. adult learner population (Kwon et al., 2018; Schaefer et al., 2018; Tinklenberg et al., 2017). While studies also show that ADHD rates are increasing globally (Conrad et al., 2014), there are differences in prevalence between countries, likely due to differences in diagnostic criteria and symptomology (Polanczyk et al., 2014), and diagnostic acceptance being influenced by cultural factors (Singh et al., 2013). An earlier cross-national study of adults (n=11,422) in Europe and the United States already showed that ADHD prevalence is higher in countries with higher incomes (Fayyad, 2007). With the increasing rates of ADHD diagnoses among adults, the current number could be even higher, thus, the need for intervention is high.

Impact of ADHD

In a multimodal treatment study of children with ADHD, it was found that impairment was still occurring 16 years after the initial diagnosis and that even if symptoms began to subside, the impairment from those symptoms was still present (Hirsch et al., 2018). Sixty-five percent of children with ADHD will continue to exhibit symptoms into adulthood (Kim et al., 2014) with the majority of those adults having a significant number of ADHD symptoms

impacting their daily lives (Biederman et al., 2010). Individuals with ADHD have difficulty regulating their emotions and the negative impacts to their self-concept can be worse for their outcomes than their actual ADHD symptoms (Hirsch et al., 2018). ADHD can be so debilitating that even as children and adolescents grow into adulthood and learn to manage some of their ADHD symptoms, the repeated negative impacts to their self-esteem caused by failures in school and disappointment from parents, peers, and teachers can continue to affect them for years. Over time, negative thoughts will create a cyclical pattern which can increase future impairment (Eddy et al., 2018) and result in comorbid disorders such as anxiety and depression (Lovecky, 2018).

Occupational and Educational Outcomes

As Devol and Sun (2020) previously discussed, most studies focusing on the economic impacts of ADHD focus on the costs of obtaining healthcare, but those studies underestimate the true costs of the disorder as they do not take into account the lack of earnings that will persist throughout an individual's life (Kotsopoulos et al., 2013). Adults with ADHD in the workforce often suffer from a lack of work productivity and higher rates of unemployment. Unemployment rates are 25% higher for adults with untreated ADHD (Kotsopoulos et al., 2013). They are also more likely to have substance abuse disorders, be involved in more traffic accidents, and are more likely to be incarcerated. While these are all costly for governments, also costly is the lack of tax revenue caused by these individuals being out of work or leaving the workforce early.

In a study on educational outcomes for adults with ADHD, Kuriyan et al. (2013) found that only 15% of adults with ADHD obtained a four-year degree in comparison to 48% of adults without ADHD, and only 0.06% of adults with ADHD held a graduate degree in comparison to 5.4% of adults without ADHD. The transition from secondary to post-secondary education is difficult for learners, but it is especially difficult for adults with ADHD. Adult learners with

ADHD have difficulty adjusting to a new learning environment, have lower self-esteem, lower grade point averages (GPA), are more likely to be on academic probation, and less likely to graduate as compared to their non-ADHD counterparts (Eddy et al., 2018; Kim et al., 2014; Weyandt et al., 2017). Up to 25% of college students receiving services from university disability offices are diagnosed with ADHD (DuPaul et al., 2009).

Even though adult learners with ADHD in the college setting may have maintained some academic success to get to college, they still underperform their non-ADHD peers (Green & Rabiner, 2012). Despite ongoing disagreement in the research, studies continue to show that ADHD is underdiagnosed and undertreated in adults (Katzman, 2017). The dangers of underdiagnosis result in negative and non-medical treatments for ADHD such as physical or psychological punishment (Singh et al., 2013).

Statement of the Problem

The symptoms of ADHD have a significant impact on adult learners since these learners have moved on from the structure of secondary education (Kwon et al., 2018). Given that ADHD causes a reduction in GPA in adult learners, many of these learners end up on academic probation (Ahmann et al., 2018). Literature shows that as few as 13% of all students placed on academic probation will graduate from their postsecondary programs (Hamman, 2018). There is some literature on the impact that ADHD has on adult learners as they enter college: underperforming their non-ADHD peers (Green & Rabiner, 2012) due in part to moving on from the structure of secondary education (Kwon et al., 2018), and in transitioning from secondary to postsecondary education given that learners with ADHD have difficulty adjusting to a new learning environment (Eddy et al., 2018). There is, however, little literature showing the impact ADHD has on graduate students as they seek to continue their postsecondary education. There is

an assumption that exists, that if an adult with ADHD can make it into a graduate program, then their impairment must be minimal. A brief look at ADHD online message boards would show that not to be the case. The difference in graduation rates would also show that not to be the case.

Given the fact that this population of adult learner is still struggling, it begs the question, why? With the odds they have beat to get this far, why are they still struggling to complete their graduate education and what is their experience of pursuing that education like? While much of ADHD research is focused on children with ADHD and adults dealing with ADHD in the workplace, there is a lack of research on how adult learners with ADHD are obtaining a graduate education. This lack of research represents a gap in knowledge that is critical to explore to determine how best to help this population succeed. Due to the impact ADHD has on an individual's educational attainment, it is vital to understand their experiences and explore what it takes to help those with ADHD in graduate studies succeed.

Purpose of the Study and Research Question

The purpose of this study is to understand the essence of the lived experiences of graduate students with ADHD navigating their way through their graduate programs. Given the nature of the research question: *What is the essence of the lived experiences of graduate students with ADHD as they pursue their graduate education*, a phenomenological approach is taken. This qualitative, phenomenological study seeks to uncover the essence of experience this population undergoes as they work toward their educational attainment to better inform adult educators and policy makers about how best to assist this adult learning population.

Significance

This study extends existing knowledge in the area of adult learners with ADHD who struggle to succeed in their graduate studies. An exploration of these learners' lived experiences

enables researchers, educators, and policy makers to better understand adult learners with ADHD in a graduate degree program. This understanding can help researchers pay more attention to this learning population. Educators can use this study to inform their practice and help them be more prepared when working with this group of learners in the classroom. At the same time, this study also encourages adult learners with ADHD to share their experiences with adult educators so that they may better support learner success.

Finally, this study can also inform policy makers and administrators in higher education settings by providing a clearer picture about the struggles and needs of adult learners with ADHD so that they might provide better services on campus to increase these learners' chance of development and success. In short, this study contributes to the research of adult learners with ADHD at the graduate level to better offer practical support for this population of learners in academia.

Philosophical Framework

The philosophical framework used in this study is Maurice Merleau-Ponty's Phenomenology. For Merleau-Ponty, phenomenology was about studying the essence of lived experiences. Phenomenology's intent is not to analyze or explain, but to describe (Merleau-Ponty, 1945/2014). Merleau-Ponty is known for rich, profound philosophical texts on phenomenology (M. van Manen, 2014). His most famous work, *The Phenomenology of Perception*, was published in 1945 and was originally his doctoral thesis (Matthews, 2006). This work became a revolutionary and holistic approach to phenomenology (Bakewell, 2016).

"Etymologically, the term phenomenon means that which appears" (M. van Manen, 2014, p. 27). The purpose of phenomenology is to use rich description to uncover the essences of phenomena and events as they present themselves (M. van Manen, 2014). Seeking essence is to

uncover what actually is (Merleau-Ponty, 1945/2014). Our daily experience is pre-reflective, but humans constantly layer ideas and presuppositions onto existence, whereas seeking essence is about seeing things as they are before we add layers to them. Below, I provide an outline of the methodology and give a more in-depth look at phenomenology and Merleau-Ponty's philosophy in Chapters Two and Three.

Outline of the Methodology

The rationale for using a phenomenological methodology in this study is that the research question is a phenomenological question, and that the purpose of the study is to understand the lived experiences of graduate students with ADHD as they work to complete their graduate education. Specifically, this study applied the phenomenological method defined and used by Thomas and Pollio (2002). This method is based on the philosophy of Merleau-Ponty and looks at participant experience through the lens of Merleau-Ponty's concepts of world, body, others, and time. This qualitative approach to phenomenological interviews and analysis gave me a deeper understanding of lived experience through participants' own words.

The phenomenological research method can best help gather this type of experience because phenomenology as a method offers a formal and systematic way to access direct human experience (Bakewell, 2016). Phenomenology is not about looking for the cause, it is simply looking to shine a light. Data collection procedures included open-ended interviews to get at rich lived experience descriptions from participants, researcher memos, and video recordings. The opening question for the phenomenological interview was read and discussed by the transdisciplinary Phenomenology Research Group (PRG) at the University of Tennessee, Knoxville to ensure the question was phenomenological in nature and that it would help uncover rich lived experience descriptions. A bracketing interview was conducted to help me suspend my

preconceptions and everyday attitude to get to the things themselves. The last step before interviewing participants was a pilot interview to ensure that I was ready to conduct phenomenological interviews. That pilot interview was completed and read aloud and discussed by the PRG before participants were recruited for this study.

Limitations

Due to the potentially sensitive nature of an ADHD diagnosis and possible concern over schools or employers discovering a participant's diagnosis, confidentiality in this study was emphasized to during the informed consent process. This additional emphasis on confidentiality may have caused some participants to be uncomfortable with participating. This study is limited to those participants who chose to participate. There may also be some students excluded who are unaware they have ADHD and would not have sought to participate in the study. This study is limited to graduate students with ADHD; therefore, their experiences may differ from undergraduate students with ADHD given the difference in time commitments and types of assignments intrinsic to graduate study. As a doctoral dissertation, this study is limited to the resources and time constraints inherent to doctoral research.

Delimitations

The purpose of this study is to understand the lived experiences of graduate students with ADHD. This research is centered on adult learners and not young adults, adolescents, or children, therefore, it did not focus on undergraduate students or younger learners. Adult learning literature suggests that adult learners are generally age 22 and older (Rogers, 2018), thus, the study did not include graduate students under the age of 22. Additionally, this study does not include graduate students from degree programs outside of the United States. Instead, the research only looked at graduate students enrolled in U.S. higher education institutions.

Assumptions

It is assumed that participants in this study were open about their lived experiences given the importance of the study's purpose and significance. Further, it is assumed that study participants' interview responses accurately reflected their honest perceptions about their lived experience as a graduate student with ADHD. Finally, it is assumed that the methodology used in this study was appropriate for the research question and the purpose of the study.

Definition of Terms

The following terms served as a guide for this study.

Attention Deficit Hyperactivity Disorder (ADHD) - As Devol and Sun (2020) previously discussed, ADHD is often characterized by impulsivity, difficulty maintaining attention and focus, poor organizational and planning skills, difficulty completing tasks, and increased frustration with daily activities (Fugate, 2018; Kotsopoulos et al., 2013; Lovecky, 2018).

Americans with Disabilities Act Amendments Act (ADAAA)

Adult Learner - Adult learners are often categorized as either students over the age of 22 (Rogers, 2018), or students that are over age 21 upon first entry to college (Rabourn et al., 2018). While there are differing age ranges in the literature, for the purposes of this study, an adult learner is age 22 or older.

Qualitative Data Analysis Software (QDAS)

Executive Functions (EF) – For the purposes of this study, EF are a set of mental processes that are used for cognitive control, attention, and working memory (Diamond, 2013).

Grade Point Average (GPA) – For the purposes of this study, GPA is the accumulated final average of grades earned in college courses over time on a four-point scale.

Graduate Student – For the purposes of this study, a graduate student is a student enrolled in a graduate degree program within the United States.

Individualized Education Plan (IEP) – A plan for services and specialized instruction for children with an identified disability.

Lived Experience - For the purposes of this study, lived experience refers to the actual experiences and perceptions of graduate students with ADHD regarding their everyday life living with the disorder while attempting to obtain a graduate degree.

Neurofeedback (NF) - NF can be used to provide feedback to the brain to help regulate brain functioning (Harris et al., 2018).

positron emission tomography (PET)

Psychoeducation (PE) – PE is used to increase awareness and understanding of ADHD (Bachmann et al., 2018).

Phenomenology Research Group (PRG) – The phenomenology research group at the University of Tennessee, Knoxville.

Teaching Assistant (TA)

Working Memory (WM) – For the purposes of this study, WM is the ability to hold information in the brain after it is no longer immediately present in order to process and work with that information (Diamond, 2013).

Chapter Summary

This chapter provided a detailed background on issues regarding ADHD in adults and how they lead to comorbid disorders like anxiety and depression, lower graduation rates, and high unemployment in this learning population. The statement of the problem described the impact ADHD has on an individual's educational attainment since many adult learners with

ADHD underperform their non-ADHD peers and end up on academic probation or dismissed from their programs. This chapter also highlighted the gap in knowledge in this research population which needs to be explored to help these learners succeed. Chapter Two follows, and will provide a comprehensive literature review on phenomenology, the methodology chosen for this study; adult learning and development, to include how transformative learning theory relates to this learning population; and ADHD and its overall impact on these learners.

Chapter Two: Review of Literature

Introduction

This chapter begins with a description of relevant literature reviewed. First, it gives a definition of phenomenology to explore its history and use in social science research before presenting what it is to be a phenomenologist. Second, it turns to a discussion on relevant literature regarding adult learning, in which the research population in this study engages. I begin with a look at the characteristics of adult learners and then explore the history and current thinking on adult learning and development. Third, it looks at transformative learning, an adult learning theory, and how Mezirow's perspective transformation can allow for a change in perspectives for adult learners and educators to benefit adult learners with ADHD. Fourth, it reviews the motivation of adult learners in higher education before providing a detailed look at ADHD and its impact on adult learners. Finally, it gives a definition, short history, and diagnostic criteria, before moving into ADHD's impacts and available resources and interventions. The chapter concludes with the main points of the literature review that argue the gaps for such a study.

Searching for Literature

I conducted a traditional-narrative literature review (Efron & Ravid, 2019) by surveying the state of knowledge of Merleau-Ponty's phenomenology as a philosophical framework, adult learning and development as it applies to the learning population in this study, and ADHD and its impact on adult learners. I used both theoretical and empirical studies from multiple disciplines to provide an extensive and comprehensive background of the literature. My search method included initial topic searches in the University of Tennessee Knoxville's OneSearch, ERIC, APA, PsychINFO, and Google Scholar. I then deepened the search by looking for key

authors, articles, chapters, and books that were mentioned in numerous studies relevant to my topic. I included additional key terms from the literature I had already reviewed such as: adult ADHD, impacts of ADHD, ADHD in College, adult learner characteristics, motivation in higher education, etc. I first focused on primary sources, then looked for studies and articles within the last five years, when possible, to gather the most updated research. Following the Booth et al. (2012) systematic review, I organized the literature using a thematic outline and conducted a synthesis of mixed studies; looking at a combination of theoretical and empirical studies. Using Efron and Ravid's (2019) checklist, I evaluated the qualitative research. I then used interpretive synthesis to compare concepts across the studies to make connections and create a holistic story between the various pieces of literature (Efron & Ravid, 2019). I will begin with a look at phenomenology, the methodology chosen for this study.

Phenomenology

Phenomenology is about using rich descriptions to uncover the essence of lived experience. "Etymologically, the term phenomenon means that which appears" (M. van Manen, 2014, p. 27). The purpose of phenomenology is to uncover phenomena as they present themselves (M. van Manen, 2014). For Merleau-Ponty (1945/2014), seeking essence is uncovering what actually is.

The generally regarded founder of phenomenology, Edmund Husserl, formed his understanding of phenomenology based on the philosophers who came before him like Descartes, Kant, Hegel, and Nietzche (M. van Manen, 2014). Descartes was famous for his need to doubt to get to the truth and he used doubt as a way to step back from his direct involvement with experience around him (Mathews, 2006). This method of doubt later informed what Husserl termed the 'epoch' (M. van Manen, 2014). Hegel believed that once an experience was given a

name, that reflection took away the concrete nature of that experience. Nietzche wrote about humans having a need to make up stories in order to deal with the reality that there is no purpose and no *true* truth. Given these influences, Husserl defined phenomenology as a description of the essence of pure experience (M. van Manen, 2014). Husserl wanted phenomenologists to pay attention to the things themselves, whatever those things may be, and to describe experience in detail (Bakewell, 2016; Matthews, 2006).

After Husserl, Heidegger described phenomenology as being attuned to the world and the way that things are (M. van Manen, 2014). Sartre, a contemporary of Merleau-Ponty, wrote that existence comes before essence, and that humans create their own essence and are constantly a work in progress. Sartre also brought an aspect of social justice to phenomenology in that he believed that every situation needed to be looked at based on how that situation appeared to those most oppressed. Phenomenology for an existentialist like Sartre was about awakening (Bakewell, 2016). For Merleau-Ponty, phenomenology was all about the study of essence (Merleau-Ponty, 1945/2014). Chapter Three takes an in-depth look at Merleau-Ponty's philosophy of phenomenology for the method discussion.

Phenomenology in Human Science Research

The tenets of phenomenological philosophy were brought into human science research to uncover what other qualitative methods could not, knowledge through direct lived experience. Phenomenology prioritizes the direct experience as the basis for knowledge (Liberman, 2017). Martinus Langevald, a teacher in the Netherlands in the 1940s, looked at the phenomenology of children and their secret or special places. This research made the case that teachers needed to be sensitive to the pedagogical needs of children (M. van Manen, 2014). Frederik Buytendijk, a physician in Amsterdam in the 1940s, talked about the phenomenology of the sick, and that

physicians should begin by paying attention to the whole person and not just the person's illness (M. van Manen, 2014). Johan Hendrik van den Berg, a chair of psychology at the University of Leiden, wrote about the historical and cultural aspects of individuals' experience, and encouraged phenomenologists to understand the life worlds of their participants (M. van Manen, 2014). Nicolas Beets, a Dutch pediatrician in the 1950s, wrote about understanding children from a pedagogical perspective and not just a clinical perspective. A clinical perspective implies searching for what needs to be removed to make a person well, whereas the pedagogical perspective places the child at the center of the inquiry (M. van Manen, 2014).

Contemporary examples of phenomenology being brought into human science research include Liberman (2017), who offered an example of players learning to play a board game. The players don't yet know how to play the game, but simply reading the rule book does not offer enough context for play, because the experience of play has not occurred yet. While the players may have knowledge of how the game should work based upon reading the rules, they don't have knowledge of how the game works in practice. It's the play itself that teaches the players how to play the game. Phenomenology teaches human scientists that experience is important to the way in which people makes sense of their lives, their world, and each other (Liberman, 2017).

The intent of phenomenology in human science research is to find original meaning. M. A. van Manen (2020) provided an example of a woman going for a prenatal ultrasound. Her experience of the ultrasound was profound and belonged uniquely to her. The ultrasound experience itself was also unique in that it differed from other procedures. M. A. van Manen (2020) connected this idea to the need for medical professionals to better their practice by having a healthier understanding of the lived experiences of their patients. Finding this original meaning

can provide new insight and "contribute to more thoughtful practice" (M. van Manen, 2001, p. 458).

Davis et al. (2004) offered an example of the Black student experience at a university in the southeastern United States. With Black students having lower graduation rates at this university, and available data providing no real explanation as to why, researchers wanted to understand these students' lived experiences. What they found through lived experience accounts is that the students experienced racism and bigotry on campus in their daily lives. The title of the study, "A Fly in the Buttermilk" was a direct quote from a participant describing their experience of feeling out of place as a Black student in a predominantly White university. M. A. van Manen (2020) stated that there is a responsibility for practitioners (teachers, nurses, doctors, etc.) to be attuned to the life worlds of their students and patients.

The Phenomenologist

A phenomenologist is driven to uncover the meanings of lived experience by expressing these meanings in rich, descriptive language as part of phenomenological writing. Phenomenology is not about answering or solving, but about questioning and wonder (M. van Manen, 2014). The goal of the phenomenologist is to reawaken to the essence of lived experience (Hass, 2008) as they seek the underlying meaning of pre-reflective experience while making no assumptions about the true nature or the validity of it. Phenomenology offers a sense of wonder by letting this essence speak for itself (M. van Manen, 2014). The phenomenologist uses phenomenology as a method to offer a formal and systematic way to access this human experience (Bakewell, 2016) while also understanding that they can never fully capture it, only uncover its surface (M. van Manen, 2014). For Merleau-Ponty, Husserl's getting back to the

things themselves means getting back to actual human experience (Matthews, 2006) and the phenomenologist seeks to illuminate the world by expressing that experience (Hass, 2008).

Now that phenomenology has been presented, I turn to the next section on adult learning. The research population for this study is comprised of adult learners. This section will provide a detailed literature review of adult learning and development and relevant information about this group of learners in higher education.

Adult Learning

Adult learning does not happen in a vacuum (Merriam & Caffarella, 1999; 2007), isolated from the world, but rather it is connected to and shaped by the world around it (Jarvis, 1987; 2006). With the rapid increase of technological advances and a move toward a more globalized society, adult education is vitally important to both adults and society as a whole (Merriam & Bierema, 2014). Adults have been learning for thousands of years, but as a form of education practice, adult learning came to the forefront in the U.S. in the 1920s. Eduard Lindeman's *The Meaning of Adult Education*, published in 1926, vividly reflected the progress of adult learning. That same year, the American Association for Adult Education (AAAE) was formed. In 1928, Edward L. Thorndike published his findings in *Adult Learning*, that adults have the ability to learn after the age of 20, with only marginal decreases in learning as they age (Thorndike et al., 1928). Thorndike's book was the first of its kind and made a significant impact on the development of adult education, not just as the first book about adult learning, but the first to offer empirical studies on how adults learn (Merriam & Bierema, 2014).

Lindeman (1926) wrote in *The Meaning of Adult Education* about the importance of experience and gave adult learning a moral goal, "Its purpose is to put meaning into the whole of life" (p. 7). For Lindeman, education and life were one and the same. "If education is life, then

life is also education" (Lindeman, 1926, p. 9). This is a profound statement on the importance of not just education, but of a lifelong education in the lives of adults, and not just relegated to a classroom. Lindeman discussed the difference between an autocratic and a democratic education and insisted that adult learning should be more qualitative than quantitative in nature. For Lindeman (1926), learning was not about memorizing facts, but instead held a higher and more holistic purpose. He wrote at length about the importance of experience in learning and that the best way to teach an adult learner was to use a method that incorporated experience. He also insisted that adult educators should pay attention to the needs of their adult learners and find ways to bring what gives them joy into the classroom. Perhaps one of the most important points that Lindeman (1926) made was that of education for social action, "Intelligence is consciousness in action-behavior with a purpose" (p. 47). He felt that workers' education was the most important part of the adult education movement and that the only way to go up against an authoritarian government, was by way of intelligence, "Only the intelligent can have justifiable power…" (Lindeman, 1926, p. 84). For Lindeman, education meant changing the social order to allow adults to fulfill their aspirations.

John Dewey later echoed many of Lindeman's sentiments in 1938 when he published *In Experience and Education.* Dewey wrote that education and experience were intimately connected and that it would be immoral for an educator to refuse to understand the importance of experience. Dewey even questioned the purpose of education if experience were to be ignored. Like Lindeman, Dewey wrote that acquiring facts about math, history, etc. did not necessarily prepare learners for how to use that knowledge outside of the classroom and in actual life where that information needed to be used, "The pupil is actually robbed of native capacities which otherwise would enable him to cope with the circumstances that he meets in the course of his

life" (Dewey, 1938, p. 48). He also wrote that education was social in nature and that the experience of education with and between others was important. Perhaps the highest aim of education mentioned by Dewey also echoed Lindeman. Dewey (1938) wrote, "The ideal aim of education is creation of power of self-control" (p. 64). Dewey wrote that education had historically been autocratic and rigid in nature which was antithetical to promoting a better quality of life and human experience (Dewey, 1938).

Cyril O. Houle (1961) wrote in *The Inquiring Mind: A Study of the Adult Who Continues to Learn,* that access to education was important since the higher level of education an adult received directly related to their interest in pursuing additional education. Houle believed that adult education programs had historically produced barriers that limited adult participation and that adult educators needed to convince the power players in society that educating adults was important. Houle (1961) wrote that progressive education was leading to an increased interest in adult education and that adult educators needed to make "every learning experience so inherently interesting and rewarding that curiosity is deepened, not dulled…" (p. 72). Houle also categorized adult learners into three groups: goal-oriented learners, activity-oriented learners, and learning-oriented learners. Goal oriented learners engaged in adult learning to achieve a particular goal. Activity-oriented learners engaged in adult learning for the pleasure of the activity. Learning-oriented learners engaged in adult learning for the love of learning itself. Houle (1961) made the point that no one orientation was better than the other, rather the "differences are matters of emphasis" (p. 29).

With his book, *Modern Practice of Adult Education, from Pedagogy to Andragogy,* Malcolm Knowles (1980) wrote that the mission of adult educators was to meet the needs of individuals, institutions, and society. For Knowles, education was not about transmitting facts to

the learner, but was instead about teaching them how to learn. He moved the term andragogy into wider use and defined it as the "art and science of helping adults learn" (p. 43). For Knowles (1980), adults differed from children in that adults had a need to direct their own learning and that unlike pedagogy, "andragogy assumes that a teacher cannot really 'teach' in the sense of 'make a person learn' but that one person can only help another person learn" (p. 48). Knowles also wrote a great deal about the importance of experience in adult learning given that adults make meaning based on their experience. When an adult educator minimizes an adult learner's experience, "…it is not just their experience that is being rejected-they feel rejected as persons" (Knowles, 1980, p. 50). Knowles (1980) writings also echoed Lindeman, "Learners see education as a process of developing increased competence to achieve their full potential in life" (p. 44). Knowles (1980) defined adult learners by the following characteristics: adult learners are independent and direct their own learning; adult learners' needs change based on their life stage and roles; and adult learners have intrinsic motivation to learn. He also provided three main assumptions about learning and teaching: adults are capable of learning, as proven by Thorndike in 1927; learning is internal to the adult learner which makes the role of the adult educator that of creating an optimal learning environment and facilitating the learning process; and there are optimal conditions for learning. These conditions include a need for learning, supportive learning environment, goal alignment, participation in the planning and learning process, inclusion of learner experience, and progress toward goal attainment (Knowles, 1980).

By the 1950s, adult learning was occurring in both formal and informal environments and in both institutionalized and community settings (Butler, 2001; Rubenson, 2001). This was due to an increase in professional jobs after WWII (Ross-Gordon et al., 2017). Today, adult learning occurs in a variety of social contexts. Adult learners may participate in formal learning, such as

pursuing a post-secondary degree at a university; or they may participate in non-formal learning like attending an adult basic education literacy class at a local community center or a workplace lunch and learn. Adults also participate in informal learning, like reading a book on a topic of interest (Coombs et al., 1973; Hansman & Mott, 2010; Owusu-Agyeman, 2019). Over 45% of adults participate in some type of formal or non-formal education each year (Brockett, 2015).

Characteristics of Adult Learners

Adult learners are often categorized as either students over the age of 22 (Rogers, 2018), or students that are over age 21 upon first entry to college (Rabourn et al., 2018). These learners are often also referred to as nontraditional students. The literature generally defines a nontraditional student as a student over the age of 22 years old who is either working full-time while enrolled in college, is financially independent from their parents, has dependent children, is attending school part-time, is returning to school after an absence, commutes to campus, or is attending college after military service (Rogers, 2018; Shillingford & Karlin, 2013). Common characteristics of adult learners include part-time enrollment in higher education, full-time employment, and often these students are caring for dependent children (Rabourn et al., 2018). Adult learners have different educational needs than traditional students attending college. They often have increased work and family obligations which can make it more difficult for them to complete their degree programs (Shillingford & Karlin, 2013; van Rhijn et al., 2016). As of 2013, the fastest growing population in higher education was nontraditional students or adult learners (Shillingford & Karlin, 2013).

Adult learners face greater demands on their time compared to their traditional counterparts. They often experience multiple barriers to their learning, including balancing family and work responsibilities, course accessibility, making time to attend classes in between

their other obligations, and the cost of attending classes. Adult learners may also have experienced negative impacts to their self-concept which can decrease their confidence in their learning (Rabourn et al., 2018). Adult learners face both internal and external challenges in obtaining their education. Internal challenges include the ability to balance work, education, and family. Adult learners may also lack foundational knowledge, have issues with college or course technology, have lower self-confidence, difficulty with concentration, and experience challenges related to time management. External challenges are those that are external to the student themselves. These include job related stress, lack of support from employers, financial problems, scheduling challenges due to work responsibilities, limited time available for courses and studying, inadequate study environment at home, and a lack of support from family and friends (Kara et al., 2019).

According to Owusu-Agyeman (2019), there are four attributes to an adult learner. They bring their own experiences and knowledge into the learning environment; they have their own personal attributes that contribute to their learning; they come from multiple learning contexts; and they develop and grow as an adult learner. Adult learners have increased intrinsic motivation and are generally self-directed with established educational goals. They often value increased communication among peers and with faculty (Rabourn et al., 2018). Adult learners prefer instructors who are committed to their students and understand their students' needs and abilities. They want instructors who respect them as individuals (Phillips et al., 2017) and they want to bring their own experiences into the educational process to participate and share their ideas (Kara et al., 2019).

Adult learners differ from traditional learners in that due to self-regulation and increased motivation, adult learners construct and integrate information differently and at a more advanced

level than their traditional student counterparts (Justice & Dornan, 2001). Given that adult

learners exhibit higher levels of construction of information and hyper processing, institutions of

higher education must work to respond to these differences by offering courses focused on

comprehension so that these students can apply their learning to real world scenarios as opposed

to learning by rote memorization (Justice & Dornan, 2001). Adult learners also tend to be more

exposed and adapted to different learning formats including online and blended learning (Rogers,

2018).

Adult Development

Adult Development refers to how learning is impacted by age, experience, and a person's

learning engagement. Abraham Maslow wrote in *Motivation and Personality* in 1954 that

humans have a hierarchy of needs that can be separated into five levels: physiological needs

(food, water, etc.), safety needs (health and security), belonging needs (family, friends, and

connection), self-esteem, and self-actualization (a desire to be the best version of oneself).

Motivation within these levels is either extrinsic (external to the person) or intrinsic (internal to

the person). When basic needs are met, humans can be motivated by higher level needs (Maslow,

1954). The main criticism of Maslow's model is that it does not consider sociocultural factors

that can impact needs or access to available resources (Schunk et al., 2014).

In 1968, Erik H. Erikson published *Identity Youth and Crisis* in which he presented his

eight-stage theory of psychosocial development. Erikson wrote that each step of his theory

presented a crisis or crossroads for individuals which led them to a shift in perspective causing

growth and change. Stages one through five followed individuals from infancy through

adolescence. Stage six represented young adulthood, beginning around the age of 20, where

individuals began to establish strong relationships or struggle to form them. This establishment

or lack thereof would lead to either positive or negative developmental impacts. Stage seven represented middle adulthood where individuals were raising families, pursuing careers, and having a sense of what Erikson called generativity. Generativity is the idea that individuals can leave a legacy for future generations. Not every adult within this stage will experience generativity, especially if they feel stagnated in their home or work life. The final stage, stage eight, represented late adulthood where adults were reaching the end of life and reflecting on the meaning of their life. Depending on their life experience, they may or may not be at peace with their life and decisions (Erikson, 1968).

Daniel Levinson, along with his colleagues, published *The Seasons of a Man's Life* in 1978 which provided an age-graded model for development in adulthood (Levinson et al., 1978). In 1996, he followed that publication with *The Seasons of a Woman's Life* (Levinson, D. J. & Levinson, J. D., 1996). Both books theorized that people experience stable periods and periods of transition in their life and that change occurs during these transitional periods linked to age progression. Events in life such as starting a job, getting married, having children, maintaining friendships, being part of a community, etc., often trigger change. Levinson et al. (1978) separated these transitional periods by age ranges: early life transition (age 17-22), entrance into adult life (age 22-28), age 30 transition (age 28-30), settling down (age 33-40), midlife transition (age 40-45), middle adulthood (45-50), age 50 transition (50-55), culmination of middle adulthood (55-60), and late adulthood (60+). Levinson's theory has been linked with readiness to learn based on life stage (Havighurst, 1972).

Tennant and Pogson (1995) wrote in *Learning and Change in the Adult Years* that adults experience a period of continuous growth and change which is different than the development experienced in childhood. This period of change in adults is influenced by life experience over

time. "…the cognitive dimension of adulthood emerges as a complex and multifaceted combination of experience, wisdom, practical intelligence, tacit knowledge, and common sense" (Tennant & Pogson, 1995, p. 67). Another important point that Tennant and Pogson (1995) made is that life and development are also social constructs. Our being in the world and our roles within that world influence how we understand ourselves and our relationships with others. This has implications for adult education since focusing only on individual change does not account for societal change impacting individuals (Tennant & Pogson, 1995). One final point about Tennant and Pogson (1995) is their discussion on the adult teacher-learner relationship and its three dimensions: political, philosophical, and psychological. In the political dimension, teachers of adults must contend with shifting power dynamics between themselves and their learners and be able to navigate those dynamics. In the philosophical dimension, teachers must balance their philosophy of teaching with their learners' needs. In the psychological dimension, teachers must balance their expectations with that of their learners (Tennant & Pogson, 1995).

In 1999, Clark and Caffarella wrote that there are four parts to human development: biological, psychological, sociocultural, and integrative. Biological development refers to the changes in the human body due to aging. Psychological development refers to the phases adults pass through that are driven by life transitions. Sociocultural development refers to both the social and the cultural influences that impact adult development. Integrative development refers to the need for adult development models to include biological, psychological, and sociocultural perspectives. Owusu-Agyeman (2019) echoed this when writing that adult development was also impacted by where a person lives and the societal rules within which they grow up. Theories of adult learning and development must appreciate that adult learners face unique circumstances that influence their learning (Rabourn et al., 2018).

Adult Learning Theory

Multiple theories of adult learning seek to express what makes adult learners a unique learning population and how best to help them succeed. Foundational theories include andragogy, self-directed learning, and transformative learning (Merriam & Baumgartner, 2020). These foundational theories are focused on how adults as individuals learn (Merriam, 2017). For this study, Jack Mezirow's transformative learning theory and specifically, perspective transformation (1978), is especially important for understanding adult learners with ADHD.

Mezirow's Theory of Transformative Learning. Transformative learning involves a transformation of mindset, perspectives, expectations, and assumptions for an individual to be more open and capable of change. An individual can look at the assumptions that have framed their way of thinking to critically analyze them and create new ways of thinking (Mezirow, 2018). Learners can "move toward a frame of reference that is more inclusive, discriminating, self-reflective, and integrative of experience" (Mezirow, 1997, p. 5). According to Mezirow (2018), transformative learning includes both instrumental learning and communicative learning. Instrumental learning refers to concrete or measurable types of learning such as those seen in mathematics or science, whereas communicative learning refers to understanding communication. Communicative learning involves understanding both what is communicated and the intent of the communicator. Communicative learning allows the learner to understand other perspectives and frames of reference to take in multiple viewpoints (Mezirow, 2018). Transformative learning uses reason to assess the frame of references of self and others (Mezirow, 2018) to gain additional insight (Mezirow, 1998). Learners can use this insight to empower themselves and examine new ways of thinking (Mezirow, 1998). Transformative learning is emancipatory in nature (Mezirow, 1996).

Human learning involves making meaning from experience and experience is often perceived through an interpretation of people and events. This interpretation becomes a learner's frame of reference (Mezirow, 1997) and those references result in specific actions (Mezirow, 1996). Transformative learning can be "epochal or incremental" (Cranton, 2006, p. 124). Devol and Sun (2020) point out that the goal of transformative learning for ADHD adult learners is to achieve what Mezirow (1978) describes as a "major reordering of reality and redefinition of one's own possibilities" (Mezirow, 1978, p.103).

History and Elements of Transformative Learning. Mezirow published his theory of transformative learning in the article "Perspective Transformation" in 1978 (Mezirow, 2018). Many scholars have influenced the development of transformative learning, including Socrates, Marx, Freud, Freire, Habermas, Gould, the women's movement, and Mezirow's personal experience with his wife pursuing higher education (Mezirow, 1996; Mezirow, 2018). Transformative learning focuses on frames of reference which individuals use to make meaning. These frames of reference color perception which influences action (Mezirow, 2018). Mezirow (2018) states that frames of reference include both "habit of mind and resulting points of view" (p. 116). Habits of mind are ways of thinking based on broad cultural, political, economic, and religious norms, among others. These habits of mind then create a point of view which colors an interpretation (Mezirow, 2018). Unlike points of view, habits of mind are much more difficult to change (Mezirow, 1997). Individuals are accultured to frames of reference (Mezirow, 1998) that are reinforced by dominant social perspectives (Mezirow, 1996). Transformative learning allows for the emancipation from these frames of reference by making individuals critically aware and self-empowered (Mezirow, 1998).

Learners transform through what Mezirow (2018) terms as "phases of meaning" (p. 118). First, learners experience a disorienting dilemma in which they reflect and assess their assumptions. Learners can explore different thinking and ways of action, plan for that action, and gain the knowledge to act on their plans. Learners may then try out their new way of thinking, build confidence, and then integrate their new role, or perspective, into their life (Mezirow, 2018). Transformative learning can include both critical reflection of experiences and critical self-reflection (Mezirow, 2018). Mezirow notes that the most powerful transformation involves critical self-reflection (Mezirow, 1996). While Mezirow (1996) emphasizes that transformative learning necessitates that the learner be reflective in their actions, he does leave room for the idea that individuals do not necessarily need to be aware of the transformative experience which may be where intuition appears (Mezirow, 2018).

Perspective Transformation. Mezirow (1978) defines perspective transformation as a "structural reorganization in the way a person looks at himself and his relationships" (p. 108). Perspective transformation allows the adult learner to reframe how they perceive their reality and redefine who they are as humans and as learners (Mezirow, 1978). Mezirow discusses perspective transformation in terms of meaning perspectives and meaning schemes. While meaning perspectives involve ideas and assumptions that individuals are predisposed to, and include the psychological, social, and knowledge realms, meaning schemes are a collection of what shapes the way in which individuals interpret experiences. Meaning perspectives reveal meaning schemes (Mezirow, 1994). Individuals have a need to make meaning out of experience and while there is resistance to what doesn't fit within existing meaning schemes, individuals have a need to find better ways of making meaning. This is where transformation occurs through reflection. Reflection allows the individual to determine if the perceptions and assumptions they

have held still work for them. Individuals can learn by updating already existing meaning schemes, learning new ones, transforming entire schemes, and transforming their meaning perspective (Mezirow, 1994).

Mezirow (1994) refers to perspective transformation as the "engine of adult development" (p. 228). As individuals adopt new perspectives, they cannot return to their old perspectives because they have reformed their reality (Mezirow, 1978). While each individual acquires meaning perspectives throughout their lifespan, all have the potential to change these structures. Transformation occurs as the individual begins to think critically and become more aware of the existence of these predisposed structures to challenge and transform them (Mezirow, 1978).

In the case of this study, perspective transformation can be used to allow the opportunity for adults with ADHD in graduate school to challenge the meaning schemes that have damaged their self-efficacy and self-esteem over time. Instead of perceiving ADHD as a disorder, meaning schemes can shift to recognize ADHD as a different cognition; one with challenges, but also potential rewards, like the ability to hyper focus on subjects of interest and passion. Perspective transformation can also impact how adult educators understand and support this population of learners.

Critique of Transformative Learning. Transformative learning has evolved into many forms, often based on the purpose of scholars using the theory (Welch et al., 2018). While the main focus of transformative learning has been on shifting individual perspectives, it is also used for transforming the learning process and for methods that support transformation (Anand et al., 2020). Taylor (2005) divides transformative learning into two approaches: individual and sociocultural. Perhaps the biggest critique of transformative learning has been that it is too

psychological, with too much emphasis on the individual instead of society at large (Collard &

Law, 1989; Inglis, 1997; Tennant & Pogson, 1995). Clark and Wilson (1991) argued that

Mezirow did not take context into account and that the theory of transformative learning is

privileged in a male dominated society. Dirkx et al. (2006) argued that Mezirow's transformative

learning theory relied too heavily on rational discourse and not enough on emotion. Dirkx (2000)

also made the point that transformation can occur out of everyday experience and does not need

a traumatic or big event to trigger transformation. In 1970, Paulo Freire took a sociocultural

approach to transformative learning in *Pedagogy of the Oppressed* and based it in poverty and

oppression with a goal for social change. For Freire, empowering the person and transforming

society are part of the same process (Freire, 2018). Interestingly, Freire's thoughts on

conscientization are similar to Mezirow's ideas on perspective transformation. In

conscientization, the learner becomes aware of their assumptions and values and of what is

oppressing them, and through dialogue and critical consciousness, work to construct a different

existence (Freire, 2018).

Mezirow (1989) argued that the act of perspective transformation allowed individuals to

critically reflect on their perceptions and experiences to transform themselves which could then

transform society. He also argued that individual perspective transformation has social

implications since individuals may look to other individuals or groups going through similar

circumstances. As Mezirow (1989) stated, "there are many kinds of transformative learning and

many kinds of social action" (p. 174). Mezirow (1994) also offered that while being aware of

how society shapes perspectives is important, a critique of society is not necessarily required in

that critical self-reflection does not need an overarching critique of society at large to be

transformative. In the same way that calling for social change represents perspective

transformation, so does psychoanalysis of the individual (Mezirow, 1994). Mezirow argued that while social change is important, and that educators have a duty to create a just world, educators also have a duty to facilitate learners in their ability to think for themselves instead of indoctrinating them (Mezirow, 1994).

Contemporary Transformative Learning. Mezirow expanded his theory of transformative learning from its early beginnings in 1978 to the 2000s (Anand, 2020). Fleming (2016), when looking back over Mezirow's work, argued that transformative learning has an emancipatory goal which is in opposition to the dominant paradigm of functional learning, or learning solely to contribute to the workforce and the market. Johnson-Bailey (2012) made the point that a learner's social world impacts their individual world and that marginalized groups will have different experiences to grapple with, which transformative learning will need to account for. Taylor and Cranton (2013) suggested that in moving forward, transformative learning needs to take on both positionality and non-western ways of learning. Alhadeff-Jones (2016) looked at transformative learning through the lens of time and argued that there is a rhythmic process to transformation that parallels past, present, and future experiences as adults grow and learn. This would mean that transformation is occurring continuously over time.

Transforming Education. Transformative learning is the "essence of adult education" (Mezirow, 1997, p. 11). Mezirow (1997) describes the goal of adult education as one that fosters critical and reflective thinking so that learners can become autonomous thinkers. Educators can accomplish this by facilitating critical awareness in their learners thereby allowing learners to break free from their own histories (Mezirow, 1978). Mezirow (2003) also calls for the adult educator to create the conditions for and teach the skills needed for critical reflection and discourse.

If transformative learning is truly "the essence of adult education" (Mezirow, 1997), then more can be done for adult learners with ADHD seeking a graduate degree. Transformative education can allow them the support to seek transformation of their perspectives and allow for a transformation in how educators view this population of learners. This transformative experience has the potential to impact advocacy and understanding, learning environments, and university policies that currently marginalize learners with a different cognition. It could be argued that adult learners with ADHD should not have to undergo perspective transformation because the impacts caused to them by their ADHD diagnoses are not their fault and are instead the fault of society at large not understanding or offering a space for them. While I agree that there may be truth in that statement, I also understand that societal change is a complicated and slow undertaking. My goal in looking through the lens of transformative learning is not to let society off the hook for how adults with ADHD have been treated, but to offer adults with ADHD a way to change how they think about themselves considering the difficulties surrounding them.

Adult Learners in Higher Education

According to the U.S. Department of Education (2020), the rate of postbaccalaureate education is increasing; 36% between 2000 and 2019, and an increase of 3% between 2010 and 2018. This 3% increase is expected to continue through 2029. These increases in enrollment have led to more adult learners entering graduate programs. Many of these adult learners work full time and complete their graduate degrees part-time. Many of them are female. The majority are over age, 30, married, and have children at home (Offerman, 2011). Capella University's profile of their typical doctoral student is a student who is 43.5 years of age on average, is employed (90%), is the main breadwinner in their household (contributing 70% of the income), studies part-time, and is married (59%) with a family size of 2.8 (Offerman, 2011).

The rate of part-time study increased by 22% between 2000 and 2010 and remained steady through 2018. Projections through 2029 show part-time study increasing by 4%, whereas full-time study is projected to increase by 1% (U.S. Department of Education, 2020). This increase in students requiring part-time study while they work full time naturally coincides with increases in distance education program enrollment rates. In the fall of 2018, 1/3rd of all postbaccalaureate students were enrolled in a distance education program and 31% of them were taking distance courses exclusively (U.S. Department of Education, 2020). According to a University of Phoenix survey in 2019, 68% of working adults wanted to pursue additional education, but only 45% stated that they would return to school due to financial and work-life balance barriers. Without these barriers, 80% of working adults stated they would likely pursue additional education (University of Phoenix, 2019).

Motivation in Higher Education

Motivation refers to an individual's belief that they have control over their environment (Schunk et al., 2014). Individuals have a need to be autonomous in their choices and to engage in actions because they want to and not because they are made to (Schunk et al., 2014). Adult learners may have different motivations for pursuing higher education as compared to traditional learners (Phillips et al., 2017). Their motivations can be extrinsic, and they often involve looking for additional degrees, certifications, or experience to improve their earning potential or social capital (Hansman & Mott, 2010). Extrinsic motivation is caused by factors outside of or external to the student. For example, completing company required training or pursuing a college degree to land a job are external motivators. Intrinsic motivation is a motivation internal to the student. Examples of intrinsic motivation include completing a degree for the love of learning or working toward something that brings personal fulfilment (Merriam & Bierema, 2014; Schunk, 2012).

Intrinsic motivation is important in education because research shows that when students are intrinsically motivated, they are more likely to reach their goals (Luke & Justice, 2016; Schunk, 2012). Intrinsic motivation can be expanded into three subtypes that include the intrinsic motivation to know, intrinsic motivation to accomplish a task, and intrinsic motivation to experience. Students who are intrinsically motivated to know want to learn for the pleasure of learning. Students who are intrinsically motivated to accomplish something want to learn to accomplish a learning task. In other words, they want the feeling of accomplishment received in the task's completion. Students who are intrinsically motivated to experience are engaging in learning for the pleasure and excitement of learning (Shillingford & Karlin, 2013).

Studies have shown that while both traditional and nontraditional students report equal extrinsic motivation for pursuing college degrees, nontraditional students have higher levels of intrinsic motivation to complete their degrees (Shillingford & Karlin, 2013). External rewards for completing education and the resulting career advancement expected certainly play a role in adult learners' decisions to return to college; however, studies show that the satisfaction of achieving a college degree plays an even greater role in college achievement (Shillingford & Karlin, 2013). For example, in a study of CalWORKs students, some adult learners stated their reasons for entering college was to avoid being negatively judged for not completing a degree (Pizzolato et al., 2017). They wanted to be perceived as competent. Others wanted to learn to simply achieve and develop competence in an area of learning. In this study, there were students extrinsically motivated (those who wanted to avoid looking incompetent) and those who were intrinsically motivated (those who wanted to learn for the love and mastery of learning). What the study found is that these types of goal orientations are malleable and can change over time. Students that entered school initially as extrinsically motivated soon gained confidence and

increased their self-efficacy which led to them developing intrinsic motivation towards completing their degree (Pizzolato et al., 2017).

This self-efficacy, or the belief of one's abilities, can present as either an internal or external locus of control. Locus of control is the perception a person has about their ability to achieve (Schunk, 2012). An individual with an internal locus of control believes they personally have control over the events in their life, including their learning. An individual with an external locus of control believes that external forces control the events happening in their life (Luke & Justice, 2016). Studies have shown that learners with both internal and external locus of controls are more likely to begin an activity if they know they can successfully complete it (Luke & Justice, 2016).

Motivating Factors for a College Education. In a study of traditional and nontraditional students, both groups had similar motivations to attend college and both groups reported similar levels of self-efficacy, self-regulation, and test anxiety (Justice & Dornan, 2001). Both groups also had similar working memory abilities. Where the nontraditional students differed was in their ability to construct and integrate information into learning strategies which presented a focus on the comprehension of material as opposed to rote memorization (Justice & Dornan, 2001). This suggests that the metacognition of nontraditional students continues to develop and change into adulthood, which supports Thorndike's research from 1928.

Adult learners' primary motivations for returning to school include motivations related to their careers. This includes overcoming current employment problems, looking ahead to future career opportunities, and finding fulfillment through a future career. Adult learners are also motivated by the personal fulfillment that a college education brings. Perhaps one of the greatest motivators for adult learners comes in the form of their dependent children. Adult learners often

find inspiration and motivation to complete a college education to be a role model to their

children (van Rhijn et al., 2016). Studies have also shown that family is an important motivator

for the success of adult learners. Families provide both emotional support and encouragement.

Adult learners also have a strong future orientation, and they are motivated to complete their

education to improve the socioeconomic status of their families (van Rhijn et al., 2016). In a

study of 188 individuals and their motivations for pursuing higher education, Rothes et al. (2017)

found that personal interest and societal pressure were both motivators for completing a college

degree. The study also found that adult learners who had a personal interest in the subject were

more successful.

Adults without a college degree are often concerned about incurring more debt in their

pursuit of an education and how they will balance their coursework with their family and work

obligations (Hagelskamp et al., 2013). The average student debt burden as of 2014 was $29,000

per student. This has caused many students to seek out degrees in fields where they can maintain

steady employment (Rogers, 2018). Women in particular return to school to increase their

chances of being able to lead an independent life (van Rhijn et al., 2016). Adult learners may

also worry that they will not be able to academically keep up with their peers. One in four adult

learners also looks to complete at least some of their degree online (Hagelskamp et al., 2013).

Adult learners in higher education are motivated by the quality of the instruction, how

that instruction is relevant to their lives, interaction in the classroom, timely feedback from

instructors, and the permission to be self-directed (Sogunro, 2015). Sogunro (2015) found that

70% of the participants in their study preferred having autonomy in their learning environment

and appreciated having flexibility in their schedules. They wanted to make individual choices

and be included in the process of their learning. Adult learners are often motivated to learn by

having flexible class schedules, the freedom to make individual choices, and by being included in the process of their education (Sogunro, 2015). Adult learners are motivated in higher education by having professors who can create supportive learning environments that allow them to be less anxious about their ability to succeed in their college courses (Rogers, 2018). If adult learners in higher education are given support to become competent learners, their self-efficacy will increase and they will be better able to balance the multiple roles in their lives (Pizzolato et al., 2017).

Now that I have presented relevant literature on adult learning, development, transformative learning theory, and motivation as it relates to college entrance of adult learners, I turn to ADHD. The next section will provide a detailed look at ADHD and the impact it has on adult learners. I will begin with a definition, short history, and diagnostic criteria.

ADHD

As Devol and Sun (2020) previously discussed, ADHD is often characterized by impulsivity, difficulty maintaining attention and focus, poor organizational and planning skills, difficulty completing tasks, and increased frustration with daily activities (Fugate, 2018; Kotsopoulos et al., 2013; Lovecky, 2018). The first example of a disorder like ADHD appeared in a publication by Sir Alexander Chrichton in 1798. He characterized the disorder as an inability of children to attend to objects (Lange et al., 2010). In 1932, Franz Kramer and Hans Pollnow, both German physicians, discovered what they termed Hyperkinetic Disease of Infancy, where children were observed having urgent, uncontrolled motor activity (Lange et al., 2010). This hyperkinetic disease was later termed Hyperkinetic Impulse Disorder and was officially recognized by the Diagnostic and Statistical Manual (DSM) in 1968 (Lange et al., 2010). This inclusion in the DSM was the first recognition of what would later become ADHD in 1987.

ADHD was officially recognized as an "Other Health Impairment" under the Individuals with Disabilities Education Act (IDEA) in 1997 (Morin, n.d.).

The DSM provides specific diagnostic criteria for the three domains of ADHD: inattention, hyperactivity/impulsivity, and combined presentation. To reach a diagnosis of adult ADHD, symptoms must be persistent and interfere with everyday life and development. Adults must exhibit at least five symptoms of inattention or hyperactivity/impulsivity; these symptoms must be present in two or more settings; have occurred within the last six months; symptoms cannot be caused by another disorder; symptoms must interfere with quality of life; and symptoms were present in childhood (under age 12). Symptoms of inattention include making careless mistakes, difficulty sustaining attention, difficulty listening, failure to finish tasks, difficulty organizing tasks, avoidance of tasks that require sustained attention, difficulty keeping track of items, easy distraction, and forgetfulness. Symptoms of hyperactivity/impulsivity include fidgeting, difficulty remaining seated, moving around in inappropriate situations, difficulty staying quiet, constantly on the go, excessive talking, blurting out of answers, difficulty waiting, and interrupting others often. Adults can be diagnosed as predominantly inattentive, predominantly hyperactive/impulsive, or combined. The severity of symptoms is measured based on how many symptoms are present and how disruptive they are to normal functioning. Mild severity includes few symptoms and minor impairment. Moderate severity includes impairment that is more significant than mild. *Severe* severity includes multiple symptoms in excess of the five symptoms required to meet the diagnostic criteria, or some symptoms may be severe and cause significant impairment (American Psychiatric Association, 2013).

Sixty-five percent of children with ADHD will continue to exhibit symptoms into adulthood (Kim et al., 2014). This presents considerable issues for these adult learners since due to their ADHD symptoms, they have significantly impaired functioning which impacts their GPA, their ability to graduate, and reduces their quality of life (Tinklenberg et al., 2017). ADHD can be so debilitating, that even as adults learn to manage their ADHD symptoms, the repeated, negative impacts to their self-esteem caused by early failures in school and disappointment from family, educators, and peers, can continue to affect them for years (Eddy et al., 2018). These negative experiences can cause adults with ADHD to internalize negative feelings of self-worth that continue throughout their adulthood. Over time, negative thoughts will create a cyclical pattern which can increase future impairment (Eddy et al., 2018). The resulting impairment of ADHD that goes untreated can have lasting effects on an individual's life (Tinklenberg et al., 2017). Adult learners with ADHD need to feel valued to succeed (Baum & Schader, 2018). These learners, if they lack sufficient support, will have poor academic outcomes that ultimately lead to a decreased likelihood of completing a post-secondary education (Schaefer et al., 2018).

ADHD's Impact

The transition from secondary to postsecondary education is difficult for many adults, but it is especially difficult for adult learners with ADHD as these learners have moved on from the traditional structure and routine of secondary education and have less scaffolding provided to them (Kwon et al., 2018; Meinzer et al., 2021). A recent study by DuPaul et al. (2021) confirmed what earlier studies have already shown; adults with ADHD have significantly lower GPAs in college compared to their non-ADHD counterparts. Adult learners with ADHD tend to repeat more classes (Jansen et al., 2017) and complete fewer semesters of college (5.6 semesters compared to 6.4 semesters on average) (DuPaul et al., 2021). Adult learners with ADHD achieve

lower scores on graded assignments, earning a full letter grade below their non-ADHD counterparts (Weyandt et al., 2013). As Devol and Sun (2020) previously discussed, ADHD impairments can have negative long-term effects including lower graduation rates, higher rates of unemployment, and higher rates of divorce (Solanto et al., 2010). Adult learners with ADHD tend to worry excessively and experience extreme emotional reactions and greater subjective pain (Kwon et al., 2018). Adult learners with ADHD also have difficulty regulating their emotions and the negative impacts to their self-concept can be worse for their outcomes than their actual ADHD symptoms (Hirsch et al., 2018).

In a study that followed children with ADHD into adulthood from 1979-1996, 158 hyperactive children were compared to 81 children in a control group and were evaluated at age four to 12 years old, at a mean age of 15, a mean age of 21, and a final follow-up at a mean age of 27 (Barkley et al., 2006). Titled the "Milwaukee Longitudinal Study of Hyperactive Children," researchers found that at adult follow-up, 44% of the hyperactive children exhibited symptoms of adult ADHD. They also found increases in anxiety disorders, higher risk factors for Post-Traumatic Stress Disorder (PTSD), and a higher risk for personality disorder (67% compared to 12% of the control group). Overall, the adults with ADHD were found to be four times more likely to have a comorbid disorder. Additionally, 20% had an alcohol abuse disorder compared to 8% of the control group and half of the ADHD group had served jail time. Only 9% of the ADHD group had attended college compared to 68% of the control group, and the ADHD group showed higher rates of unemployment and higher risk of financial difficulties (Barkley et al., 2006; Barkley & Fischer, 2017).

In another longitudinal study that followed children with ADHD as they grew into adulthood and a comparison group of non-ADHD students from 1978 to 2012, Klein et al.

(2012) found several startling statistics. The study followed up on a group of men who had originally been studied as children with a mean age of eight years old. At a mean age of 41, the ADHD cohort, or proband as they are referred to in the study, showed major differences in educational attainment in contrast to the comparison group. 135 of the original 207 proband participants agreed to participate in the updated study, along with 136 of the 178-comparison group. The study found that 31.1% of the proband did not complete high school compared to 4.4% of the comparison group. In the proband, 15.6% attained a bachelor's degree compared to 34.6% of the comparison group. The attainment of a higher degree was even more statistically significant, with only 3.7% of the proband attaining a higher degree compared to 29.4% of the comparison group. This same study found that median annual income in the proband was $60,000 per year compared to $100,000 per year in the comparison group. Klein et al. (2012) showed that there was a significant difference in educational attainment between the two groups, including a $40,000 annual economic disadvantage for adults with ADHD. In addition to economic indicators, Klein et al. (2012) looked at incarceration rates among their proband and comparison groups and found that 36.3% of the proband had been incarcerated compared to 11.8% of the comparison group. Death rates were also higher in the proband, with 7.2% of the proband individuals being deceased by the mean age of 41 compared to 2.8% of the comparison group (Klein et al., 2012).

ADHD manifests differently in adults, which may be due to different demands in adulthood. This makes it difficult to diagnose adults since the diagnostic criteria used in the diagnosis of adult ADHD is based on studies involving children with ADHD (Riccio et al., 2005). Instead of the hyperactivity component of ADHD often seen in children, adults with ADHD often struggle with inattention and have difficulty completing everyday tasks. Adults

with ADHD struggle with time management, thinking ahead, and meeting deadlines (Riccio et al., 2005). This inattention is often seen as procrastination and adults with ADHD present with difficulty planning, organizing, meeting deadlines, and are often reprimanded for their forgetfulness or lack of motivation (Turgay et al., 2012). In adulthood, there is also less access to accommodations, especially in the workplace which leaves adults with ADHD at risk for job termination. They may also choose employment that does not exacerbate their ADHD symptoms (Turgay et al., 2012).

ADHD and Executive Functions

As Devol and Sun (2020) previously discussed, recent findings suggest that issues with executive functions (EF) could play a role in ADHD, with numerous studies showing that individuals with ADHD perform worse on EF tasks in comparison to control groups yet show normal intellectual functioning (Weyandt et al., 2017). There has been evidence to indicate that learners with ADHD have impairments to their working memory (WM) functioning and that they perform worse on tasks that require significant mental effort (Jansen et al., 2017; Jarrett, 2016). WM is a key factor in ADHD because of the information processing occurring during multiple stages to encode, maintain, and retrieve information (Kim et al., 2014). Adult learners with ADHD also tend to perform worse on memory tasks and have difficulty managing their impulsivity and sustaining their attention (Weyandt et al., 2017). In a study involving 24 college students with ADHD and 26 college students without ADHD, students in the ADHD group showed longer reaction times and scored two standard deviations below their non-ADHD counterparts in organizational skills suggesting impairments to WM are significant (Weyandt et al., 2013). Other study findings show there may be a problem with the encoding of WM in a

specific time frame after a stimulus is received which suggests a possible problem with encoding itself as opposed to being an issue of increased demand on WM (Kim et al., 2014).

Recent research is also beginning to show a correlation between motivation deficits and impaired EF functioning in adults with ADHD. Dekkers et al. (2017) explored the dual pathway model in which both motivation and EF characterized ADHD. Impairment occurred in both the attention and response inhibition of individuals with ADHD. While both individuals with and without ADHD benefited from reinforcement, reinforcement in individuals with ADHD was stronger (Dekkers et al., 2017).

In a 2011 study by Volkow et al., positron emission tomography (PET) was used to look at decreased function in the brain's dopamine reward pathway in adults with ADHD. The study authors recruited 45 adults with ADHD who had never been medicated, and 41 control adults. PET scans were conducted after participants were injected with raclopride and cocaine, and blood levels were tested for 60 minutes to measure the amount of unchanged raclopride and cocaine in the plasma (Volkow et al., 2011). Patients with ADHD in the study showed less dopamine receptors than their non-ADHD counterparts and the correlation of achievement and symptom scales during the study showed that impaired motivation may affect the severity of inattention symptoms in patients with ADHD. The study authors stated that these findings were consistent with individuals with ADHD struggling with tasks that were uninteresting to them, therefore making their intrinsic motivation for those activities low. The study showed that deficits in the reward pathway contributes to the evidence that motivation deficits are leading to impairment in adults with ADHD (Volkow et al., 2011). This decreased activity in the reward pathway will lead to problems with adults with ADHD engaging in activities that are not intrinsically motivating. This also explains why individuals with ADHD have trouble focusing

attention on tasks but can spend hours playing a video game. The authors of this study also called for including motivation as a core part of ADHD's pathology (Volkow et al., 2011).

In a 2018 literature review by Smith and Langberg, empirical literature on motivation deficits and the association between those deficits and the outcomes of individuals with ADHD were collected. Four core deficits of ADHD were discussed, including WM, self-regulation, internalization of speech, and reconstruction (Smith & Langberg, 2018). Neuroimaging studies have shown delayed prefrontal cortex maturation in individuals with ADHD, and since the prefrontal cortex assists in motivation regulation, this may explain why individuals with ADHD struggle to maintain motivation. Studies have shown that individuals with ADHD pursue goals with immediate reward as opposed to long-term, uninteresting, or difficult goals (Smith & Langberg, 2018). Of the 19 studies Smith and Langberg (2018) examined, 13 of the studies showed evidence that there were lower levels of motivation among individuals with ADHD.

In a longitudinal study of 59 college students diagnosed with ADHD, Dvorsky and Langberg (2019) found that students were having significant difficulty during a spring semester of college, with an average GPA of 2.3. Twenty-one percent of the students were placed on academic probation and 29% withdrew from at least one class in their second semester during the study. The study also found that motivational impairment could predict the future academic achievement of these students.

Negative Outcomes and Comorbid Disorders

Adults with ADHD are at a higher risk for a multitude of negative outcomes including higher levels of stress and anxiety, lower levels of self-esteem, difficulties in school, difficulties with work, strained relationships with family, sleep disorders, eating disorders, depression, and issues with substance abuse (Harris et al., 2018; Kwon et al., 2018). In very severe cases, these

negative outcomes can lead to personality disorders or suicidal behavior (Kwon et al., 2018). Studies have shown that up to 80% of adults with ADHD have at least one co-morbid disorder (Katzman et al., 2017). ADHD symptoms can cause adults to internalize negative feelings of self-worth and repeated, negative self-thoughts can result in comorbid disorders including anxiety and depression (Lovecky, 2018). In a longitudinal study of 228 college students with ADHD and 228 students without ADHD, Pinho et al. (2019) found that students with ADHD reported having a lower quality of life compared to their non-ADHD counterparts. This finding is important in that the assumption is that if students with ADHD enter college, their impairment must be minimal. Pinho et al. (2019) found that not to be the case. Weyandt et al. (2013) discovered that college students with ADHD reported high psychological distress in comparison to their non-ADHD counterparts.

According to a large, multi-site study of post-secondary learners in 2015, 5.4% of non-ADHD learners had a depressive disorder and 3.6% had an anxiety disorder compared to 32.3% of learners with ADHD having depressive disorders and 28.6% of learners with ADHD having anxiety disorders (Eddy et al., 2018). Meinzer et al. (2021) states that 60% of college students with ADHD struggle with depression compared to 12% of their non-ADHD counterparts. It is also suspected that anxiety could be related to EF deficits which is consistent with research connecting WM deficits to ADHD and anxiety (Jarrett, 2016). A graduate education poses additional demands on executive functioning and self-regulation, both of which are hallmark challenges of adult learners with ADHD (Meinzer et al., 2021).

The Economics of ADHD

ADHD has a huge impact on educational attainment which directly affects lifetime earnings for individuals (Kotsopoulos et al., 2013). Additionally, ADHD causes impairments in

organization and time management which results in problems in the workplace (Katzman et al., 2017). Studies have shown that the income levels of adults with ADHD are lower than that of adults without ADHD (Bangma et al., 2019). In a study of 172 adults with ADHD, Murphy and Barkley (1996) found that adults with ADHD were terminated from employment more often (53% compared to 31% of a control group), they quit their jobs more often (48% compared to 16% of a control group), and they changed jobs more than a control group. Kuriyan et al. (2013) found that adults with ADHD were 11 times more likely to be unemployed, six times more likely to be in a less skilled occupation, 61% more likely to be fired in comparison to 43% of a control group, and earn an average of $2 less per hour than a control group.

As Devol and Sun (2020) previously discussed, most studies focusing on the economic impacts of ADHD focus on the costs of obtaining healthcare, but those studies underestimate the true costs of the disorder as they do not take into account the lack of earnings that will persist throughout an individual's life (Kotsopoulos et al., 2013). Adults with ADHD are more likely to have substance abuse disorders, be involved in more traffic accidents, and are more likely to be incarcerated. While these are all costly for governments; also costly is the lack of tax revenue caused by these individuals being out of work or leaving the workforce early. Unemployment rates are 25% higher for adults with untreated ADHD (Kotsopoulos et al., 2013). Biederman and Faraone (2006) found that adults with ADHD in the United States make $8,900 to $15,400 less per year than their non-ADHD counterparts. Other studies have shown that the United States loses between $143 billion and $266 billion per year due to ADHD (Katzman et al., 2017). A German study seeking to link ADHD to loss in tax revenue showed that the net tax loss was approximately $80,000 per individual over a lifetime (Kotsopoulos et al., 2013). In addition to having less money to spend compared to their non-ADHD counterparts, adults with ADHD also

have difficulty with financial planning and struggle to find support to assist them with their

finances (Bangma et al., 2019).

Adults with ADHD in the workforce often suffer from a lack of work productivity

(Kotsopoulos et al., 2013) and are more likely to be terminated by their employers due to their

ADHD symptoms. They often choose specific jobs in which they feel they can most likely

succeed. Adults with ADHD often experience tension with their supervisors and coworkers due

to their ADHD symptoms and struggle to maintain their schedules, juggle their workloads, and

complete their work free of errors (Harpin, 2005). Many adults with ADHD are afraid to identify

themselves as having the disorder for fear of negative perceptions or repercussions in the

workplace (Gronsky, 2015).

Available Resources

Studies suggest that up to 25% of college students receiving services from university

disability offices are diagnosed with ADHD (DuPaul et al., 2009). Only 40% of college students

with ADHD report that the accommodations they receive are appropriate for their needs

(Gormley et al., 2019). Additionally, many ADHD services on college campuses are not set up to

help adult students with ADHD who need long-term support and the services that are available

do not target EF deficits (Meinzer et al., 2021). Typically, available accommodations for adults

with ADHD include extended time on tests though there is little evidence to show the

effectiveness of that approach (Meinzer et al., 2021).

ADHD Interventions and Efficacy. Adult learners with ADHD look for ways to

mitigate their symptoms to better function within their academic and social environments (Harris

et al., 2018). Medication is the main treatment used for mitigation of ADHD symptoms, and

stimulants are used to reduce symptoms and improve overall functioning (Weis et al., 2019).

While pharmacological intervention has been shown to be somewhat effective in dealing with certain symptoms of ADHD, side effects such as headaches or changes in appetite can cause individuals to either stop taking their medication or to begin self-medicating to cope (Harris et al., 2018). Response rates to ADHD medication typically show a 30% reduction in symptoms, however 20% - 50% of adults taking ADHD medication will either not respond to treatment or have adverse effects (Solanto et al., 2010). For the 50% - 80% of adults who get relief from taking ADHD medication, that relief is generally only 30% of their symptoms (Solanto et al., 2010). College students with ADHD typically only take 50% of their doses and often state they either forget to take their medication or they do not wish to take their medication due to side effects or other reasons (Meinzer et al., 2021). Given that pharmacological interventions do not achieve high rates of total success, other interventions are often used in addition to pharmacological approaches.

  Behavioral Interventions. Behavioral interventions include having instructors provide transparent classroom instructions in a positive manner. Instructors can clearly set and explain expectations, modify the length of assignments, and offer choice to students to allow them more autonomy in their learning (DuPaul et al., 2011). Offering rewards along with ADHD coaching and lifestyle changes can also be beneficial (Katzman et al., 2017). Chunking, or breaking tasks into smaller steps, helps adult learners with ADHD complete individual tasks while building self-efficacy which increases their positive self-talk and allows them to be successful tackling larger tasks later (Fugate, 2018). Offering adult learners with ADHD a choice in what or how they learn can also be a powerful way to give them more autonomy and responsibility in their learning which builds their positive self-efficacy. Utilizing technology can also have a positive impact on

adult learners with ADHD. Studies have shown that these learners maintain high states of stimulation when playing video games which help to focus the learner's attention (Fugate, 2018).

Psychoeducational Interventions. Psychoeducation (PE) is used to increase awareness and understanding of ADHD (Bachmann et al., 2018). PE interventions include helping adults with ADHD develop organizational skills; providing information about ADHD, symptoms, treatment, and strategies; and educating adults with ADHD on resources available to them in their communities (DuPaul et al., 2011). PE can be used to provide education about the motivational impacts of ADHD so that college students with ADHD can better understand why they lack motivation to complete tasks. If students can recognize the depletion of their EF due to motivation lapses, they can adjust their behavior by taking breaks and switching between more demanding and less demanding tasks (Dekkers et al., 2017). Adult learners with ADHD can also learn how to challenge themselves without overloading their EF. Learning to take classes that increase curiosity and learning how to approach homework and term papers by choosing subjects of interest, when possible, can lead to increased motivation and performance (Schunk et al., 2014).

Social and Educational Interventions. Social interventions can include offering training for adult learners with ADHD in social skills and communication and teaching them how to manage their emotions (Katzman et al., 2017). Academic interventions can include offering instruction on the organizational and time management skills needed to be successful in a course and helping learners monitor their preparedness in the classroom (DuPaul et al., 2011). Additional educational interventions include academic support and academic interventions by way of accommodations in the classroom (Katzman et al., 2017).

Psychotherapy Interventions. Neurofeedback (NF) is an intervention that can be used to treat ADHD symptoms. NF can be used to provide feedback to the brain to help regulate brain functioning (Harris et al., 2018). Due to the neuroplasticity of the brain, NF has been shown to have long-term positive effects which can last for up to five years or more. Unlike pharmacological interventions which work primarily with the hyperactivity effects of ADHD, NF has been found to decrease symptoms of hyperactivity, impulsivity, and inattention (Harris et al., 2018). NF can be accomplished by reading the electrical activity in the brain and then providing immediate feedback when the brain is not working properly. NF interventions have also found a connection between cognitive therapy and reduced ADHD symptoms suggesting that cognitive therapy can have a long-lasting impact on mitigating ADHD symptoms (Harris et al., 2018). Counseling and coaching programs can also work to improve organizational skills, offer attention support, and teach problem solving strategies while modeling verbal self-instruction to help adult learners with ADHD manage their symptoms more effectively (Daley et al., 2018; Kwon et al., 2018).

Accommodations in Higher Education. The Americans with Disabilities Act Amendments Act (ADAAA) 2018 Titles II and III provide students with ADHD accommodations in higher education (Weis et al., 2019). These accommodations are meant to assist students with disabilities obtain their educational goals. Most schools require documentation for accommodations. That documentation can include medical records, a history of accommodations, or psychoeducational reports (Weis et al., 2021). Common accommodations include being given extra time on exams and taking exams in a distraction free environment (Weis et al., 2021; Weis et al., 2019). The reason for additional time on exams is to remove barriers caused by ADHD symptoms to make testing equitable. Additional accommodations

include access to instructor or student notes, permission to record classes, and preferential

seating (Weis et al., 2021). Students report that accommodations can be helpful, but there is little

data showing they are effective for students with ADHD (Jansen et al., 2017). Part of the issue is

that most research on students with disabilities and extended exam time is not specific to

students with ADHD and the results may not be transferable to the ADHD population.

Additionally, students with ADHD may make more errors in the extra time given (Jansen et al.,

2019).

Research has shown that all students given extra time on exams tend to outperform

students not given the extra time, and those without disabilities tend to perform better with extra

time than those with disabilities (Jansen et al., 2019; Weis et al., 2019). Additional research has

shown that students who test individually in a non-distracting setting, score lower than students

who test in a group (Weis et al., 2019). Accommodations have not yet led to an increase in

success rates for students in higher education with disabilities (Emmers et al., 2017) and some

students with ADHD do not seek out accommodations because they are either afraid of the social

stigma, or they want their success to be their own (Jansen et al., 2017).

The mitigation of ADHD symptoms in higher education is often separated into two

domains: interventions and accommodations. Interventions are focused on the students

themselves to improve their skills by helping them mitigate their ADHD symptoms. This can

include tutoring, workshops, and other ways to increase their time management and

organizational skills. Accommodations are focused on changing the educational environment to

help adult learners with ADHD succeed (Lipka et al., 2019). Recent research has also shown that

course structure plays a role. Jansen et al. (2017) found that adult learners with ADHD reported a

greater number of issues during traditional teaching methods. Adult learners with ADHD report

that smaller class sizes, more individualized attention, smaller learning units, and emotional

support and tolerance from the instructor are factors that improve their ability to complete

courses (Lipka et al., 2019).

Chapter Summary

The literature provided in this chapter offers a strong foundation for understanding adult

learners, how ADHD impacts these learners, and the use of phenomenology as a philosophical

framework for this study. I gave an overview and history of phenomenology, how

phenomenology is used in human science research, and what it means to be a phenomenologist.

An in-depth discussion on adult learning was also included to orient the reader with the history

and purpose of adult learning and provided information on adult development. Transformative

learning and perspective transformation were discussed and directly related to adult learners with

ADHD to help them transform their mindset. In looking at adult learners in higher education and

their motivation for seeking a post-secondary degree, I synthesized literature to show the

increase in adults enrolling in higher education and the extrinsic and intrinsic motivations they

have for pursuing a degree. In the final section on ADHD, I showed that ADHD symptoms have

a significant impact on adult learners from lower GPAs, lower graduation rates, and higher rates

of unemployment (DuPaul et al.,2021; Solanto et al., 2010), to higher rates of comorbid

disorders like anxiety and depression (Kwon et al., 2018).

While there has been research on adults with ADHD as they enter college, there is a lack

of research on how these learners obtain a graduate education. This lack of research presents a

gap in knowledge and this study can make a unique contribution to understanding the essence of

the lived experiences of these learners with ADHD as they work to complete a graduate

education. This philosophical, theoretical, and empirical discussion leads to Chapter Three, in which I outline my research paradigm and the research design that guides this study.

Chapter Three: Research Methodology

Introduction

This chapter provides a detailed description and rationale for the selection of a qualitative research approach and a phenomenological methodology to answer the research question: what is the essence of the lived experiences of graduate students with ADHD as they pursue their graduate education? The chapter continues with the research design, a discussion of my ontology and epistemology, Merleau-Ponty's philosophy for the method, and research ethics, as it relates to the study methodology. Then, it describes the research process and procedures of data collection and analysis and includes a bracketing statement and a section on trustworthiness. The chapter concludes with a chapter summary.

Research Design

The purpose of this study is to understand the essence of the lived experiences of graduate students with ADHD navigating their way through their graduate programs. Based on the nature of the study, the type of research design chosen is a qualitative phenomenological study. A qualitative design was chosen to get rich descriptions about lived experience to understand the phenomenon of graduate students with ADHD as they work to complete their graduate programs. Qualitative research seeks to make meaning from experience (Glesne, 2016) and uses text and images as data to understand fundamental questions about life (Creswell & Creswell, 2018; Terrell, 2016). Instead of focusing on *how many,* qualitative research focuses on the who, what, when, where, and why. A phenomenological study was selected based on the research purpose and the research question which seeks to understand the essence of lived experience.

Ontology/Epistemology

Ontology refers to the nature of reality (Roberts & Hyatt, 2019) and whether a researcher is oriented to a verifiable capital T truth (single truth), or whether reality is socially constructed by individuals (Burkholder et al., 2020). A constructivist worldview is an ontological perspective in which humans construct meaning as they interpret the world around them (Creswell & Creswell, 2018). The nature of my reality is that of constructivism, in which individuals construct their own meaning and truths based on their perceptions and interactions within the world.

Glesne (2016) defines epistemology as "the study of the nature of knowledge" (p. 5). The nature of my knowledge determines my philosophical perspective and how I view the world and in turn, my research. Interpretivism is an epistemological paradigm that looks at how interpretations affect reality and how individuals perceive (O'Reilly & Kiyimba, 2015). My epistemological paradigm is interpretivism and this research seeks to understand the essence of what it is like to be a graduate student with ADHD working to complete a graduate education. I believe that reality is socially constructed, and my research approach was inductive in nature. My epistemology flows into my chosen methodology for this study, phenomenology, as my goal is to understand the essence of lived experience. An interpretivist paradigm allowed me to explore how participants construct their reality based on their life experiences (Cranton & Merriam, 2015).

Method

Phenomenology as a method is about looking at lived experience free from suppositions, theory, and emotions (M. van Manen, 2014). Phenomenology's intent is not to analyze or explain, but to describe (Merleau-Ponty, 1945/2014). This makes it different from other

qualitative methods in that its purpose is not to answer, but to question. Phenomenology is about getting back to lived experience, as we live it. The intent of learning about lived experience is to return to the original essence of that experience. This makes phenomenology difficult to fit into a methodological rule book since each phenomenological study is radically inventive (M. van Manen, 2014).

To be a phenomenological study, the research must be guided by a phenomenological question and phenomenological analysis must be based on lived experience accounts. A phenomenological study must be rooted in phenomenological literature and the study must avoid criteria adopted by other methodologies that might alter the phenomenological method. The final phenomenological text must induce wonder and contain rich, descriptive experiential material (M. van Manen, 2014). Phenomenology as a method offers a formal and systematic way to access direct human experience (Bakewell, 2016) and illuminates the world by expressing that experience (Hass, 2008).

As part of the phenomenological method, I participated in phenomenological reduction. The reduction is about having an open mind and being attuned to the world and to experience. "The aim of the reduction is to reachieve a direct and primitive contact with the world…" (M. van Manen, 2014, p. 220). This involves taking away the theorizing and getting to the heart of direct experience itself (Bakewell, 2016). Reduction comes from the Latin word reducere, or to lead back (M. van Manen, 2014). Matthews (2006) refers to the reduction as an "attitude of wonder towards the world" (p. 17). The reduction is "less a technique than a style of thinking and orienting" (M. van Manen, 2014, p. 52).

In the process of the phenomenological reduction, I participated in the epoche, or bracketing. Husserl borrowed the term bracketing from mathematics as a way to keep attitudes

separate from the operations happening around the brackets (M. van Manen, 2014). In bracketing, I set aside my presuppositions and attitudes and instead took up an attitude to "remove what obstructs access to the phenomenon" (M. van Manen, 2014, p. 215). While it is never fully possible to set aside attitudes or preunderstandings, the goal of bracketing is to make them clear so that the essence of participant experience can then speak for itself (M. van Manen, 2014).

This study applied the phenomenological method defined by Thomas and Pollio (2002) and used at the University of Tennessee, Knoxville. This method is based on the philosophy of Merleau-Ponty and looks at participant experience through the lens of Merleau-Ponty's concepts of world, body, others, and time. This is an interpretive approach using phenomenological interviews and careful analysis, which gave a deeper understanding of lived experience through participants' own words. This approach is described in further detail in the data analysis section to follow. It should be noted that the phenomenological method is different than other qualitative methods in that the phenomenological interview uses a single, open-ended interview question followed by phenomenological prompts to bring the participant back to their lived experience.

Merleau-Ponty's Philosophy

Seeking essence is to uncover what actually is (Merleau-Ponty, 1945/2014). Our daily experience is pre-reflective, but humans constantly layer ideas and presuppositions onto existence, whereas seeking essence is about seeing things as they are before we add the layers to them. For Merleau-Ponty, the intent of phenomenology is not to analyze or explain these experiences, but instead, to describe them (Merleau-Ponty, 1945/2014). Phenomenology is different from other qualitative methods in that its purpose is not to answer, but to question. For

Merleau-Ponty, the essence of lived experience is not necessarily true in the empirical sense, but this essence allows us to uncover truth (Merleau-Ponty, 1945/2014).

World. Perception is what Merleau-Ponty refers to as pre-reflective experience. Our direct experience of the world comes before our understanding of the world (Matthews, 2006). "I am the only one who brings into being for myself…" (Merleau-Ponty, 1945/2014, p.xxii). Perception is not passive. "Sensing is this living communication with the world that makes it present to us as the familiar place of our life" (Merleau-Ponty, 1945/2014, p. 53). For Merleau-Ponty, perception is active engagement with the world around us. This is what makes us subjects rather than just objects responding to a stimulus. We cannot be detached from this world we are embodied in. "One's own body is in the world just as the heart is in the organism" (Merleau-Ponty, 1945/2014, p. 209). We are both objects and subjects in the world and in that way, the body and the world are two sides of the same coin, each existing with the other. The body lives in and through the world, not as an onlooker, but as a part of the world (Merleau-Ponty, 1945/2014). Merleau-Ponty (1945/2014) gives the example of a painting being taken out of a room. The person entering that room may not know at first that it is the painting that is missing, but they will know that something has changed. Something is off balance. He explains that the perception of the room includes that which is there and that which is absent. For Merleau-Ponty (1945/2014), the world is not a collection of objects, but is rather "the inexhaustible reservoir from which things are drawn" (p. 360). While there are objective truths in the world, and science attempts to hold an objective view by removing our own point of view, we first experience the world subjectively.

Our perception is always from a specific perspective, or point of view. This means science is also situated within this point of view (Matthews, 2006). "Everything that I know

about the world even through science, I know from a perspective" (Merleau-Ponty, 1945/2014, p. xxii). Merleau-Ponty questions the idea that science is the only way to a complete truth. "The world is precisely the one that we represent to ourselves" (Merleau-Ponty, 1945/2014, p. xxv). Science is never fully objective because it is a human endeavor, and humans are coming at it from a particular perspective based on a specific place, time, and set of circumstances and experiences (Merleau-Ponty, 1945/2014).

Perception and memory are not the same. That is what separates a phenomenological inquiry from other types of inquiry. For Merleau-Ponty, perception is sense in the moment, whereas memory is jumping into the past and allowing that past to percolate into the present as if lived anew (Merleau-Ponty, 1945/2014). Matthews (2006) explains that "if we reflect on our actual experience, without presuppositions derived from any philosophical or scientific theory, then we can clearly distinguish the experience of actual perception from that of imagination" (p. 29).

Body. Important to Merleau-Ponty's philosophy of phenomenology is the holistic view of embodiment. Our body is in the world (Merleau-Ponty, 1945/2014). Humans are not separate from the world in which they live. They feel the world in them and around them. We do not just think about the world, we are a part of the world. Objects and experience have meaning to us because they are a part of us, and we are a part of them (Merleau-Ponty, 1945/2014). In this way, Merleau-Ponty combines both objectivism and subjectivism. Matthews (2006) explains, "My experiences are experiences of the world, and the world is what gives meaning to the experiences I have" (p. 17). Bakewell (2016) also describes, "I can see things in the world, but I can also be seen, because I am made of the world's own stuff…" (p. 236). Merleau-Ponty (1945/2014) gives the example of looking at a house from afar. Depending on where you are standing, your view of

the house is different. Just moving from one place to another, or moving farther versus closer, will allow you to either focus on that corner of the house and thereby reduce the landscape around it, or open up that landscape as you move farther from the house. When the house appears larger, it conceals more of the background. In turn, when the background appears larger, it conceals more of the house. "…vision is a two-sided act" (Merleau-Ponty, 1945/2014, p. 70). Perhaps more importantly, the house may change over time, but it will have always been today how it existed today, even if at some point in the future, it no longer exists (Merleau-Ponty, 1945/2014).

Our bodies are also objects in the world, but for us, we cannot observe our body like we can the house, because we are inside of our body. To observe ourselves, we would need to step outside of ourselves into a second body. For Merleau-Ponty, the body is our communication with the world. It is how we see and understand what is happening around us. "I have no other means of knowing the human body than by living it, that is, by taking up for myself the drama that moves through it and by merging with it" (Merleau-Ponty, 1945/2014, p. 205).

The body is not simply a lifeless mound of flesh existing, the body itself interacts with the world to gather information through the senses. It merges with the world. Merleau-Ponty used an example of touching one hand with another hand. The hand doing the touching is also in and of itself being touched. He also explained that humans understand physical touch through the experience of touching and being touched "prior to the philosopher defining their intellectual signification" (Merleau-Ponty, 1945/2014, p. 191). Human beings use their body and their senses to engage with and understand the world. For Merleau-Ponty, "Existence accomplishes itself in the body" (Merleau-Ponty, 1945/2014, p. 169).

Others. We are not alone in the world and as such, we exist in the world with others and the experiences of others color our own experiences. Phenomenology is the "…sense that shines forth at the intersection of my experiences and at the intersection of experiences with those of others…" (Merleau-Ponty, 1945/2014, p. xxiv). We live in more than just a natural world. We also live in a social world. This social world helps build our identities, but our identities also impact the identities of others around us. Interactions with others help build our perception of the world in which we live, and our perceptions build perceptions in others.

Merleau-Ponty (1945/2014) explains that while the natural world around us impacts and interweaves its way into our lives, we too impact and interweave into the natural world and that things are "deposited there in the form of a cultural world" (Merleau-Ponty, 1945/2014, p. 363). Others play a role in our experiences, and we see ourselves in relation to the others around us. For Merleau-Ponty, we communicate with the social world, even if we think we are choosing not to. Silence, or a lack of communication, is still communication. He refers to the social world as not an object, but as the "permanent field of dimension of existence: I can turn away from the social world, but I cannot cease to be situated in relation to it" (Merleau-Ponty, 1945/2014, p. 379).

Time. For Merleau-Ponty, humans exist in time and their experiences and interactions are from within that point in time. Time is both rooted in nature as an objective fact, and subjective as in historical time, because humans are what give time meaning. Our experience of time is shaped by the time that has preceded *this* time. Matthews (2006) explains, while our future is not directly determined by the past, the past does influence how we make present and future decisions. "I am not in space and time, nor do I think space and time; rather, I am of space and time, my body fits itself to them and embraces them" (Merleau-Ponty, 1945/2014, p. 141). Our

experiences are rooted in time. Merleau-Ponty (1945/2014) gives the example of time being like a river. Upstream is the past and downstream is the future. His problem with this metaphor is that it gives the impression that water upstream determines the future of the water downstream. But the past has already happened, the present moment is in the present, and the future has not occurred and is not written, so the past could not directly bring into being the present or the future. "In the things themselves, the future and the past are a sort of eternal pre-existence or afterlife…" (Merleau-Ponty, 1945/2014, p. 434). At some point along the way, the past and the future are both present. Merleau-Ponty (1945/2014) explains that there is an order to time, in so much as something has occurred before something else, but that one does not drive the other. Perhaps one of the more profound statements Merleau-Ponty (1945/2014) makes about phenomenology in reference to time is that when looking at a lived experience in the past, one can "reopen time" (p. 439).

      The Figure and the Ground. Important to Merleau-Ponty's philosophy is the concept of the figure and the ground. The ground in phenomenology is the background from which things stand out. Think back earlier to the example Merleau-Ponty gives of the house. The closer I stand to the house; I perceive it from close up and elements of the background begin to disappear. If I take a step back, details of the house disappear as the background comes into fuller view. To have a full picture, I must perceive both the house and the background. "The perceptual 'something' is always in the middle of some other thing, it always belongs to a 'field'" (Merleau-Ponty, 1945/2014, p. 4). Merleau-Ponty (1945/2014) also gives the example of a red patch on a rug. The perceived shade of red is dependent upon light and shadows. Both are needed to produce the perception of that shade of red. "Our perceptual field is made up of 'things' and 'gaps between things'" (Merleau-Ponty, 1945/2014, p. 16). Thomas and Pollio (2002) use the

example of the vase vs. two faces published by Edgar Rubin in 1921. A person might view the image and perceive two dark faces against a white background. At second glance, the same person might perceive the image as a white vase against a dark background. Both the ground (background) and the figure (that which stands out) are necessary to see each other. They cannot exist without the other.

The grounds for Merleau-Ponty are the philosophical ideas discussed above: world, body, others, and time. The present study looks at that which stands out from those existential grounds. Participants' experiences, in their own words, were analyzed through the lens of each of these philosophical grounds to determine what stands out against the background. What is happening in their world, with their body, in their interactions with others, and across time? Those are the figural aspects of the phenomenon that this study uncovered.

Research Ethics

Approval for this study was obtained from the Institutional Review Board (IRB) at the University of Tennessee, Knoxville. *The Belmont Report* outlines three principles for the protection of human subjects in research, "respect of persons, beneficence, and justice" (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979, p.4). Throughout this study, these three principles were first and foremost in my mind. Creswell and Creswell (2018) state that participants should be informed about the purpose of the study and that they have a right to withdraw their consent at any time. Before conducting interviews, I informed participants that even after they had provided their informed consent, they had the right to withdraw that consent at any point during the research study. Informed consent should be constantly negotiated (O'Reilly & Kiyimba, 2015). Participants were informed that no identifying data would be shared. In addition to participant identifying data, all other identifying

data was removed from the transcripts including participant names, places, names of other people or businesses, nicknames, etc. All identifying data was changed to pseudonyms or left blank so that the identity of the participants cannot be discovered.

Participants were also informed that video recorded interviews would be kept on a password protected device and password protected on the cloud until which time the study is complete, and the dissertation has been accepted by the University of Tennessee. Once the dissertation is complete and accepted, video files will be deleted to further protect participants' identities. Additionally, all interview notes and memos were kept in the cloud and password protected on my personal drive.

To build trust during the research process, and in addition to IRB protocols in place to protect participants, I encouraged participant feedback by using the process of member-checking. Member-checking allowed participants to review the themes emerging from this phenomenological study and verify whether they believed those themes were an accurate representation of their lived experience. All nine participants chose to engage in member checking and two provided feedback on study themes.

Research Process and Procedures

Data Collection

Data collection began after IRB approval was obtained from the University of Tennessee, Knoxville. Data collection procedures included an interview guide (Appendix D), researcher memos, and video recordings. The opening question for the phenomenological interview was read and discussed by the transdisciplinary PRG to ensure the question was phenomenological in nature and that it would help uncover rich lived experience descriptions. A bracketing interview was conducted to help me suspend my preconceptions and everyday attitude to get to the things

themselves. The last step before interviewing participants was a pilot interview to ensure that I was ready to conduct phenomenological interviews. That pilot interview was completed and read aloud and discussed by the PRG.

Research Participants. This study was open to graduate students across the U.S. instead of choosing a regional institution to narrow the study. The reason for this was to utilize maximum variation sampling to seek out participants with diverse backgrounds, institutions, and majors. In a phenomenological study, this allowed me to be more confident that I captured the essence of the phenomenon being studied. The choice was made to allow self-identification of ADHD due to the varying ways in which ADHD is often diagnosed (psychoeducational testing, family doctor, nurse practitioner, psychologist, psychiatrist, etc.) and so as not to place a burden of proof on participants or cause them additional stress or fear that I would have access to their medical records. Additionally, the criteria used to identify the research participants in this study included participants who were age 22 and older, who were currently enrolled in a graduate degree program in the United States, who self-identified as having ADHD, and who were interested in talking openly about their lived experiences of having ADHD while pursuing a graduate education. While some adult learning literature suggests that adult learners are generally age 25 and older, the age of 22 was chosen for this study so as not to exclude adult learners experiencing the phenomenon.

The phenomenological method used at the University of Tennessee, Knoxville generally uses between six and 12 participants for phenomenological interviews, therefore, up to 12 participants were targeted for this study. Research participants were purposefully selected. Purposeful selection is used to better understand the research question (Creswell & Creswell, 2018). In phenomenology, research participants who have experienced the phenomenon in

question are chosen based on their willingness to talk about their lived experience (Sohn et al., 2017). In addition to purposeful selection, this study utilized maximum variation sampling to search for "common patterns across great variation" (Glesne, 2016, p. 51).

All nine participants disclosed during their interviews that they had an ADHD diagnosis either through psychoeducational testing, a doctor, or a therapist. These participants were purposefully selected based on responses of interest to this research study. Participants provided written consent according to IRB procedures. The Adult Consent for Research Participation form is included as Appendix B.

Interview Instrument. Phenomenological interviews focusing on the study's research question were conducted. Every effort was made for these participants to feel comfortable in openly discussing their lived experience and in an environment with as little distraction as possible given their history with ADHD. The purpose was to get at lived experience and not to take the participant through their emotions or an analysis of that experience (M. van Manen, 2014). To that end, open-ended interviews were conducted to get at rich lived experience descriptions from participants. "…develop an open-ended interview question that will elicit unconstrained descriptions of participants' lived experience" (Sohn et al., 2017). The most important aspect of the phenomenological interview is to allow participants to express their lived experiences with as little input from the researcher as possible and without analysis in the moment. Participants lead me, not the other way around (Sohn et al., 2017).

Recruitment. Procedures to identify and recruit participants included posting notices on social media asking for participants who may be interested in taking part in the study and sending emails describing the study to individuals known to me who knew individuals within this research population who may be interested in participating. Potential participants that

responded were screened for inclusion criteria in the study and contacted to establish informed

consent to participate. Eighteen potential participants responded to recruitment notices and

twelve participants were targeted for the study. Eleven participants signed informed consent

forms and agreed to participate. During the course of scheduling interviews, several participants

had scheduling conflicts and asked to serve as alternates should they be needed. Seven

participants were interviewed before saturation was reached. Once repeated themes were

achieved through multiple transcripts, I conducted two more interviews to ensure saturation. The

informed consent form is provided as Appendix B and the recruiting script is provided as

Appendix C.

   Research Context of Interviewing. Interviews were offered to be conducted face-to-

face, via Zoom, and telephone. Eight participants chose to schedule their interviews via Zoom. A

ninth participant chose to have a face-to-face interview and that interview was to utilize a study

room at a local university library and be video recorded. However, during the time of the

interview, the local city experienced severe weather and the participant requested that the face-

to-face interview be changed to a Zoom interview. Glesne (2016) suggests that quiet and

comfortable locations are best and that it is important to fit interviews within the schedules of the

participants.

   During interviews, I worked to ensure the atmosphere felt safe for participants, and that I

quickly built trust. When participants became distressed, I asked if they would like to take a

break and made sure they understood they were free to end their participation at any time.

Participants expressed that they felt empowered during their interview and that they wanted their

experiences to be known in order to help others. Several described their interview as cathartic.

The phenomenological interviews lasted between 45 and 90 minutes and each participant

completed one interview. Participants were also engaged in member checking and two participants provided feedback on study themes.

Interviews were recorded via Zoom. I hand transcribed each interview and then uploaded the transcriptions into NVivo, a QDAS for analysis. Once this dissertation has been accepted by the University of Tennessee, the original Zoom video files will be deleted to further protect participants' identities. An in-depth discussion on data storage procedures is included within the data analysis section below.

Data Analysis

Data analysis began with data management. Data was managed using NVivo 1.0. While there have been concerns within the field of phenomenology about the use of Qualitative Data Analysis Software (QDAS), I believe that many of these concerns are related to how researchers approach the use of the software, and not the software itself. QDAS like NVivo are a tool and if the researcher has a strong understanding of their methodology, then software does not prevent or inhibit phenomenological understanding (Sohn, 2017). The point of using NVivo was not to count the number of meaning units, especially since themes with few meaning units were still extremely significant, but rather to organize meaning units into a single space that allowed me to get back to the things themselves within a world of research all in one space.

All interview transcripts were uploaded as cases, with each participant representing a different case. Meaning units were entered into NVivo as codes with parent codes being used to signify higher-level themes and global themes, and child codes signaling meaning units. The analysis of data was handled through this process of coding, re-coding, and organizing meaning units into higher-level global themes and subthemes. As this was being accomplished, researcher

memos served an important role in synthesizing and understanding the data being analyzed. These researcher memos were used to conceptualize and explain the study's findings.

Data Analysis Procedures. The process of analysis began during the interview transcription process. While typing the transcriptions, commonalities and interesting insights came to me as I began to make connections. These connections were captured as researcher memos. I included pauses, or changes in facial or body language in the transcripts as field notes to offer additional context during analysis of the transcripts. Data was also pre-analyzed during a research memo process before going through a more formal analysis to uncover meaning units.

Once interviews were fully transcribed, I began to look at patterns and common themes and included those in my researcher memos to return to for data analysis through the steps defined by Thomas and Pollio (2002), as follows:

- Read the transcripts.

- Uncover Meaning units.

- Determine what is thematic in nature.

- Have several transcripts read in the PRG.

- Uncover meaning units in the PRG.

- Determine what is thematic in nature in the PRG.

- Refine the thematic structure.

- Look for lived experience patterns across all transcripts.

- Global themes will emerge.

I read each transcript to uncover meaning units. Duplicate meaning units were combined into several main themes. I then looked for lived experience patterns across all transcripts and refined the thematic structure to include global themes present across all transcripts. The goal with these

themes was to find commonalities in the descriptions of the phenomenon between transcripts. These global themes made up the bulk of the analysis toward answering the research question.

I then took the transcripts and developing themes to the PRG for discussion. The PRG includes between 10 and 20 faculty and students from a variety of disciplines. The group serves as a collaborate space for researchers to gather and *do* phenomenology with each other. During the reading of transcripts, meaning units (words or phrases) were discussed along with global themes and subthemes. This inclusion of an extra layer of analysis helped me determine if the themes that I saw in the transcripts were also themes that other phenomenologists saw upon hearing the transcripts read aloud in the group. Once themes emerged, the PRG took on imaginative variation in which the participant experience was discussed through different perspectives "like turning a kaleidoscope to more fully appreciate aspects of a pattern" (Sohn et al., 2017). I then refined the thematic structure from within the PRG and looked for lived experience patterns across all transcripts. It is here that the global themes were finalized. Of special note, all themes were found within the text and used the participants' own language. Once I was comfortable with the global themes I had analyzed through my research and felt they accurately represented the phenomenon being studied, I returned to participants to give them an opportunity to talk about the developed themes and obtain their feedback. This process of member checking was important to maintain participant trust and co-participation in the research study. All nine participants chose to participate in member checking with two participants providing additional feedback.

Global themes of findings are presented in Chapter Four. Merleau-Ponty's concepts of world, body, others, and time form the ground of phenomenology, which serves as the background from which things stand out. Both the ground, background, and the figure, that

which stands out, are necessary to see each other. They cannot exist without the other. This study looks at that which stands out in participants' lived experiences against the grounds of body, time, others, and world.

Phenomenological Bracketing

Phenomenological bracketing is a suspension of my preconceptions and everyday attitude to get to the things themselves in this study. Bracketing is part of a phenomenological reduction or tuning myself to the world with an open mind. The purpose of this study is to shine a light on the experiences of the participants in this study, and not on my knowledge of adult ADHD. To that end, a bracketing interview was conducted with me by a trained member of the PRG. The bracketing interview was then read aloud to the PRG to help me explore my experiences and potential bias with adult ADHD. In full disclosure, I have two children with ADHD, one of them with adult ADHD. My adult son with ADHD struggled during his undergraduate education and was eventually academically dismissed from his program. I have provided excerpts of my phenomenological bracketing below to make my subjectivity clear to the reader and to develop an awareness of my assumptions prior to conducting this phenomenological study. It is also worth noting that my experience around this phenomenon is what drives my interest in this research area.

> *Excerpt 1: Well, I think I came into this type of research, because my, my oldest son began having symptoms of ADHD when he was very, very, young. He was maybe four and a half, five years old, and he began struggling pretty significantly in kindergarten…I guess we just kind of figured this is just how he was, you know he was a happy child, he was excited, he wanted to learn everything all the time…and then when he went to first grade, it all just fell apart.*

Excerpt 2: ...I think that guilt over not doing more with him, absolutely translates into my research and my push for this dissertation because it's like well, I didn't know enough to do enough, but now that I know more, maybe I can do more.

Excerpt 3: At some point we're all taught that learning is to get a job, to make money, to be an adult. And we don't ever question, what that does to us emotionally. And what that does to us as human beings.

Excerpt 4: ...and he's one kid. There are so many other kids that have had a similar story you know, they go to school, they struggle, their teachers call their parents, and they're like you know so and so can't pay attention and so and these kids hear all this stuff...and every time that happens, it's just like you're just taking kind of a piece of them. You know that they may or may not be able to get back.

Excerpt 5: It's interesting because it's almost like anger under the surface; and it turns into drive. So, it, it starts from a place of anger, but it transforms into this need to just do something about it, even if it's small... it's not my story that I want to hear, because I'm not the one with ADHD. I certainly have experienced it through the lens of my children, especially my older son. But I don't know what it's like to be him...for me it's just opening the platform and shining the light in a place where not a lot of people know about; and allowing those voices to talk about what it's like. Because I don't know what it's like... not really.

Trustworthiness

Trustworthiness for this study was achieved by conducting a systematic phenomenological study. How can a phenomenological study be systematic in nature? By embracing the very tenants of the phenomenological approach. This phenomenological study is guided by a phenomenological question. The phenomenological analysis was based on lived experience accounts. This study is also rooted in phenomenological literature. To ensure the study stays true to phenomenology, it avoids criteria adopted by other methodologies that would

alter the phenomenological method. The final phenomenological text induces wonder and contains rich, descriptive experiential material (M. van Manen, 2014).

To conduct a systematic phenomenological study, I followed the phenomenological method used at the University of Tennessee and defined by Thomas and Pollio (2002). This process involves eleven steps to help ensure that participant experience is the driving purpose of the study. A flow chart showing the entire process is provided as Appendix G.

As part of the phenomenological method used in this study, I took two transcripts and developing themes to the PRG for discussion. This added an extra layer of analysis by having other phenomenological researchers hear the reading of transcripts and engage in the process of looking for meaning units and themes. This allowed me to determine if the themes I saw in the transcripts were also themes that other phenomenologists saw when reading the same transcripts.

I engaged participants in member checking to obtain their feedback on developing study themes. This process allowed me to ensure that I accurately represented participants' experiences and that those experiences were the essence of this study. All nine participants chose to participate in member checking and two provided feedback on study themes.

Chapter Summary

This chapter described the research methodology used in this study to understand the essence of the lived experiences of graduate students with ADHD navigating their way through their graduate programs. I outlined my research design, phenomenology, and my rationale for choosing it as the research methodology. I discussed research ethics and my ontology and epistemology. I also provided a discussion on Merleau-Ponty's philosophy of phenomenology which guides this study, and presented my research participants and context, data collection, analysis, and trustworthiness procedures. Finally, I presented my bracketing statement to ensure

transparency in the study process. This methodological discussion leads to Chapter Four, in

which I present my findings.

Chapter Four: Findings

Introduction

In this chapter I present my findings starting with the demographics of study participants; an overview of each participant and their lived experience; a discussion of Merleau-Ponty's phenomenological grounds and how participants experience their ADHD through the world of graduate school, the body, others, and time; and the global themes and subthemes that emerged from the study. Through an analysis of participant interviews, a thematic structure emerged and included three global themes: *Just a little bit extra* (ADHD), *I always felt I was going to fail* (Graduate School), and *They don't understand* (Others), along with various subthemes.

Demographics and General Information

Nine participants were interviewed for this study. Participants ranged in age from 22 to late 30s, were enrolled in a graduate degree program in the United States, identified as having ADHD, and were very interested in talking about their lived experience as a graduate student with ADHD. Participants were from five universities across the U.S., came from either masters or doctoral programs, and represented the following concentrations: School Counseling, School Psychology, Psychology, Clinical Mental Health Counseling, and Environmental Science and Management.

All participants identified as female. Most participants had good grades in their graduate programs and were not struggling in the academic sense. Most were also afraid to disclose their ADHD to their professors, advisors, and school disability services offices. Many participants experienced symptoms of ADHD in childhood and had emotional difficulties related to their ADHD. Each participant chose their specific degree field and/or profession due to their experience of having ADHD and of having a need to give back. Most participants believed that

more can be done for graduate students like them. All participants were either clinically or medically diagnosed with ADHD by a doctor, psychiatrist, or psychological testing performed by qualified personnel. Participants differed in the level at which their ADHD influenced their participation during interviews. Some participants were nervous or shy and required a lot of prompting early in the interviews. Other participants needed specific direction during the interview to help them feel comfortable. Still, other participants could not hold back and apologized multiple times during their interviews for what they called rambling. Some participants spoke carefully, almost as if measuring the amount of information they were comfortable sharing. Others appeared to throw caution to the wind and were happy to get anything and everything off their chest.

All participants had a need to share, and some became rather emotional during their interviews; in the end, all were very open about their experiences. All participants exhibited some level of distraction during their interviews. Some requested that questions be repeated several times or apologized for finding themselves off track.

Participants

Pseudonyms are used in this study to protect the identities of participants and these names were chosen based on words relating to geological names or features. In this section, I will introduce you to each participant and talk about some of their experiences. I do this in the hopes that you can get to know these participants and really have a sense of their lived experience before moving into the global themes that emerged from this study.

Gaya

Gaya spoke very slowly during her interview. She was reserved but appeared to really want to open up and share. She was distracted a couple of times during the interview by someone

off camera. For Gaya, teachers and classmates were more helpful in her undergraduate experience in comparison to her graduate experience. She struggles with peer relationships in graduate school and feels this may be due to having different age groups in her cohort, and students being at different places in her lives.

Gaya's family does not know she has ADHD. She has also kept her diagnosis to herself and does not let professors or advisors at her college know. Her family believes that ADHD is not real, and that people are overmedicated with ADHD medication. Gaya has anxiety and pressures herself to do well in school. She states that she was homeschooled and that getting A's in all of her courses was expected in childhood. As a child she had one-on-one attention and if she got distracted, she would get in trouble.

Gaya often gets stressed out by too much information. She explains that her mind thinks about too many different things at once and that even when she is trying to relax, her mind is racing. She has a planner, a whiteboard in her room, and sets alarms on her phone to remember to keep up with assignments. When she lost her planner once, she started using post it notes on her door to keep track of things. A counselor treating Gaya for anxiety suspected she might have ADHD and sent her several questionnaires to fill out. Gaya did not believe she had ADHD because she is not hyperactive. She also felt that women didn't get ADHD. She admits to feeling awkward about being diagnosed using a questionnaire but says that she does daydream a lot and her symptoms cause her to struggle emotionally. She has found online support groups helpful and enjoys seeing others with ADHD post similar things to her on social media. She says they don't judge her. Gaya works with children with special needs and struggles to balance work and school due to her ADHD symptoms. She has always wanted to work with kids and help them

overcome issues relating to their special needs. Gaya believes that we put too much pressure on kids, and she emphasizes that grades are not important. What is important is that kids try.

Gemma

Gemma was very open about her experiences and was very emotional when recalling them. She did not take a lot of prompting to talk about her experience, but I stayed a bit conversational, especially early in the interview, to make her feel comfortable and allow her to relax. Gemma is currently in her third graduate program after being unsuccessful in her first two. She has a hard time writing because of her need to have every sentence perfect the first time. She feels as though she starts and stops throughout trying to write her papers and can never get into a flow. She also struggles with meeting deadlines and uses a focus mode app on her phone to try and set aside small chunks of time to focus on her schoolwork.

Diagnosed at the age of 13 with general anxiety disorder and depression, Gemma started medication for both. Her father had very high expectations of her, and she recalled experiences in which he would sit to help her with her math homework and how much anxiety that caused her. When she would struggle, he would get frustrated and yell at her and she would cry. Gemma failed chemistry in high school and yet specifically decided to major in chemistry during her undergrad in college. She remembers that calculus finally clicked for her when she got to college and her classmates would come to her for help in math, which had never happened to her before. She felt that she had to get an A on everything she turned in. Gemma was part of a summer program during her undergrad working on graduate level chemistry and biology research for a prestigious program at a prominent university. She states that she wasn't a top-notch student but that she had connections to do the program.

After her undergrad, Gemma wanted to see what the working world was like and got a job as a park ranger with the National Park Service. It was a supportive and creative work environment for her where every day was different, and her ideas were valued. She later decided to take a job working in a chemistry lab to make more money. This environment was much less supportive, and she felt there was no care given for her own aspirations. She decided to go to graduate school because she felt she had more to offer the world and she wanted to increase her earning potential. The graduate school she attended had run the summer program she was involved in as an undergrad. She found herself in an extremely competitive environment with no support. While serving as a Teaching Assistant (TA), she struggled to get her grading done and her supervisor would humiliate her in front of the other TAs by asking if she needed an assistant to get her work done.

Gemma had decided after her undergrad that she wasn't going to be so hard on herself anymore, and while she worked hard, she had no interest in being perfect again. Her roommate noticed her ADHD symptoms and convinced her to see someone about possibly having ADHD. Gemma thought that ADHD was just about hyperactivity, but she went to her graduate school's ADHD testing center and was added to the waitlist for testing. It took a year from the time she started filling out the forms until she was tested and diagnosed with ADHD. Gemma tried disclosing her ADHD diagnosis to her advisor during her first graduate school experience. She was told that maybe graduate school was not for her. Gemma left the program and tried another graduate program before settling on her current program in environmental management. She is interested in how the homeless in her community are impacted by access to water and public spaces.

In her current program, Gemma has met a lot of what she calls neuro divergent people by taking classes from different programs. She also states that her current advisor is now much more supportive. Gemma came to her current research topic after working on a mapping assignment in one of her GIS courses. She showed her advisor that she mapped water resources in houseless camps during COVID-19 and how she was interested in social justice and water access, and her advisor told her that this should be her research, and that it was clear she was passionate about it. Gemma still struggles with balancing TA responsibilities to keep her funding while also completing her coursework and research, but she is persevering. She wishes that less credit hours were acceptable (she is required to take nine to maintain a TA position), especially for neuro divergent students.

Jade

Jade seemed a bit nervous early on in her interview, but she spoke very fast and really wanted to share her experience. She was easily distracted at times while talking but was very open. Jade feels like she is both two steps ahead of other people, and one step behind. She worries about getting behind, and so she struggles to stay far ahead. She has also become a support system for others in her cohort with ADHD and sends reminders to help keep everyone on track. Jade is having an overwhelming semester between work and school, and recent stressors in school, particularly during a group counseling class, have made things difficult emotionally for her. The class was about sharing their personal histories and their trauma, and she found it hard to trust others in the class which made her uncomfortable. She is also reducing her hours at work because she feels too overwhelmed and underpaid to continue to work full-time. This is stressful for her, because she was originally planning to do her school internship at her current employer.

Jade contacted me a few minutes before her interview to let me know that something happened at school, and she was really struggling with it. I offered to postpone the interview, but she was comfortable forging ahead anyway. An hour before our Zoom meeting, she had been called into a meeting with one of her professors and their TA, where they both questioned her emotional readiness to be a school counselor. This was difficult for Jade because she was being questioned on what she is currently doing in her work life. After the meeting, Jade was spiraling, and she was very emotional. She kept her emotions surprisingly in check throughout most of the interview, though I could sense at times an undercurrent of anger and hurt.

Jade did well academically as a child but states that she was raised by very young, emotionally immature parents. She talks about her father's alcoholism and his narcissistic tendencies and mentions that her mother is selfish. Her family does not truly believe that she has ADHD, and she was not diagnosed until graduate school, in her mid-20s, when her supervisor at her employer noticed her symptoms. After getting diagnosed, Jade recalls that getting medication for the first time was an amazing moment but says that medication is expensive and so she doesn't take it on weekends so that she can save money.

Jade has difficulty trusting her peers and her professors. She feels misunderstood by both and does not feel supported by her professors. When she participates in group projects during class, she fidgets, and her peers misunderstand that as her wanting to speak up and participate. Jade fidgets to try and stay engaged, but she has a hard time sharing her experiences with her peers. She has also struggled in therapy, which she started for her anxiety and depression. She feels that she needs to address her emotional trauma and how that is heightened by her ADHD before being able to work on cognitive exercises to help her ADHD symptoms. She also struggles financially to afford therapy. Jade wants to be a therapist to help people and feels she

has unique life experience that makes her more attuned to the experiences of others. She also

feels that mental health professionals are not informed enough on what ADHD really is.

Jasper

Jasper was very open about her experiences but chose her words carefully. She kept her

answers relatively short in the beginning and required prompting throughout. The biggest thing

she struggles with in graduate school is her schedule being all over the place and having to

squeeze in assistantship time along with class time, while still being able to go to the grocery,

take a shower, or work out. Timing her ADHD medication is also hard because it wears off

during the day and if she takes it too late in the day, she cannot sleep at night. Jasper mentions

being frustrated with people taking ADHD medication that don't have ADHD because she takes

it to be on an equitable playing field then feels like she is *"competing with aliens."* Jasper has

disclosed her ADHD to her peers in her cohort and is in an ADHD support group with these

peers.

Jasper was a smart child, but really struggled emotionally. She says that she was a

perfectionist. Her mom was chronically ill, and so Jasper sought out therapy initially to treat her

anxiety, depression, and eating disorder stemming from the trauma of living with a chronically ill

parent. She talks about being a bit resentful that the adults around her didn't notice her ADHD

symptoms or see that she was really struggling. Jasper originally wanted to be a doctor, in part to

make her mom feel better, but happened upon an internship where she did autism research and

decided she wanted to be a psychologist. She feels that in some ways this is a coping mechanism

for her; that helping others is a way of helping her inner child and giving others what she didn't

get. Before changing her major to psychology, Jasper went to an academically elite college in her

undergrad but really struggled in her pre-med courses. Her professors told her that she should consider dropping out.

Jasper was diagnosed with ADHD in the middle of her therapy experience to treat anxiety, depression, and her eating disorder. She felt she really had to deal with the trauma before dealing with her executive functioning. She also mentions that the experience of being tested for ADHD was traumatic in and of itself. During the IQ testing, she cried, thinking she was doing horribly on the test. Jasper feels that even with the difficulties of having ADHD in graduate school, that her ADHD has also been a positive influence on her. She says that it makes her more relatable, authentic, funny, honest, and gives her hyper focus on things of interest to her. Jasper also believes that the conversation she and I had in this interview is a conversation faculty members should be having with each other and with their students.

Jetta

Jetta was very open about her experience and warmed up fast during the interview. She would talk and then often forget the question. She has a love/hate relationship with deadlines. She struggles to meet them but feels as though she needs them, or she would never get anything done. She describes that meeting deadlines is difficult, but that in classes where everything is due by the end of the term, that is also difficult because she does things so last minute. She is part of a group of ADHD individuals that she has bonded with in her cohort.

Jetta had a very traumatic and abusive childhood. She is sometimes unsure of which of her symptoms are ADHD and which of them are PTSD. Her personal theory is that ADHD is really PTSD manifested from childhood. As a teenager, she would always procrastinate with putting gas in her car and would run out of gas frequently. One day, she was taking her brother to

school and ran out of gas, and he had to get out and help her push the car. She recalls that her brother was not happy with her.

Jetta did her first graduate degree, a master's degree, in international studies. She then decided she wanted to do a second masters in Geography and GIS because she loved maps and she felt it went along with her previous degree in international studies. During this time, she was diagnosed with ADHD and began seeing an ADHD coach. That transitioned into therapy which is when she first realized how transformative therapy was. She also took part in several online ADHD support groups and was told she would make a great therapist. Jetta was given medication for ADHD and describes it as one of the best experiences of her life, *"like waking from a dream."* She decided to disclose to her university's disability services office but felt talked down to by the person she spoke with. Then, in her first class in her Geography program, there was a low, constant beep in the room. She told her professor and the disability services office. A custodian was sent out, who could not find the source of the beep. She spent the next few classes wearing headphones to drown out the beeping sound but also trying to pay attention in class. She left the program shortly thereafter.

Jetta decided to pursue counseling as both a degree and a profession, in large part due to the transformational nature of her own personal therapy and interacting with other ADHD peers online. During a recent group therapy exercise in class, her professors felt that she might not yet be emotional ready to be a therapist because of her emotional reactivity. She agreed that they were probably right and that she is working on that part of herself. She describes having strong defense reactions to her professors when she initially began the program, but that they were able to communicate with her in a way that kept her, and them, from being defensive, and that over time she learned to trust them. Jetta believes that ADHD is sometimes positive for her. It gives

her interesting perspectives to bring to class, but she is also struggling to *"follow the plan"* when it comes to school.

Kaya

Kaya was very reserved at first during the interview. She was willing to share but needed a lot of prompting and a more conversational nature to feel comfortable. She opened up more towards the end of the interview. Kaya has only disclosed her ADHD diagnosis to one of her professors. She struggles with the lack of structure in her graduate program, has trouble setting up a schedule, and has issues with "time blindness." She also states that having to Zoom so much has been hard for her. Kaya often puts off her homework until the very last minute and struggles to understand why others in her cohort without ADHD get so anxious about deadlines that they do everything early.

Kaya's brother was diagnosed with ADHD in the third grade with what she remembers as classic ADHD symptoms in boys. She was not diagnosed until the eighth grade. Kaya never had an Individualized Education Plan (IEP) as a kid and was in honors classes. She is currently in her second graduate degree program, having already completed a master's degree. She recalls that the first time around, her program was very prescribed and very fast paced. She also says that her roommate was in the program with her which made it easy to support each other and give each other reminders. Kaya says that her current program is not as structured, and she doesn't have the close support she had in her last program. Because of the type of degree program she is in, she has chosen not to disclose her ADHD. She hears her professors and members of her cohort talk about the ADHD testing scores of their clients, and how they talk about people with slow processing speeds, and she has decided she does not want them to know about her ADHD. Even though she doesn't have close support from her professors or all her peers, Kaya does surround

herself with a few members of her cohort that also have ADHD. They send each other reminders and support, and often will get on Zoom and sit quietly and just work in front of each other as a way to maintain accountability.

Mica

Mica was very open about her experience and took very little prompting during her interview. Once we started, she was off and running like a motor. Mica's experience in graduate school is that her schedule is all over the place. It is not a nine-to-five, but rather, she has to be on all the time. She states that her brain can never let her relax. She always needs to be doing something, even when trying to relax. Mica emotionally recounted that she has not disclosed her ADHD to faculty even though at times she wants to shout that she has ADHD, and that she just had a night class the day before and is now in a morning class, and that she feels so drained. She has to carefully time her stimulant medication, which is difficult because her schedule is so wildly different from day to day. If she takes it too early, it wears off, and if she takes it too late, she cannot sleep. Mica believes her ADHD symptoms affect how she appears to faculty. One of her professors only teaches night classes and she says that he only experiences the completely drained version of her.

Since Mica has not disclosed to her faculty and most of her peers, she made up a rumor that she has to pee a lot so that she can sit by the door in her classes which makes it easier for her to leave the classroom and just walk around outside. She struggles to maintain relationships with her peers because she feels so different from them. She recounts that even though they are not required to do research projects, many of her peers decide to do research projects anyway. Since it is not required, and she can't fit it into her life, she believes this makes her look bad to the faculty by giving them the impression that she is not trying as hard as her peers are. While many

of her peers do their internships in the schools, even if there is no work to do, Mica cannot sit in

a room at her internship without anything to do. She requested permission from her supervisor to

take casework home to work on. She also cannot score her clients' psychological tests in the

testing room with her peers because she struggles to focus when they are talking around her. She

often takes her scoring work home but gets questioned by her professors on why she doesn't

spend enough time in the clinic.

It took time for Mica to disclose her ADHD to some of her peers because of the nature of

her program. She would hear them talk negatively about people taking Adderall and make

comments that certain students only made good grades on tests because of the Adderall. This was

frustrating to Mica because she knows ADHD and Adderall do not work that way and that

people in her program should know that as well. She also says that she chooses not to disclose to

faculty because of the things she hears them say, and the way they talk and assume things about

people with ADHD. Mica states that the head of her clinic often attributes ADHD symptoms in

women who have good grades to anxiety, depression, or issues with breakups, but when men

with similar symptoms and good grades come in, they are diagnosed with ADHD right away

because it is assumed that it wasn't caught sooner because they were smart and could mask their

symptoms.

Mica is frustrated with her graduate program because it is geared more toward testing

children instead of applied psychology. She wants to be clinically helping kids, and feels her

graduate program was not accurately described to her. To fulfill that other part of herself, she

volunteers in addition to doing her graduate program. Mica was worried initially that her ADHD

would make her a terrible clinician because she has a hard time sitting still and listening, but that

doesn't seem to bother her when she is with clients. She feels that ADHD makes her more

relatable to the kids she is serving, the teachers, and the families she helps. Mica goes beyond just testing her clients. She helps advocate for them and helps to find them resources, even when it is not part of her job.

Ruby

Ruby was very emotional during her interview but very open. She struggles with time management and says that if she has something to do at 2pm, it's hard for her to schedule anything before that because she doesn't want to get started on something and then have to stop. She often works better in the middle of the night when no one else is awake because there are less distractions for her.

Ruby was considered a stubborn child who didn't want to do things. In reality, Ruby says that she felt stuck. She couldn't do certain things. She became very emotional recounting a childhood experience of being really smart but taking her forever to finish her work. In her first semester of her undergrad, Ruby was placed on academic probation. She was taking a heavy course load and studying biology and chemistry. The very next semester, she chose to only take classes that she enjoyed and that she was interested in. She had a 3.5 GPA that semester and made the Dean's list. After finishing her undergrad, Ruby spent a year volunteering and worked at a youth non-profit. She decided that she wanted to go into school psychology so that she could do more preventative treatment with kids. Ruby started her graduate school experience during the COVID-19 pandemic and said that experience was hard for her because she prefers to meet people and can read people better in person. It has also been hard for her to not have separate spaces for school and home life. Ruby talks about Tik Tok trends and how it seems everyone thinks they have ADHD now, but she also talks about how people call it a superpower and that for her, it is definitely not a superpower.

Ruri

Ruri was very open during her interview. She needed very little prompting to discuss her experience, but she did speak very slowly. Ruri thought that all of her problems were situational until she started her PhD program and began having trouble with time management. She recalls an experience where she was serving as a TA for a class and was so excited to give a class lecture. She had spent a month preparing. The day of the lecture, she was chatting with a friend in the building and lost track of time. She ended up being half an hour late to her own lecture. After finishing what was left of her lecture, she was distracted with thinking about the situation, when she fell down a flight of stairs in the building. This was a wakeup call to her that something was wrong, and she needed to get checked out. During all of this, Ruri has been taking her comprehensive exams. She has taken them three times and has not passed any of them on the first try. She was recently put on academic probation under threat of dismissal if she does not pass her third comprehensive exams attempt.

At first Ruri thought that she was lazy. Then she thought that maybe she was suffering from anxiety and trauma. She eventually realized that she had ADHD and went to get help and a diagnosis. She had no issues with therapy being stigmatizing, but she did have issues with the stigmatization of medication for both anxiety and ADHD. She didn't know anyone at the time who admitted to being on medication. After her ADHD diagnosis, Ruri immediately applied for accommodations. When she disclosed her ADHD, she received a letter from the higher ups at her school that she had taken too much time for her comprehensive exams and was under threat of dismissal if she did not pass on her third try. On the day of this interview, Ruri found out that she passed.

Ruri's father had very high expectations of her growing up. She was a good student as a child and states that she was great at writing papers throughout high school and her undergrad. When she began having so much trouble in graduate school, it was puzzling to her because she had always been so good at writing. Ruri recalls that stress has always manifested physically for her. During her master's degree, before her current PhD, stress caused her to have a severe limp that went away on the last day of school. She didn't know she had ADHD at the time and attributed her stress to a toxic cultural environment at her university.

Phenomenological Grounds

As presented in Chapter Three, Merleau-Ponty's idea of the figure and the ground naturally leads to the seeking of the essence of the experience of these participants dealing with ADHD in graduate school. The ground is the background from which things stand out. The figure is the essence that filters up, or stands out, from these backgrounds. Think back to the description of the vase vs. two faces published by Edgar Rubin in 1921. Both the ground (background) and the figure (that which stands out) are necessary to see each other and create a picture of either a white vase on a black background or two dark faces on a white background. The phenomenological grounds in this study from which the essence stands out are the world of graduate school, the body, others, and time.

The World of Graduate School

For these participants with ADHD, the world of graduate school is a stressful, overwhelming, at times exciting, and emotional place. They struggle with insecurities and thoughts of whether they are good enough. "…just a lot of insecurities coming up to the forefront…" (Jade). Many of them feel continually behind, like no matter how hard they try, there is no possible way to catch up. The way graduate school is structured is a problem for all of

them, and they each have to work hard to keep up with expectations ranging from weekly readings to papers; and learning to teach themselves while they struggle to fit the mold of a typical graduate student. They report that graduate school is significantly harder than their undergraduate experience and often triggers anxiety, depression, and in some, eating disorders. "Every deadline is an emergency" (Jetta). Participants struggle to prove that they belong in an environment that is not built for them. Many are high achieving yet understand the cost that has on their psychological wellbeing. Nearly all report that graduate school is just not made for people who think like them. The ongoing COVID-19 pandemic has also had a significant impact on the world of these graduate students. Many of them struggle in online courses and with maintaining relationships with peers, professors, and advisors. They report that it is much harder to read people and understand the other in an online environment. The pandemic has left many of them feeling isolated and out of control. "I started during the pandemic, so it was really disappointing…it was very isolating" (Jade). With less support available in their world, they are turning inward and looking to themselves for ways to mitigate their symptoms and stressors. They are learning to build resilience, as difficult as that is for each of them, because they feel that no one else is going to help them. In their world, ADHD is less understood because they are women, and because ADHD is often male dominated in practice and in the research, which leaves them wondering, why is no one noticing their struggle?

Body

What does it mean to have an identity that includes ADHD? Is it a disability or a disorder? For these participants and their symptoms, it often depends on the day. "…if I go to grad school and I'm doing grad school things…it's a disability that day…" (Jasper). The world of graduate school is experienced through their ADHD symptoms and all the impacts, both large

and small, that has on their everyday lives. Many participants don't want ADHD to be such a big part of their identity, but they also recognize that their brains just operate differently than their non-ADHD peers. Many participants feel that when they are particularly overwhelmed and struggling to meet the expectations of their program while watching their peers succeed, their ADHD is a disability. At the same time, the stigma surrounding their symptoms makes it difficult for them to reach out for help, and several participants were slow to get ADHD testing or a diagnosis due in part to this stigma. "I think there's a lot of stereotypes, particularly for women…" (Kaya). The symptomology of ADHD also creates big emotions for these participants, and they all suffer from comorbidities like anxiety and depression, and some with eating disorders, sleeping disorders, or PTSD. Their symptoms make it difficult for them to feel comfortable disclosing to their university disability services office, and some wonder what accommodations would even look like for them. These participants struggle with overthinking, racing thoughts, brain fog, the inability to get things done, difficulty organizing, issues with time management, prioritization, procrastination, over ambitious expectations of themselves, and feeling like they are in a lose-lose situation. "…how do I convince my brain not to procrastinate on a stats final that is 16 pages long…there's really no accommodation for that" (Jasper). The energy and effort required to do their schoolwork is significant. Many have slower processing speeds and feel they can't work the way others in their program do. They struggle with being able to take care of themselves psychologically and at times physically and they each work to mitigate their symptoms the best they can while trying to find joy in what they do.

Others

ADHD has been incredibly isolating for these participants, especially in the world of graduate school. Their experience with others includes a lack of support from their professors,

advisors, peers, and in some cases, their own families. "Graduate teachers don't really help. They never answer my questions…" (Gaya). Not only are they actively comparing themselves to their peers, but they are keenly aware that in graduate school, their professors are comparing them to their peers as well. Participants feel that they are not understood and that they cannot adequately keep up with others who do not have ADHD. "…that difference between those who don't have it, and then like me, it affected how I came across to faculty" (Mica). This makes it difficult for them to trust, especially professors, advisors, and school disability services.

Even with these struggles, participants do have some support from peers, both in person and online. Several participants are part of support groups within their cohort with other students that have ADHD. "We call each other like, accountabilities buddies…" (Ruby). They hold each other accountable by sitting on Zoom calls to work quietly together, and they spend the day texting each other reminders. Participants have also found support on social media in the form of Tik Tok, Facebook, or Reddit groups. Having support makes them feel less alone and reminds them that there are others out there who think like they do. For those that do have support from their professors or advisors, that support has been vital to their success. "…having her support my decisions as a student, and especially like with ADHD has really, I don't know, it's been awesome…" (Gemma). For some, it took time for them to form those bonds and to learn to trust their professors. Given their experiences with others, each participant has chosen their degree path and their future career to help others, giving back in large part due to their experiences with ADHD as children, adolescents, and adults.

Time

The world of graduate school is heavily influenced by time, and while some participants were not diagnosed with ADHD until beginning their undergraduate or graduate programs, their

ADHD symptoms began in childhood. Many wonder how no one noticed the little girl in the corner, interested in books and afraid to interact with her peers. Or the girl who had to sit in the front of the class, so excited to be the first to answer any question the teacher asked. Sure, most of them were not struggling academically, but emotionally, these little girls wanted approval, a chance to prove themselves, and desperately needed to fit in. Still others struggled with finishing their homework on time. Participants' experience of their ADHD is heavily influenced by time and the idea that whatever it was they were dealing with, they would grow out of it. By the time they got into graduate school, they had to come to terms with not only how their ADHD symptoms had evolved over time, but all the impacts that had on them psychologically from childhood into adulthood.

Gaya was homeschooled and needed to get good grades to keep from getting in trouble. Gemma struggled with school throughout childhood and decided to study science in her undergrad in huge part to prove she could. Jade did well academically as a child, but her parents were emotionally immature, and her undergraduate program nearly destroyed her. Jasper was smart as a child but struggled emotionally. She wondered how no one noticed she was struggling over time. Jetta grew up in an abusive home and tried to throw herself into her undergrad to try and let motivation carry her through. While Kaya's brother was diagnosed in the third grade, she was in honors classes and had to wait until the 8th grade to get a diagnosis. Mica had ADHD symptoms in childhood, but they really began to stand out during her undergrad. For Ruby, time looked like getting to her undergrad and suddenly failing her classes after never having difficulties with her grades before. Ruri grew up in a household with high expectations and was confused when she began to struggle in graduate school.

Global Themes

Themes emerged during data analysis as the lived experiences of participants began to resemble each other. Participants came from different backgrounds, different parts of the country, and from different programs, and yet their experience of having ADHD in graduate school was remarkably similar standing out through the lens of the grounds discussed above. Data analysis reveals three global themes, and each is discussed below along with various subthemes. Theme titles are in quotations as they are participants' own words in describing their experiences. For easy reference, see Appendix E for a chart showcasing the themes from this study.

Global Theme 1: "Just a little bit extra" (ADHD)

For the participants in this study, the symptoms of ADHD set them apart from others around them. As Jetta puts it, "It seems like people with ADHD are just a little bit extra." From extreme emotional reactions to difficulties with inattentiveness or hyperactivity, they just feel different. For Jade, ADHD makes her messier than others and more disorganized. She says that her ADHD makes her feel awkward and that it's hard to compare herself to others around her. Jetta explains the difference between individuals with and without ADHD as:

> *We are really interested in these huge topics and like having deep philosophical discussions and like, looking at why societal patterns, but then, we also can like get super focused in on one tiny little mundane detail about like, and then just get like really fixated on like the history of the DSM...we just seem to have like a perspective that is like big and small at the same time.*

Kaya talks about how most people assume that ADHD in adults looks exactly like it does in children. "It doesn't just look like what it looked like in third grade." For Ruby, she hears a lot of social media influencers refer to ADHD as a superpower which feels strange to her:

These people who are wanting to get diagnosed with ADHD…where like, when I was growing up, it was like, oh no, like, you don't want to have ADHD because then you're like, that weird, annoying kid.

Ruri tries to manage her ADHD symptoms but has realized that boxing herself in and trying to cope using methods she was taught as a child are not working. "And I always live with sort of that dissonance of, like, this isn't working, and I actually don't like this." For Jetta, her ADHD symptoms are coming from a deep place within her. "My own like, personal theory of ADHD, is that everyone who has ADHD has PTSD, they just don't remember…it's been really helpful, just talking about it." Participants felt excited and for some, relieved to talk about their lived experiences in this study. They each talked about how no one really asks them how they are doing.

Subtheme: "She will grow out of it". Each participant in this study experienced symptoms of ADHD in childhood, but many of them did not realize that they had ADHD until adulthood. Several had family members who also had ADHD. Others experienced traumatic childhoods and had to deal with verbal or physical abuse while growing up. Very few participants experienced hyperactivity symptoms in childhood. Most participants were quiet, inattentive perfectionists. They were a little scatterbrained, and lost items often, but they were not behavior problems. Many participants had trouble keeping their rooms clean. They were often forgetful, had difficulty developing peer relationships, and were told by others that they were too sensitive. Some were very talkative and would get in trouble in class for always being the first to answer their teachers' questions. Many participants felt pressured to do extremely well in school, and several were honors students or intellectually gifted. Most felt school was easy, and some felt pressured to be high achieving and succeed at all costs. While they didn't struggle in the same way that it was assumed a child with ADHD would struggle, they did take

much longer to complete homework compared to their peers. Childhood and the belief that they would grow out of their symptoms is a big emotional component of participants' experiences of ADHD.

Jetta and Jade both grew up in an abusive family environment and that trauma impacted how they viewed themselves and left them searching for validation:

> *I grew up in an abusive family, an extremely abusive family, and so, like, that…and I, I didn't really know that they were abusive until I got older, basically, until I was an adult and I left, like I didn't have that awareness. And so, like, I, you know, when people would ask me about my family I would just be like, oh, we're kind of, I don't know, we're normal, whatever… you're not normal at all. Um, but yeah like, my family was… is very abusive. (Jetta)*

> *…my dad has very narcissistic tendencies. I wouldn't label him a narcissist, but he has those, and that goes back to his own childhood. Again, I can intellectualize it, this isn't easy, it goes back to his childhood. And my mom is just very selfish, like, I know I'm not her favorite. I'm not the fun kid. I'm not the cute, I'm not the prettiest of the kids. So, I'm not…I was not her favorite, and then they were just really busy. They were always fighting, and not, there was infidelity. There was physical violence in it, verbal and physical abuse. So, just a lot of that. So, there was not a lot of validation and that, so that feeds into all of these other things that ADHD triggers. (Jade)*

Gemma grew up in a family that prized education and had high expectations of her, particularly from her father. She recounted a story in which his expectations led her to feel dumb, a feeling she has carried with her throughout her life, and which often manifests in insecurities for her in her graduate program:

> *Growing up, my dad had really high expectations of me to perform really well in school and when I was a kid, he, he likes math so he would help me with my math homework. And I just was so overwhelmed with the pressure to perform in front of him. To do like these calculations as he's watching. I would just get paralyzed, like I couldn't do it. I*

would get, like, I would have a block and my brain would be like nope, we're not doing this, and he would get really frustrated at me, and sometimes he'd start yelling at me and I, and it always ended up with me crying. And so, I felt dumb. Like I thought my dad thought I was dumb, so, I was dumb.

Ruby's family has a history of ADHD, and her mother advocated for her to get tested. Still, Ruby carries the emotional distress of believing she is smart, but still struggling. This is something she has realized that her peers don't necessarily have to deal with:

…I as, like a young child, had like symptoms of ADHD forever. And my dad has ADHD too, and like potentially like, my maternal grandfather. So, it's always been kind of like there in my life, which makes it harder to see that it's not like something that everyone else deals with. But I think a lot of it was my mom pushing towards like, advocating for me, and like within like, the elementary school system, they were like, oh, it takes her a long time to do things but she's really smart, she will grow out of it, was comments that I got a lot (begins to cry). Sorry.

Jasper grew up in a positive home environment, but still carries some resentment about the adults in her life who didn't catch her ADHD sooner:

Sometimes I think about my childhood and different things that happened, and it's hard not to almost feel a little bit resentful towards the adults around me who didn't really help me, you know, who didn't see, and who didn't, but they just saw a little girl who was just so desperate to do well, and perfectionistic, and that you know, but that needed some support.

Some families like Jade's didn't believe their children had ADHD. "I don't know if my family truly believes I have ADHD." Some participants, like Ruby, found ways to compensate for their ADHD symptoms throughout their childhood. "I figured out like what the bare minimum was, and I was able to like meet that expectation for what I wanted my goals to be without having to go beyond."

Subtheme: "It's different with women". Every participant mentioned that their

experience as women with ADHD was fundamentally different than what is normally described

in the DSM and by what some practitioners consider to be ADHD. For Mica, her clinical

supervisor, who is responsible for diagnosing ADHD, is less likely to diagnose women with the

disorder than men, even when they present with the same symptoms:

> *...literally has like, thinks that women can't be diagnosed with… I mean, _____ didn't say*
> *that, obviously, but the implication is that if it's an adult woman presenting with, or a*
> *referral concern is ADHD, no, like, it's their untreated anxiety... but if it's a man, oh*
> *definitely. He's just smart. That's why it wasn't caught sooner. ... I have always been that*
> *stereotypical female with inattentive ADHD... I've had many times where it's a female*
> *who had like, a previous diagnosis of anxiety or depression, and then they're coming in*
> *with like, straight up ADHD inattentive...so many times I've been told, like, it's not that*
> *because their grades are okay...there's a lot of gender bias.*

They believe they have a harder time getting a diagnosis and mention that oftentimes their

symptoms are downplayed as just simply anxiety or depression. Participants expressed their

frustration with the fact that ADHD in women is not properly described, studied, or talked about.

Kaya believes that most practitioners will diagnose women with anxiety before they will

diagnose them with ADHD:

> *...bad at being, at things women are supposed to be like, naturally good at...girls get*
> *anxiety diagnoses instead of ADHD... I think there's a lot of stereotypes, particularly for*
> *women with ADHD...it's still such a like, eight-year-old white boy thing, idea of what it*
> *looks like...whos' making these decisions? Like, who wrote the DSM... you just have*
> *anxiety, because like anxiety is a women's problem, right?*

Gaya believes that the way her symptoms present, as more inattentive than hyperactive, impacts

how she as a woman is diagnosed:

...one thing about being female and having this, is a lot of times they don't believe it, because mine is more inattentive. I'm not like super hyperactive or anything, but I get distracted really easily, and I can't focus...

Jetta didn't even know that women could have ADHD, and Gemma thought that ADHD was primarily a thing that young boys experience:

...and then I ended up like, kind of just randomly stumbled on some internet comment on Reddit, or someone was talking about the symptoms of ADHD in women. And I was like, that's interesting. I didn't know that women could have ADHD. (Jetta)

I just didn't picture myself as you know, the poster child of ADHD, being like a child...a boy child, that can't sit still in class and disrupts, and I was like, no, I don't have that, and then she was explaining to me well, it's different with women. Um, but she was like, it's really different in women and women tend to be underdiagnosed, even though there are just as many women who have ADHD as men. (Gemma)

Ruri's doctor told her that ADHD in women is under researched and that primarily inattentive ADHD presents differently:

So, when I was in my assessment, my doctor said, she said, it makes sense that you wouldn't have considered this beforehand, because A., you know, ADHD in women is under researched, and B. inattentive presents so differently. So, a lot of people kind of like, figure out how to compensate their entire lives and it's fine. But, when people experience a trauma or a sustained period of anxiety, what's been working for them doesn't work for them anymore, and that's when these like symptoms start bubbling to the surface and become noticeable.

Jasper believes that the way ADHD is viewed is through a male centric lens:

...and especially the way we view ADHD in children is just so male centric and especially, I mean, and not to inflate my own ego or impose a god complex but like, especially when you have these well behaved, intellectually gifted children who, you know, aren't struggling in the way that you know a kid who's, you know, can't sit still long enough to read is.

Subtheme: "There was a name for it". Some participants were diagnosed with ADHD as children, but most were diagnosed as adults. Many of them made it to graduate school before realizing that something was not quite right. All participants were relieved to find the reason and have a name for why they struggled so hard as children and as adults, and that an ADHD diagnosis could explain their behavior. Some participants went through psychoeducational testing to diagnose their ADHD. Due to the cost prohibitive nature of that type of testing, others were diagnosed by a primary care practitioner, counselor, or psychologist using questionnaires based on the DSM V. Every participant has at least one, but mostly two or more comorbidities including anxiety, depression, eating disorders, sleeping disorders, PTSD, chronic pain, panic attacks, and trauma. Participants recount their experience of their testing or diagnosis below, and although their descriptions may vary, the meaning is very much the same:

> And it was just the biggest relief in the whole world because it meant that like, there was a name for it. It meant that like, it's, I'm not just bad. Like, I'm not just…like, it's a real…it's a real thing, that has like a name and that like, there's help. (Jetta)

> …during the math portion, I kind of suspected I might have like a math learning disability. I like just started crying when they were asking me to do all this arithmetic really quickly…but there were things like that I was scoring lower on like my processing speed, it's slower. So, it takes me longer to kind of understand things, which is probably why I feel dumb, because I don't get things like super quickly…now that I know I'm like, how did I not know? There's always some grief of like, had I known sooner would I have struggled this much…when you get diagnosed, you're having to teach the people around you like, this is who I actually am…it's kind of like teaching people you've known your whole life about who you really are. (Gemma)

> …the process of getting diagnosed and evaluated was traumatic in and of itself…I lost my shit on this poor examiner and I was just like, I can't do, I can't do this anymore, like, I think I literally said like, take what you want right, whatever notes you need to write down, because of this, but like, I'm not doing this button thing anymore about three

minutes in…I was also being a pain in the ass, and asking if I got every question right, after she gave it to me…it still resulted in getting what I need…you know, getting what I needed, and they saw, what I saw, what my mom saw, you know, all throughout these years. I just needed some extra support. (Jasper)

When my counselor first talked about it, I'm thinking, that can't be true. They would have caught it forever ago…but it's also nice to have a name for it and kind of see how it affects other people so you'd currently like, you don't feel like you're the odd ball. You're the weird one, or anything like that. You have more in common with people. (Gaya)

So, I mean, seventh grade was when I was officially like diagnosed with ADHD, and I eventually started going on, I started, well at first, I started antidepressant medication, and some anti-anxiety medication. But my ADHD symptoms were still there. So, they were kind of like (wipes eyes), oh, it's probably not because a lot of times I like, we don't want to give anyone stimulants if they're just having anxiety, but it was clear that it was beyond just anxiety. (Ruby)

What stands out to me is the sense of relief that I now feel because there was an explanation for why things were so challenging. And now I have tools that can help me. For me, I just got diagnosed maybe what, three months ago. And this is after years of struggling…part of me is a little sad, like I wish I knew all this when I was younger. (Ruri)

Several participants struggle with whether they identify as having a disability or a disorder. They often battle with whether to accept ADHD as part of their identity. Other participants are confused that they see people on social media who seem to want to have ADHD when the disorder is so debilitating for them at times. For Jasper, if she is really struggling in her graduate program, it's a disability for her:

Do I identify as having a disability, or is this just a disorder…if I go to grad school and I'm doing grad school things and I'm really struggling, it's a disability that day…some days I do identify as having a disability by virtue of this, which that is also pretty controversial, you know?

Ruby doesn't understand why some people on social media refer to ADHD as a superpower when it has been so difficult for her:

> *Yeah, I think a lot of people are like, oh, this is something that makes, that can make me special. And I think there are things I can make, that are like beneficial to having some of these things, but I mean, in the end, it's categorized as a disability. So, it's just kind of interesting to see people kind of like take that on the flip side and call it a superpower.*

Gemma feels that her ADHD makes her a more genuine person:

> *And I think part of that authenticity is my process of having ADHD, like yeah, my process doesn't look as streamlined as all these other people in my cohort. Mine's messy and like, I sort of have to jump all over the board to figure out where I am with my research, but like, I don't know. I've been really satisfied with that because it feels genuine.*

Participants also experience a great deal of stigma surrounding their experience with ADHD, particularly when it comes to being women with ADHD:

> *I think there's a lot of stereotypes, particularly for women with ADHD. And I, I guess I also just kind of like that separation, like, you know, the professor I disclose it to is probably, he's…he's definitely the youngest one like, he disclosed about like his daughter having had it, so that was a more comfortable environment for me. And so that, I think kind of opened the way up more than like, stereotypical, this is what people with ADHD look like, or this is what they do, or this is what they struggle with, because I'm like, I don't know. I don't have time to deal with, with all of that. (Kaya)*

For Mica, she finds herself frustrated that even in her graduate program where her cohort and faculty should know about ADHD, they still have biased viewpoints against individuals with ADHD. "It's so ironic how, how much like prejudice and bias happens so blatantly about things like disabilities or disorders in a school psychology program, we're like, literally that's our job is to not do that."

Medication was mentioned by most participants. Some had parents growing up that didn't agree with stimulant medication. Participants have also had to deal with assumptions from peers or professors that stimulant medication gives students with ADHD an unfair advantage which is frustrating for these participants since they feel even with medication, they are still struggling to keep up. Several participants used anti-anxiety or anti-depressant medication since those were their first presenting symptoms before they knew they had ADHD. Some didn't know anyone who talked openly or admitted to being on medication. For Ruri, it was anti-anxiety medication that made her realize she might have ADHD. With her anxiety mostly controlled with a prescription, she felt there was still something else lingering that the medication was not affecting. Mica again describes her experience with members of her cohort and faculty, who should know about ADHD and ADHD medication, and yet have very biased views of both:

> *There's a bias against people who have access to stimulant medication…they would say, well yeah, she made that (grade) because she had Adderall…the irony of these, psychology students in school psychology. So, they should understand like, fundamentally that ADHD and stimulant medication, it doesn't work like that, like, it doesn't work like, oh, I've been boosted with intelligence, and I can do it for like, way longer than other people.*

Jasper echoes much of Mica's experience. "What I take to do well, to focus, and just get right, on an equitable playing field with you people, you're taking yourself above that and it's almost like I'm competing with aliens."

Most participants find themselves struggling with timing their medication. To function during the day, they need their medication in the morning. The problem then is that their medication wears out before they can get to their night classes. In graduate school with schedules sometimes stretching over 12 hours, and other work and family responsibilities, timing medication is a struggle for many participants. Mica has to make sure she takes her medication

late enough in the day so that she can focus in her night classes, but early enough that it won't keep her up all night:

> *I need my medication and having to time things based on that…my medication wasn't lasting long enough, like 12 hours at most. And then if I like tried to take the medication based on trying to have enough focus for night classes, well, then I wouldn't sleep at all…meaning I couldn't get up for the morning stuff.*

Jade also has to carefully time her medication which is frustrating to her because her program decided to move to a block format where she has classes back-to-back:

> *I have ADHD, so my focus is really hard. It's especially hard because when my free time is in the evenings and my medication does wear out, so she tried to give tips to help and just was like…this is not a solution to the time management we have because again, the school made the decision to do block format, back-to-back classes every week.*

Jasper also deals with having to time her medication so that it doesn't keep her up all night:

> *And unfortunately, it's not a, not like, I need to concentrate at, you know, eight to 10pm or whenever, and, like, I don't want to be cracked out where I'm, you know, taking medicine then up all night, or I don't want to be on a crash, after being so high all day and then not being able to be…so it's really, it's really tricky.*

Medication is cost prohibitive to some participants, especially for those without insurance. For Jade, she rations her medication due to cost. "I don't take it on the weekends, but I'm going to start because it's just helped so much, but because it was so expensive…Vyvanse, which is the best, but it's awful to pay for." For other participants, medication side effects or the effects on other aspects of their life make it difficult to be on an ADHD medication regimen. Jasper struggles with taking ADHD medication because of the way it interacts with her eating disorder recovery. Ruri also has trouble with how ADHD medication interacts with her eating habits. For Gaya, her ADHD medication made her sick to her stomach, so she stopped taking it.

The choice to go on ADHD medication was easy for some, and more difficult for others, due in large part to the stigma surrounding it. For Ruri, she felt medication was a last resort:

> *If this is a thing, then I'm definitely getting on medication because if there is something that can help, I'll take it, because I was kind of at the end of my rope here, like, I'm on the verge of getting kicked out of my program.*

The first time taking ADHD medication was an amazing moment for several participants. For Jade, "…going to get medicated for it was like, come like, heaven like, what is that called, like a coming home moment. Like, this is what I'm supposed to feel like?" Jetta describes a profound realization in which the first time she took medication, it changed everything about her interactions with others and her ability to make choices that day:

> *The very first day I took medication, it was absolutely one of the most amazing experiences in my whole life, taking stimulant medication for the first time. It was like I had been dreaming for my whole life and then I finally, that was the first time I woke up…I remember that I could, I went, I took the dog outside. I talked to the neighbor while I was out there, and I remember that like, when I came back, I was able to do something else before going and telling my husband what the neighbor said to me. That I didn't have to immediately go and tell him what the neighbor said, otherwise I would forget it. And like, that was incredible. And medication allowed me to do that. And then also that like I could, there was like some clean laundry that was like sitting that needed to be folded and I could just like, choose to put it away…it was amazing.*

Many participants are in therapy, either to help the emotional aspects of their ADHD, their comorbidities, or for ADHD coaching. Therapy has been helpful for most of them, but it has also been cost prohibitive. It took time for some to find a therapist that they could really trust, and one that understands the kind of help they need. For some participants, they needed to deal with their past trauma before they could really focus on their cognitive abilities. Jade was

frustrated going into therapy that cognitive approaches were not working for her. Her new therapist explained that she had to deal with the underlying emotional component of her ADHD before she could focus on cognitive therapy:

> *She's helped me work through like, the boundary stuff. I'm understanding that like hey, the cognitive stuff doesn't work for me, and I made it very clear, and she's like yeah, why should it? Like, that's where the brain doesn't work the best at. And just, there's been a lot…I think part of what's helping, is just she's been very validating, and that's what I need, and part of the crappy thing is, I have to cut back on, I can't do weekly because I can't afford it.*

Jetta has come to realize that the source of her distress is not in how she thinks, but that the roots are much deeper. This is why cognitive therapy has been problematic for her as well. Getting deeper has helped her recover emotionally and allowed her to focus on the cognitive aspects of her ADHD:

> *…it helps move the stress...it's kind of like a mindfulness way of like engaging with your body sensations...Like, I will get nowhere, because like, it's not my thoughts, like, it's deeper than that…rather than cognitive behavioral therapy, which is like, worksheets, and like, that did nothing for me...so I started doing ADHD coaching and then that brought up a bunch of stuff, so then I started doing more like therapy, therapy...somatic experiencing…through my experiences in therapy that I realized that like, oh, therapy can be transformative.*

Jasper grew up with a chronically ill parent which triggered anxiety, depression, and an eating disorder. Before she could deal with her ADHD symptoms, she first had to face the root of her comorbid disorders:

> *My mom was, is, chronically ill, and has been severely chronically ill for the majority of my life, and I have a history of eating disorders. So, the therapy was really kind of based in this like, treating this like, manifestation of like anxiety, depression, eating disorder,*

and then kind of naturally, especially as I like, matured in therapy, by the end, it was a
little bit more of executive function, working on executive function skills.

Ruri had to fall down a flight of stairs before she sought out help for her anxiety which tied back
to childhood trauma:

...because I was thinking of the situation, and like completely fell down the stairs. And
that was like the sign for me that something was up, and then they started like seriously
investigating like trauma and anxiety and all that. So, I had like a year and a half
probably post that, where I started, I got on anti-anxiety medications and I you know, I
was doing a lot of processing, I had moved twice I think, and very, very, slowly but
surely, like the trauma responses kind of quieted, so like I had bad insomnia and panic
and panic attacks and my memory, brain fog, it kind of messed with my eating, and all of
these things, slowly but surely with sleep aid and with the, with the anxiety medicine
things got a lot more manageable."

Subtheme: "Emotions were really big". Many participants described experiences where
their ADHD brought about big emotions. They tend to either hear the negative first, or only hear
the negative when receiving corrections or constructive criticism. They often freeze or have
trouble processing the thought that they may not be perfect at something. Many describe
themselves as very emotional. Many also suffer from a fear of rejection or feeling like they are
not good enough to be where they are or might not make it in their programs. Many of them
recognize that these big emotions and their outbursts are an issue, and that they haven't learned to
regulate their emotions well. Participants lack confidence in themselves and their abilities, and
the emotions tend to come when they feel overwhelmed. Several participants have emotions that
are complicated by the trauma they have experienced in their lives. For Jade, she struggles with
her emotional reactivity and can't process information when she is in an emotional state. This
ties directly back to her childhood and feeling like she isn't allowed to be emotional, which
makes it hard for her to bring up her feelings in the classroom:

...the feelings and emotions were really big then, and I was like, I was shutting down at times, but I was also like, just being very emotional at other times...I'm not hearing if I'm in my emotional brain...questioning my emotional readiness to do this job...you are going to harm a client because you're not emotionally present, and after hearing that today I'm just like, why the fuck am I doing this...as I'm like saying, this is the hardest semester and like, timeframe of my career and personal life, like, yeah, of course I'm not ready right now...but now that you see it, you think I don't have it, so that's just going to put me back into that spiral that maybe I don't have it. It goes back to like as a child, like, you're too emotional...this is why you should not have said anything or brought up your feelings in this class.

Jetta describes her emotions as being more intense than others and that people often think she is too emotional and can't handle her feelings:

...our emotions are just a little bit more intense, like we feel things just a little bit more deeply like, and, you know, it can be a little off putting I think for people sometimes who aren't expecting that, who are expecting you know, people, someone to be a little more, because I can keep it together when I need to, but sometimes it comes out. And so, that's something I've noticed as well. So, I guess that's like one of the emotional dysregulation-like symptoms of ADHD, but in practice it kind of feels like, woah, that's a lot. Like, that's a lot like, that's a lot of information. That's a lot of feelings. That's, that's a whole lot. And so sometimes people even have the reaction like, that's too much. You know, you're too much.

Kaya explains that while she has more emotional reactions than others, she can bring herself back down from them quickly:

I definitely will have, I think, more emotional reactions, but I feel like I can kind of come down from them pretty quickly. I don't stay in the emotional reaction or like, I have a bit of a freakout and then I'm done.

Subtheme: "You got to figure this out". Participants struggle with how to find accommodations as adults. They feel it is expected that by graduate school, they will have

themselves figured out. The problem, in their experience, is that everything falls on them which is difficult when they have an executive functioning disorder like ADHD. Jade describes it as, "Like, you're in a graduate school program, you got to figure this out." Jasper says that much of the advocacy has to be taken on my her, and that she is the one who has to know what she needs and then reach out to get it, which is incredibly hard for people with ADHD to do since they have an executive function disorder:

> *But even after, like post diagnosis, it was so much advocacy and you know, you going to professors, and you setting these things up, and you making sure that the proctors are there, and it's all on you, and that's not something that people talk about.*

Gemma wishes that higher education was more flexible for people with ADHD. Jade doesn't believe that the right kinds of accommodations are available to individuals with ADHD in graduate school. Many participants believe the stigma surrounding ADHD impacts their ability to access accommodations. Jade shares her frustration with her institution choosing to go to a block format because of a student vote that she feels was overwhelmingly voted on by neurotypical students. "You decided to do it this way, so I'm already suffering on many levels." Kaya wants disability protections in cases where she might misinterpret assignments and would like protected time on tests. She feels an official backing of a disability accommodation would be helpful for those situations:

> *…I guess, like just having that kind of official backing would be really the only thing, but also, like having to balance that with like, do I want to disclose to these people? They don't need to know everything about me."*

Gaya believes that graduate programs are just fundamentally not made for individuals with ADHD:

> *Um, mainly that it doesn't seem like the programs are made for it at all. It seems like they throw everything at you at once and expect you to be able to organize it and just know*

where to start, and not get distracted, to be able to do a whole lot of reading on one topic from very analytical papers and stuff, which does not help.

Jasper says that most available accommodations, such as testing in a testing center or having access to a note taker, are not the types of accommodations that she needs. She indicates:

And even in grad school like I have not…I have not registered with Student Disability Services, which has been something that I've like kind of toyed back and forth with, and grad school is just so, it's so wildly different from undergrad, and luckily the faculty, generally, the faculty in my program are very accommodating and very flexible of like, hey, you know, email if you need an extra day or two, like great, and just let me know. And there are so many things…some of the things that I think I've struggled with the most with ADHD in my program aren't things that necessarily fall under accommodations of Student Disability Services.

Jasper believes most students, not just ADHD students, would benefit from taking certain things into consideration when developing graduate programs. She describes a power imbalance making it difficult to request help. "…yeah, I want to impress you, but I need to come to your class after you know, after the first day, and tell you all of the things, I, you know, all the accommodations I'm asking for." She also mentions that there is not really an accommodation for people who wait to start assignments until the last minute because they are not able to get themselves to start the work. For Ruri, when she went to get accommodations and notify her professors after she didn't pass her first two attempts at her comprehensive exams, she received a threatening letter from the Dean of her college saying that if she did not pass her comprehensive exams on the third try, she would be dismissed from her program.

Disclosing their ADHD to professors or others in their program has been difficult for participants. Most have not disclosed to professors or advisors. Some have disclosed to likeminded peers. Some are worried about the stigma surrounding ADHD and others don't trust

their faculty enough to disclose to them. There is a concern that disclosing will impact how professors see them, grade them, and whether they will think participants are not ready or able to work in their professions. Many participants have a fear of professors finding out about their ADHD diagnosis. This is intensified for participants who are pursing counseling or psychology degrees since they have experience with professors and peers conducting ADHD testing and hear behind the scenes how their professors and peers talk about clients. Some participants have only disclosed to others in their cohorts who also have ADHD. Jasper wonders who she would want to disclose to in her professional career because on the one hand, she doesn't want to hide a disability, but on the other, she doesn't want it to change how people think of her as a professional. Mica is frustrated with her faculty and the way they talk about individuals with ADHD:

> *I didn't tell anybody faculty wise because it's none of their business and they suck. But there was part of it too that was, I hear how they talk, with these, like, just general, sweeping assumptions about people who have ADHD.*

Gaya grew up in a family that didn't believe in ADHD. Once she got her ADHD diagnosis, she chose not to disclose to her parents. That led to her just not disclosing to anyone.:

> *…my family didn't really believe most people had it. If they had ADHD, they kind of thought people were over medicated, stuff like that. And they're just, they have some different views about illnesses and things like ADHD or mental health or anything like that. So, I didn't want them to know. And so that came to not letting anyone know.*

When Gemma finally worked up the courage to disclose to her advisor and ask for help, she was not met with the support she had hoped for:

> *…And I told her like, I know I don't need to disclose this information to you, but I want you to know what's going on with me so as my advisor like you can do your best to support me and what's happening in my life. So, I disclosed to her about like my chronic*

> *pain…ADHD, and depression, and I like just poured my heart out to her in this email,*
> *like few paragraphs, and I got an email back from her, and she just sent me like one*
> *sentence, and it was like, maybe grad school isn't for you.*

Disclosing to disability services has been problematic for some participants. They are afraid that having services through the disability office labels and stigmatizes them which will make it harder for them if their professors think they cannot pass their classes or finish their programs. Mica is worried that it would mean they would think she can't be a psychologist. Jetta had an experience where she felt the person at disability services was very patronizing and condescending to her. When she did ask for help because there was a beeping sound in one of her classes, the disability office contacted custodial services who said they could not fix the beep and the professors could not do anything about it. She was expected to just deal with the beeping sound while in class. She sat with headphones on, trying to listen to lectures, and eventually dropped from the program. Several participants have been back and forth with the idea of going to disability services. Kaya is unsure about what accommodations would even work for her:

> *I'm not really sure like what it would get me at this point. And I don't know what that*
> *process even looks like. Because I don't, I mean I have documentation about like*
> *medication related stuff, but not what accommodations would even look like at this point.*
> *And I just think there still are a lot of stereotypes about it.*

Jasper believes that the most difficult aspects of having ADHD, such as procrastinating on homework and exams, don't really have an accommodation:

> *It's like, you know, how do I convince my brain to not procrastinate on a stats final that*
> *is 16 pages long, speaking from experience of I don't know, about a week ago, until*
> *about 36 hours before it was due? There's really no accommodation for that.*

Participants in this study struggle with feeling just a little bit extra. From their ADHD symptoms and how that makes them appear to their professors and peers, to having big emotions,

they are just working to figure out how to manage. The feeling of being extra is them feeling abnormal in comparison to everything around them.

Global Theme 2: "I always felt I was going to fail" (Graduate School)

Graduate school brings up a lot of insecurities for participants, from feeling dumb, to struggling with test anxiety, or for the first time, not being able to make the grades they want. Imposter syndrome has set in for many of them and they do not feel secure in their role as graduate students. Many also feel isolated in their experiences. Gemma is always expecting to fail. "…sometimes I'm like, why am I here…I kind of always thought of myself as dumb…I always felt like I was going to fail." Jade talks about how graduate school triggers all of her insecurities:

> *…just a lot of insecurities coming up to the forefront, because it was triggered in like, I can't go into specifics…and everyone was on my side, but it's still such like a big crush to my ego and self-esteem of like this, this person, not personality, just how I present, how I work in my whole life, like this is who I am.*

Gemma recalls how hard it is in graduate school to not be understood and to be unable to relate to her peers and professors:

> *But anyway, not having like, not having people understand me, as someone with these issues, including my advisor, and including my like, lab mates, like none of them are neurodivergent, as far as I know, um, it's been really isolating because I feel like they don't understand where I'm, like my experiences, and they can't relate to them, so I just didn't get a lot of validation from them…the imposter syndrome and feeling isolated. I feel like those two things kind of go hand in hand.*

Participants feel extremely overwhelmed in graduate school and they recall very vividly their experiences of stress and the need to process so much information which is causing them to burn out. Some feel overwhelmed by the competition among their peers. Others are

overwhelmed with weekly papers and reading assignments. Most participants feel that many of the coping mechanisms they have used to get to this point are no longer working. They just feel like they don't have everything together and as assignments become tedious and deadlines are looming, they are struggling to maintain any type of work, life, and school balance. Gemma talks about the struggle to force herself to do things and that she's just tired:

> *They want me to for the grade, so either I don't do it, and I get a bad grade, or...I've forced myself to do something I don't want to do, and I don't know, I just, I know I'm paying for school but I'm tired.*

Jade is overwhelmed by the readings for each class and trying to balance everything:

> *…that's on top of everything else that's going on, all the readings, like 304 pages a week, top of the weekly papers for one class. And then, so it was a lot, it was a lot of work, so like, I had no…nothing left to my tank...it wasn't to the point that I'm like, oh my god, I'm going to break, until this semester…it was questioning like, whether I can do this…*

Jasper describes feeling a sense of flailing panic and being unable to keep up. She likens it to standing in the middle of a busy intersection, having no idea which way to go:

> *And sometimes I feel like generally, the motif of grad school is you just are kind of flailing around like a chicken with your head cut off. But I especially feel like there are probably more days than most that I feel a little out of sorts. Just because it just feels like things are just swirling around me and I have a hard time keeping up some days, and I probably do need to give myself a little bit more of a break, than what I do…it is just trying to balance the never ending to do lists, the never ending like things I could be doing versus what I am doing, and sometimes I feel like I'm just standing in like the middle of this like very busy intersection, just kind of like looking around like what street do I go down first, like you know, what thing needs to be accomplished now versus what can wait, versus like oh my god this is due tomorrow.*

Jetta talks about being ruled by deadlines and how everything is an emergency:

You know, when you know at the beginning of the term like what the deadline is going to be and even like what the assignment is, but like, just every deadline is an emergency. And, and how they kind of like come to rule my life in a way…

For Jasper, she feels like even if she catches up in one aspect of her life, she never has it all quite together:

I just sometimes feel like I don't, I just never quite have it all together. It'll be like 95%, but then my apartment, looks like a train wreck, or, you know, I'm caught up on work, but my fridge is empty, or I've actually made meals, but I have three things due tomorrow. Yeah, so it just doesn't ever feel like the puzzle pieces are all quite put together…it almost feels, there are some days where just doesn't feel like a win, it doesn't feel like a win-win situation, like it just feels like a lose-lose.

Subtheme: "Sort of all over the place". Participants struggle with overthinking and having their mind racing, even when they are trying to calm down. They recall experiences of their mind not being able to shut off and how they find themselves doing too many things at one time. Some stay up all night long to work on assignments because they feel it's the best time for thinking and has the least number of distractions. For Gemma, she feels her "…brain is just sort of all over the place…" Gaya describes how her mind is always on a million things at once:

I think of everything at once...my mind's not just purely on what I'm doing. It's on everything... I have to do this, and this, and this, and this, and this, and a whole long list, and um, worrying about how I'll do on all that…worried about things that haven't happened or probably won't happen…

Mica struggles with being able to relax. She feels as though her brain needs constant stimulation:

I don't relax the same way as others in my program. Um, I don't know, my brain needs constant...I don't know how to explain it. Like, I need constant, like, cognitive challenges if that makes sense. So, I, I have a really hard time…there comes a point where I'm physically hurting, or my head hurts, and I just can't sit at my computer.

Ruby also describes juggling too many things at one time and how she will start something and then just move onto something else, without necessarily finishing the first few things she started:

> *I drive my fiancé crazy, because I'll start something like, just chores around the house. I'll start something and then I'll move to another thing, and I'll start then, and I'll be like, oh I have to do this other thing, and like, it happens the same with schoolwork. I'll be working on something for my assistantship. I'll be like, oh no, I have to finish this. I have to look at this thing for a paper. So, then I have 100 tabs open. My computer is running really slowly, and I'm doing five tasks at once.*

Participants recall their experience of brain fog and their inability to focus, though they can hyper focus on things of superior interest to them. At times the brain fog is so difficult for them that they feel paralyzed. For Ruby, "…there are some things where it's like, okay, it's kind of nice to be able to hyperfocus on something, but I also can't get anything done if I have an appointment at 2pm." For Gemma, "I was just like sleeping a lot, I had brain fog all the time." Mica can hyper focus on things that are of extreme interest to her, but struggles with anything else:

> *And oh my god, you know, I can sit for it, I can I get hyper focused on it. But that's a big aspect, I guess. I don't know if it's everybody's ADHD, but for me, I need to feel fulfilled in like multiple areas. So, and if I'm not then I'm miserable, so I didn't like the classes.*

Ruri describes her inability to focus during her comprehensive exams:

> *I thought it would be an easier time, and it just wasn't, and writing the exam I felt all over the place. And then I, so, immediately after I…oh, also I had like all of this like chatter, like I couldn't focus.*

Distractions are also difficult for some participants, especially during tests. They find it hard to focus on their own work because they can hear what others are doing. While doing homework, they can get distracted by things happening around them which makes it harder to complete their assignments on time. For Gaya, "I'm not like super hyperactive or anything, but I

get distracted really easily and I can't focus." Jade describes, "I really struggled socializing and seeing, reading the cues, because I was so distracted by everything else…" Jasper explains that absolutely everything happening around her distracts her during test taking, from people chewing gum to someone tapping a pencil:

> So, while other people are locked into a test for 90 minutes, I'm hearing the person tap their pencils, eat a granola bar, shift around in their seat, chew gum, like…that's what I hear, versus like, in my head, reciting the Krebs cycle or, you know, the synthesis of ATP or whatever.

Ruby talks about struggling through mental blocks or needing to do anything else at all before sitting down to write a paper:

> I could sit and stare at something for seven hours and not get anything done because I'm just having a mental block, or get distracted by everything else, my whole entire house will be clean before I can start writing a paper.

Mica struggles to tune out the distractions when her brain is screaming at her to just tell the person, even if it's her professor, to stop:

> But adding the ADHD for me, like I have some…I don't just get distracted. There are times when I'm like, I'm like, I need to do this, but I can hear you're like, you're clicking a thing. And why are you clicking like, stop! And I obviously, I don't do that. Because we're supposed to…we're professionals here. I can't tell, like the experts in behavioral science, I can't tell him to please stop saying, uh, so many times his lecture. I can't…I can't do that.

Participants also feel like they often get sidetracked. Going off topic is very easy for them which makes it hard to get their assignments completed. Several participants describe this as taking rabbit trails or going down the rabbit hole. Gaya explains, "I didn't know it was weird for me to start on one paper and end up doing research for a whole different topic." Kaya describes an incident where her professor realized she had gone very off track. "She was like okay, so this

was not the original intent of this assignment, and this is not where we were going, and I was like, well, it's too far. It's happened. This is where we're at now…"

Organization is also difficult for participants. They feel there is so much information coming at them and that in graduate school, they don't get a lot of help organizing the information they need to have. They also struggle with setting reminders for themselves, keeping up with to-do lists, and making or keeping schedules. Even when they are able to make schedules, some participants mention that they are over ambitious about what they believe they can accomplish. This difficulty with organization leads many participants to feel like they are getting further and further behind in their coursework. For Jade, "…it's like always feeling like you're one step behind but you're, you're probably more, more often than not, like, I'm two steps ahead of other people, but that feeling of being behind to stay ahead." Ruby describes her difficulty keeping up with everything, "it's been hard to like…remembering to do like, the daily tasks…" Jasper talks about being great at writing to-do lists, but not so great at completing them:

> *And, you know…like every time I make a to do list, it's just never quite like, like I am, like I'm good at like writing out like, okay, these are all the things I need to do, and these are the things I need to do them by, when, I mean, I love making a to do list, but then it's picking like what is, where do you start, like where do you start?*

Gemma feels that she sets over ambitious expectations for herself:

> *And I really try to go by what I'm feeling for the day, and not like beating myself up, like I'll usually have a plan and I'll be like, and it's over ambitious, all the time, where I'm like, I'm gonna do this whole assignment today, and I'm going to do this whole thing, and it's like, no, no, that's never gonna happen...I feel so behind…*

Even when participants manage to get organized, they have trouble getting into a flow and it takes them significantly longer to complete their work than their peers. Gaya describes her

need to work in short bursts because otherwise she spends too long on assignments and gets off track:

> *I guess I got into that habit where if I don't do really well, or I don't think I do my very best, even though I spent so long on an assignment. I had to learn to do work in short bursts, because if I tried to sit down and just do it, that's when the rabbit trails start. I have to do a few minutes here, break, a few minutes there.*

Gemma struggles with getting into a flow because she keeps going back to correct each sentence as she writes them. Her need for perfection on the first try, leaves her stuck:

> *...once I start writing, once I get to that point, like, it'll just be START STOP START STOP START STOP like I can't just flow, like, you're supposed...I'm trying so hard not to have that perfection mindset where I'm like, every sentence needs to be perfect right now, instead of just trying to write a shitty first draft like, it's been really hard for me, and I think a lot of people with ADHD struggle with the perfectionism thing and it becomes overwhelming...it takes me longer to do things and turn in assignments...I'm just scrambling at the end of the term.*

Jasper is frustrated that to get to the level of detail her professors expect in her assignments, she needs more time:

> *...and I think, by virtue of my ADHD, by virtue of how I study, I just felt like I could never get to the level of detail that they were asking of us, and especially couldn't get to that level of detail in an hour and a half.*

Most participants really struggle with the level of reading required in graduate school and the amount of concentration it takes to read hundreds of pages per week in each class. They describe their experiences of how reading textbooks is extremely hard for them, though if they become really interested in a topic, many participants will start reading other books and articles related to the topic. This causes extra work for them since these readings are not part of their assigned readings. Gemma explains, "I don't know, it's just too much work in too little time for

me. I just, so, um, yeah, like doing reading, reading articles, oh my god, that's so hard for me."

Jade describes, "So that's on top of everything else that's going on, all the readings, like 304

pages a week, top of the weekly papers for one class. And then so, it was a lot…" Jetta believes

she is good at diving deep into independent research, but really struggles reading her textbook

assignments:

> …there's a lot of like deep interest in certain subjects, so I find like I'm really good at like doing a deep dive, and like, I do a lot of independent reading and research. And then I really struggled to read the textbooks. So, like, I don't do the assigned reading, but I do like all of this other reading, like I have a giant bookshelf of like stuff that I'm interested in that's actually related to my coursework, but then I just don't do the assigned reading.

Participants struggle with procrastination and how to prioritize assignments and other

things in their general everyday life. This often causes them to miss assignments. Kaya refers to

this phenomenon as time blindness:

> How do I make sure I'm getting these things done? Estimating how much time things will take. Okay, I don't know, I can't figure that out, like, you know, that's some, time blindness is…I have no idea how to do that, so, that's for me been the biggest challenge.

Ruri wonders what graduate school would be like if she could stop procrastinating:

> …imagine how much easier it would be and how much better I would feel if I was able to give better quality work because I wasn't just procrastinating all the time. So, it just like is weird, like weird patterns and justifications that I would give myself, or rationalizations rather for why my academic career looked the way that it did.

Kaya explains that she is great at starting things, but that she struggles with completing them.

Writing is especially difficult for her. She knows the material, but she struggles to get it on

paper:

> I love starting things, but when it's that last little thing to finish up, it's like excruciating, getting those last little things done. Or like, even with research papers. I love the

research part. I love reading all the articles, getting all the ideas, and then just like sitting down to write I'm like, why can't I just tell you? I'll talk to you all day long. I'll do a fast PowerPoint presentation, but like sitting here and making citations, those things are like, terrible. Those are so hard. Which, and then you're like, well this is silly, I should really be able to do this, but then you're like, this is, taking so much effort.

Gemma talks about how hard it is just to get the emotional stamina to start her assignments:

And even just like, working up the emotional ability to start your work alone is exhausting. So, by the time you're actually working on your stuff, for me, it's just like, I can only do it for so long.

For Kaya, she feels like perhaps she needs the time pressure to even get going:

Like, it's due in two weeks. I haven't even read it. I don't know. I haven't done any of it. And it's just been really interesting. I guess I didn't know like people live like that to quite the extreme that I've seen here, of people getting things done early. Or like, needing to know all the details and I'm like, I'll figure it out as I go on.

Ruri describes feeling paralyzed when starting papers and that at times, she can't even start until after the deadline:

The running joke, between me and some friends and family, is that I became known as extension queen. Because I would always take extensions, if I could get them, because I just could not get started on my papers because of the paralysis, and oftentimes I wouldn't start my paper, or at least I wouldn't like really get going, until the deadline passed…

Jasper questions, "How do you make that initial plunge into, you know, productivity, or getting things done or whatever? I mean, then that, even that can look so different on different days." Ruri wonders, "…do I need the 14 hours beforehand pressure to get me to do it, like do I even have the capacity to hand things in before the deadline anymore?" Kaya explains, "It just seems like everything kind of gets bigger, faster than I'm expecting it to."

Participants struggle with the amount of energy or effort it takes to do things and have a hard time budgeting their energy and effort. Gemma explains, "I know I can do about 45 minutes of good work before I'm like, nope, I'm done! I need like a couple of hours of break now!" Jetta describes, "…I always like push myself right to the edge, but then, like, I succeed, and I do well academically." For Ruby, "…I think that's what it's been, a lot of it has been like learning how to budget energy, which is hard to do…" Jade feels like she is always trying to catch up:

> *Just the amount of the energy that has to go into planning and ensuring that I'm doing what I need to get done, because that feels like it's always impossible when you try it, like you're one step behind catching up, on top of having a full-time job…*

For Jasper, graduate school means having to squeeze out effort both day and night:

> *…instead of like you know, concentrated effort in, you know, eight hours of your day, or you know, however long your job is, it's like trying to like force yourself into pockets of concentrated effort, you know, at any hour of the day or night, you know, for, you know, seven days of the week…and I just feel like I need to be at 100% to give my best and do my best. And, like, I just kind of feel like I'm always operating on like 85…*

Participants also deal with slower processing speeds or a limited capacity to process information and get things done. Gemma explains, "…especially when I have such a limited capacity for what I can do anyway with ADHD…it takes me longer to process…" Kaya describes, "So, it's been really interesting to see how differently other people work, and not knowing that like, the way I work isn't quite as normal I guess as I thought it was."

Subtheme: "I was shutting down". Participants struggle with physical and emotional symptoms related to their ADHD. This makes it difficult for them to process information and complete their work. They are often hard on themselves and struggle with either shutting down or getting angry and lashing out at others. Some participants feel like they have to prove that they are good enough to belong in their graduate programs. Mica describes, "…I wasn't coming

across a way that I've had control over…it takes a lot of work to pretend to, to mask the symptoms." For Jade, her emotions often cause her to shut down:

> *…the feelings and emotions were really big then, and I was like, I was shutting down at times, but I was also like, just being very emotional at other times…It's not like, oh I'm willfully being lazy, this goes back to where my brain and body was just in the fight, flight, or freeze, I just don't, nope, you gotta do it or don't.*

Ruby recalls that people always thought she was stubborn, but in reality, she just couldn't do what was expected of her:

> *…it came across all the time as like, stubborn and not wanting to do things, but it was really like, I couldn't do them. No matter how hard I try, I was just like, stuck. I was like paralyzed with not being able to do stuff.*

For Gemma, she feels as though she is constantly having to prove that she belongs in her program:

> *…already being a student is hard and feeling like you have to prove yourself to belong at your university, even though like, you've been accepted and everything…when you have imposter syndrome, you're just like, trying to prove yourself to everybody and not, I don't know, it…it's hard.*

Most participants were high achieving students in school as children and young adults which makes their emotional struggle as graduate students more pronounced. The high achievement may also have played a role in their delayed ADHD diagnosis and treatment since they were not exhibiting typical signs of ADHD. Many of them have a need to get good grades but recognize there is sometimes a cost to their emotional wellbeing. Kaya explains, "I've never had an IEP. I've never had a 504. I've always been in the honors classes." Jasper describes being in gifted classes as a child, but that struggling to stay high achieving comes at a cost to her emotional wellbeing:

I was, you know, in the gifted classes and stuff and I never finished tests, and they, all my teachers kind of thought that was to an extent kind of cute. And so, they kind of always gave me extra time if I needed it, which was a lot. And then, I come to college, and that just doesn't work, you know, and that just doesn't work anymore…especially for those of us who, you know, who can… you know, who can still make the grades and still make the things, but some days it's like, at what cost? It's like, you know, my mental health, my, you know…and it was the first time in my life that I would…that I was coming home with less than A's on my report card, and that was devastating.

Ruri talks about how writing used to be easy for her and that she always did well on standardized testing. This made it so much harder in graduate school when she began to struggle because at first, she didn't understand why. She also explains that the fear of failure is not just an unfounded fear, but that because she is a graduate student, her entire livelihood is tied to her doing well:

I've always considered myself a great writer. High school essays were easy. College essays were easy. I did well on standardized testing. I enjoyed writing… And that letter came out of nowhere for me. I didn't realize the stakes were quite that high, and also kind of fucked up...like, pass your stuff or you gotta go. So, I was like, super frustrated, went into a panic, because I'm a grad student, I don't make any money. This is my job. They have very strict fellowship restrictions; I can't work outside of this. And I am in another state, and I don't want to move back home. So, I just felt like the potential for like, my world crumbling apart was so high, like, I have health insurance through the school, what am I going to do?

Ruby recalls being on academic probation and then changing trajectory by choosing classes she was more interested in. She, like Ruri, describes her livelihood being tied to being a graduate student and that if she doesn't succeed, she will have to move back home:

I got like a one point something that semester and was on academic probation that next semester. The next semester, I took classes that I enjoyed…and I got a 3.5 and made the Dean's list that semester. I mean I was grateful that my university gave me a second chance (cries), and I was able, I think that was kind of like the kick in the pants that I was

like, okay, we have to put in some effort here or we have to like, move back home and live
at home, like, so I think that was kind of the motivation I needed, but, not that I think it's
motivation driven, but I think, it just was kind of like you, have to adapt or you're not
going to be able to (wipes eyes) make it through there.

Gaya recalls always needing to do well in school, in large part because her parents expected A's
from her:

> *…because I'm the type of person who needs to do well in school. That's also from*
> *childhood, getting As was expected…growing up, if you got less than 92, you didn't do*
> *well. Parents were upset. They weren't happy, and you had to do all kinds of stuff to*
> *make it up. And just like, I guess I got into that habit where if I don't do really well, or I*
> *don't think I do my very best, even though I spent so long on an assignment.*

Jade describes doing well academically, but that she has to work to make sure she retains the
assigned readings:

> *I had done really well academically. I can get the readings done. I have to, I have to be*
> *creative in how I get the readings done, and make sure that it's like sticking in my brain.*
> *Or at least, the majority of it is sticking in my brain…I wasn't diagnosed until I was in my*
> *early 20s, so I went through an honors college program, where I had to write a thesis to*
> *graduate, and being unmedicated for that was a shit show, and not being diagnosed was*
> *also that, because there was no accommodations…*

Mica has a high GPA but struggles to get enough clinical hours. She also believes that most
people think that once you make it to graduate school, then there must be nothing wrong with
you:

> *I hid it well, because I'm a southern female, and my grades were really good because I'm*
> *smart. And the classes were not that challenging because I'm from rural _____…GPA*
> *is a 4.0 and I'm killing it, and always have been, but I realized, because with internship*
> *applications, you have to do your hours…if you're good enough to get into grad school,*
> *we don't…we don't care. You're obviously like, typical, and you're fine.*

Subtheme: "Aren't made for people who don't think the same way". For these participants, graduate school is not structured for people who think like they do or made for people with ADHD. Some participants are in their first graduate program as master's degree students. Others are first time PhD students, and then for some, they have tried multiple graduate programs and have either been unsuccessful or chosen to leave them to see if a new program might be a better fit for them. Gaya believes that graduate school isn't made for people who think like her:

> But I'm learning things really aren't made for people who don't think the same way as everyone else, I guess, and it's harder to click with people I guess, and to actually make sure that you're getting things done because people don't understand why you find it so difficult.

Gemma struggles with the requirements of taking a full course load in order to be a TA:

> …this is actually my third grad program I'm trying out…the stipulations to be a TA I don't think are made for people who are neurodivergent. So, they're very strict, they're like, you have to take nine credits, so you have to be full time…and you have to get good grades. You can't get any incompletes. And after talking with so many people who have neurodivergence as a grad student, I haven't really met one person who hasn't had an incomplete, because they just have so many assignments and they couldn't get it all done in time. I think I was eager to find that, like, program that was for me... I think you know that really prepared me for this third chance of grad school. Um, and so I'm, I don't know, I'm really thankful for that. It's, it's helped me be more resilient, I think, in grad school having those experiences prior to it.

Jade talks about how her program going to a block format nearly ended her:

> …that has been a fluctuating piece in this puzzle, and part of that has been because they changed the whole, it was initially the normal semester format and they switched to block. And so, it's been like a come to Jesus moment…almost destroyed me. I literally left school with a hate, not a passion, but a hate of academics…

For Jasper, graduate school is not nine to five, but 24/7. The pressure brought to the surface struggles she has been dealing with since childhood:

> *And in grad school, it is just so wildly different. It's really a 24/7 operation even though it probably shouldn't be, and every day is different. Every day my schedule is different a lot of the times, and it's a lot harder to set boundaries…it just all of the sudden became very heightened versions of the struggles that I've had my whole life...*

For Kaya, the unstructured part of graduate school makes it hard for her to budget time, but also finds it difficult to sit through long classes:

> *…whereas in grad school, it's very unstructured in the amount of time, you know the time…how do I set up a schedule? How do I make sure I'm getting these things done…and then, like, three-hour classes, really are really a struggle.*

Mica believes that if she had not gone to graduate school, she never would have sought treatment or a diagnosis for ADHD. She became emotional when recounting her experience of having both morning and night classes:

> *I probably would never have gone or gotten, like, sought treatment, if I didn't go into grad school… nobody has like, every single day it's nine to five or whatever, it's all over the place…I have ADHD, and this is a night class. And you, (tears up, voice wavering) I had a morning class, and I've been on campus all day…how stressful is the program, really? How much is self-inflicted?*

Ruby likens her graduate school experience to a full-time job and also talks about having a hard time with unorganized time:

> *I mean it's similar to like a full-time job, right? Because we're not just taking classes, we have assistantships and I'm like tutoring too…I don't do well with dead, unorganized time…when I went into grad school, it was really nice to have novelty, cause that's what I do really well in novel situations, mundane situations where it's the same thing over and over again are difficult for me.*

Ruri wonders how much easier graduate school would be for her if she was able to stop procrastinating:

> *…imagine how much easier it would be and how much better I would feel if I was able to give better quality work because I wasn't just procrastinating all the time. So, it just like is weird, like weird patterns and justifications that I would give myself, or rationalizations rather for why my academic career look the way that it did.*

The COVID-19 pandemic makes things especially difficult for participants. Many of them feel their relationships with people are better in person and that they can read people better in person. They also feel however that COVID has brought accessibility to some by having more online classes and that professors have been more accommodating during the pandemic. For these participants, taking classes over Zoom while having ADHD has been difficult and building relationships with professors and peers virtually has been much harder for them. Participants working as TAs are also finding it harder to keep up with asynchronous classes because it takes so much more time to monitor. Several participants admitted that Zoom is exhausting for them, and many participants are experiencing feelings of isolation without in person access to peers. For Gemma, "…the second time was like an online program, and I realized online school isn't for me, which is ironic, because here I'm doing mostly online school in the pandemic." Ruby has a hard time reading people over Zoom and interacts better with people in person:

> *I feel like I would have been drowning if I didn't know anyone in person…I personally prefer to like, have a specific space that's separate from my home to do things. And being able to meet people in person, because I think I can read them better and I feel like my relationship is closer when I'm meeting them in person…it's made me more distracted, which it sounds like that's kind of a common trend with COVID, is people are more distracted because there's a pandemic going on.*

Jade recalls feeling very isolated during the pandemic, and that it's had to build relationships when classes are online:

> *I started during the pandemic, so it was really disappointing. And part of was like, it was very isolating, because you're not working on…meeting any of these people in person for the most part. And so that was, because that's what all the other people who've been to these programs, like, oh I met some of these like, these people I still talk to, to this day, I wanted to have like, just someone who can validate like, yeah this is really stressful, and be in it with me as well and, like, I do well when I have someone I can bounce off ideas from, like, am I understanding this correctly? So, it was really hard to build that because we were not in person…*

Subtheme: "Figure out my own routine that works for me". Participants often mitigate their ADHD symptoms in different ways. From post-it notes and whiteboards, to learning to take classes that are more interesting to them, they are figuring out what works to help get them through their programs. Some participants have found using apps on their phone to ease their distractions helpful. Others use multiple calendars to keep track of their assignments. Still, others like Jasper, are learning to be gentler on themselves. "…my ducks aren't all in a row, and I'm just doing the best that I can." Ruby explains, "I had to figure out my own routine that worked for me…the next semester, I took classes that I enjoyed." Gaya has had to learn to break up her day:

> *I had to learn to do work in short bursts, because if I tried to sit down and just do it, that's when the rabbit trails start. I have to do a few minutes here, break, a few minutes there. I actually get assignments done that way.*

Gemma figured out that if she took classes that were interesting to her, she did much better in them:

> *I ended up taking classes in all different kinds of departments...that's probably why I like taking a lot of different classes because I just at this point, I'm like, maybe there's something out there that really clicks for me that I love.*

Ruri discovered that if she let go of the old methods of success she was taught before, that just didn't work for her, she could learn new ways of helping herself:

> *I kept trying to like structure my life and my study habits in a very linear box that just did not work for me...I kept trying to be successful in a way that I was taught, using methods I was taught, like were the best. And I always live with sort of that dissonance of like, this isn't working.*

Most participants in this study struggle with self-care. Between balancing all their daily tasks, they find it hard to find time to relax and recharge. Several participants describe having to remind themselves to set aside time to take a shower. They also recall having a hard time keeping their kitchen stocked with groceries. Other participants have figured out that beating themselves up for being different is just not worth it to them anymore. Kaya talks about how hard something simple like grocery shopping is:

> *Grocery shopping and having like complete meals...I just have a bunch of snacks like, I didn't plan out complete meals. I just bought some things that were on sale and was just like well, we'll figure it out.*

Jasper describes having to make sure she showers and stocks up on groceries so she can have balanced meals:

> *... doing things like, making sure I shower and making sure I have groceries in my fridge, or making sure I work out a couple times a week, that you know, it's, there are so many, and getting sleep good god, I'm trying to get my sleep schedule under control, like, there are many other you know, there are many other avenues of care and managing my ADHD symptoms that lie beyond a prescription.*

Mica struggles with being able to just sit and relax, and how she tried journaling, but gets

frustrated because the words are coming out of her brain faster than her hand can write them:

> *I can't even journal because my mind goes way too fast for my hand, and it pisses me*
> *off...I'm not able to focus on myself...I've learned like, I have to put on a documentary in*
> *a different language with subtitles, so I have to read it. That's the kind of like relaxing*
> *stuff I have to do...my body is saying please god stop, but my brain is like no, I have like,*
> *I need to, I could still be working or I want to do this project.*

Gemma explains that she has decided she needs to find ways to make everyday tasks more

joyful:

> *... how can I make all these tasks that I need to do in my life like more joyful for me... I*
> *want to learn to love myself as who I am and so I worked really hard on that...I was able*
> *to learn more about myself and have more compassion for myself...I'm done like being*
> *cruel to myself to get work done...I'm not going to beat myself up anymore.*

Ruri echoes Gemma when she describes that she is a human and not a machine, and that she is

trying to show herself more compassion:

> *I eventually became more and more permissive of myself and more like hey you're a*
> *human, not a machine, and you need to rest and you can't pull all-nighters...I felt like life*
> *is hard enough, and a grad program is hard enough that me being uncompassionate with*
> *myself wasn't helping anything...I'm trying to be a lot more gentle with myself.*

Participants in this study constantly feel as they are going to fail. In graduate school and

at times in life, their feeling of being all over the place causes them to shut down from the stress.

Graduate school is a difficult place, but for these participants with ADHD, they feel it isn't made

for people who think like they do. Their only recourse is to find out what works for them.

Global Theme 3: "They don't understand" (Others)

Every participant recalled experiences where they struggled with being understood by

peers, professors, advisors, and in some cases their own family members. For many of them,

support or a lack thereof is directly proportional to their chance of success. Most participants have experienced both supportive and unsupportive people in their lives. The biggest lack of support appears to come from professors and advisors. Kaya explains, "I'm learning from a bunch of professors who, as far as I know, don't have it…learning from people who know all about it, but have never experienced it." Gemma recalls an experience where she disclosed her ADHD to her advisor and was told graduate school wasn't for her. Now in her third graduate program, Gemma struggles with people not understanding her:

> …so I disclosed to her about like my chronic pain…ADHD, and depression, and I like just poured my heart out to her in this email like few paragraphs, and I got an email back from her and she just sent me like one sentence and it was like, maybe grad school isn't for you. Yeah, and that was literally the last thing I wanted to hear, because this is actually my third grad program I'm trying out…not having people understand me, as someone with these issues, including my advisor…it's been really isolating…

For Gaya, she feels her professors don't really help her:

> I think I reached out once because I was confused about the topic, but they didn't help. Graduate teachers don't really help. They never answer my questions, so I don't really reach out to them unless I absolutely have to.

After her ADHD diagnosis, Ruri disclosed to her advisor and committee members only to be told by the Dean of her program that if she failed her comps again, she would be dismissed from her program:

> … now that I finally have an answer, and I'm finally starting to get a treatment for this, like, rather than this information, causing you to empathize or be a little bit more patient, or at least have relief with me, the first communication that I get from the higher-ups is, tick-tock tick-tock...the last thing that I expected was pushback from the Dean…who appealed to protocol.

Mica explains that professors have informal ways of evaluating student performance and that because of her ADHD, she is viewed negatively compared to her peers:

> *…that difference between those who don't have it, and then like me, it affected how I came across to faculty…he only experienced me, literally, like, hanging on by a thread. Between this, with the medication, of course, I get like migraine or headache, or I just am dead. And then the others, they can hide it better, because they're not so drained. So, you know, they seem more interactive, and like, all of those like, informal ways of evaluating other people like smarter, more engaged, more like positive. So that definitely (long pause) sucked. Because it was the wrong impression.*

For Jetta, she initially had trouble trusting her professors, but realized that when they mention her emotional reactivity, they are not wrong. She is working on mitigating her reactions:

> *Other professors are like, there is a plan, and there is a path, and you need to follow the plan, and those ones I have more trouble with and they have more trouble with me…for these particular instructors, my initial reaction to them was to be more combative…I felt like they were being unfair to me…the feedback that I got from my instructors, was that they weren't sure if I was ready to be a therapist, and they're right actually, because they're, what they were saying was that first of all like, you know, I'm not always aware of the way that I'm reacting to people, especially when I have like heightened emotions, like I tend to just react.*

Jade really struggles with trusting her professors and recalled an experience where she felt her professors were using the past trauma of students during an in-class exercise. When told that she was too emotionally reactive and not yet ready to be a counselor, Jade became extremely upset:

> *I felt like she was perusing people for their trauma and trying to get just drama and interesting things rather than actually trying to teach us, it's really weird. I can't even explain it well…it felt like it was questioning, like, whether I can do this, and that's always been something like, is my own personal history always going to be that problem, and so it was just like a really…like the fact I said I am aware of this, this is something I'm working on, this is what I've been talking about and doing, and this is the limits I'm*

already making, no matter how scary it is, like, this is what I need to put first. It didn't feel like it was that validated, like yep, like, not saying that, okay you've got this, you're gonna be fine. I know I'm not going to be fine. It's still going to be a really challenging experience and I'm going to be challenged. But it felt like that wasn't a good enough answer for them, and that I obviously don't know what I'm talking about…and I think again goes back to just like, yeah, we're mental health professionals, but they're not all well-informed.

Participants also struggle with peer relationships and not being understood by members of their cohorts. Some participants even struggle to be understood by their significant others. For Jade, "…it's really hard to think about and trust other people…my boyfriend doesn't as much, like, he really tries, like gets really frustrated." Gaya explains, "People don't understand why you find it so difficult…people thought I was weird." Gemma describes not getting a lot of validation from her peers which is hard for her because she wants to collaborate with others:

I just didn't get a lot of validation from them...I thrive off of collaboration and in connecting with people, and in building a community, and it felt like there was no community there...it felt like the students didn't really, weren't interested in collaborating at all...not having people understand me...people that I don't really connect with all that much…they don't understand where I'm, like my experiences, and they can't relate to them.

Mica believes that her peers don't understand ADHD, because they didn't grow up with it. She recounts an experience where because she would always take longer on exams, her peers would leave the room instead of waiting on her:

…it's very common for there to be almost zero understanding or awareness of like, the whole thing. And I think my peers who did not go through, did not get like, didn't grow up the way that I did. They kind of assume that parents know; that teachers know… they would take the test and then get up and leave the room, because they knew I was going to take longer.

Jetta talks about her peers thinking she's just too much for them. Her emotions make it hard for others to connect with her:

> *…I guess that's like one of the emotional dysregulation like symptoms of ADHD, but in practice it kind of feels like, woah, that's a lot. Like, that's a lot like that's a lot of information, that's a lot of feelings, that's, that's a whole lot. And so sometimes people even have the reaction like, that's too much. You know, you're too much.*

Subtheme: "We're comparing you to your peers". Participants find it difficult being compared to their peers because they feel in many ways that they can never quite measure up. Not only are they making the comparisons, but they find their professors making comparisons. Gaya explains, "I didn't know other people didn't think like that…I didn't know that was different." For Ruri, "Everybody else is so high achieving that you don't think that other people struggle…I have not taken on as much outside writing as I probably should." Jetta describes, "That was my first experience really of seeing like, from the inside, like how much other people struggle with deadlines and remembering things." Kaya explains, "I don't know if I've never had that like, this intense of a comparison to other people and other people's work habits before…it's really interesting to see how differently other people work." Ruby has a hard time seeing that not everyone else deals with the same things she does:

> *I as, like a young child, had like symptoms of ADHD forever. And my dad has ADHD too, and like potentially like, my maternal grandfather. So, it's always been kind of like there in my life, which makes it harder to see that it's not like something that everyone else deals with.*

For Gemma, her process looks different from others in her program:

> *…my process doesn't look as streamlined as all these other people in my cohort. Mine's messy and like, I sort of have to jump all over the board to figure out where I am with my research, but like, I don't know, I've been really satisfied with that because it feels genuine...I find myself kind of isolated…none of them are neurodivergent.*

Mica realized that even though she has good grades, she can't spend as much time getting clinical hours as her peers, and she doesn't choose to participate in as many research projects. This makes her look weaker as a student compared to others in her cohort. Her professors told her that she had the lowest case count in her cohort:

> *I don't have as much stamina as my peers…I wasn't getting as many hours, wasn't working as many cases…I have less empirical kind of experiences because in my free time I would have to sleep…I'm completely different from them… it affected me going to conferences because my name wasn't really on stuff…I feel like they, they added things like research and stuff on their plate…they were okay to sit through a night class…the others, they can hide it better, because they're not so drained…they got more face time, literally, and then I couldn't…they pull out a piece of paper and said, you have the lowest amount of cases compared to your peers…to have it like formally stated, like, we're comparing you to your peers…what would it be like if I didn't have ADHD and I could at least compare myself with others, you know?*

Subtheme: "That's how I came to trust them". As difficult as relationships have been with peers, professors, and advisors, some participants have found champions in their professors, even after dealing with difficult professors in the past. They have learned to seek out who they feel can best support them. Building trust for many of them has been difficult, but for those who have found a way to trust again, the support is paying off. Kaya has learned how to determine which professors are going to be more lenient with her:

> *I think I've kind of figured out how to read which professors I think are going to be okay with that, and which ones aren't. Honestly, I think that professor is a little bit on the ADHD side as well.*

Jetta describes an experience where after she was told she was too emotionally reactive, her professors really worked with her to understand where she was coming from and to be more flexible:

...they really went out of their way to make themselves available… when I reacted that way like, they were able to stay with me, like, they didn't get defensive back...so, the professors who are more flexible on that, like, they set a deadline, but they're more flexible on the deadline, like, that is really helpful…that's how I came to trust them. But yeah, I didn't initially…

After being told by her first advisor that graduate school wasn't for her, Gemma now has a new advisor who really understands her and works to support her development:

I have a second advisor and she's really my emotional support, she gets my ADHD…she actually is so willing to work with who I am as a person…having her support my decisions as a student, and especially like with ADHD has really, I don't know, it's been awesome…when I'm struggling with a task, she finds like ways to get me to do it that aren't like, painful.

Ruri, who was on the verge of being academically dismissed from her program, had a professor who really went on a limb for her and wrote a letter to the Dean to get her accommodations so that she could pass her third and final attempt at her comprehensive exams:

I was really embarrassed and thankfully, like, he was super supportive. Went to bat for me, wrote a letter…I'm really grateful. My committee has been supportive…they gave me a week to write my third essay question over with a more detailed prompt…and actually, went to a life coach who, slash therapist, she later became my therapist who was more creative minded, and she told me, like, don't box yourself in, like if you need drawings and charts to help you understand the concept do that like, work with what works for you, right?

Jasper talks about a professor that still supported and encouraged her, even when she was struggling:

It was very lucky that even this professor that in this class that I was doing poorly in, was still advocating for me to get the support that I need like throughout college, and it did end up happening…they kind of always gave me extra time if I needed it, which was a lot.

Subtheme: "Accountability buddies". Some participants created groups of other ADHD students to help keep each other accountable. They often send each other text messages to remind of assignments or just spend time talking about their daily lives. Several of them also jump on a Zoom call just to work in front of each other and help maintain accountability for one another. Ruby describes, "We call each other like, accountability buddies, just so that we have someone else that's there…" For Jasper, "Even that small space of community within my program…I've really appreciated…ADHD with people are, tend to be like with my friends, really honest people." Ruri explains, "…when people start opening up, like, I had groups of friends who would open up about how hard it was, and in one way it was normalizing…" For Ruby, she has found a support system within her cohort:

> *I work better when I'm with others...one of my friends and I, we would like work, sit, and work together in our building. And that was helpful to just like, to have another person there…able to like support each other…that teamwork has been great...I really appreciate the cohort of PhD and EDS students that we have within it, because those people have been great support systems.*

Jetta describes what it's like to find supportive people online, and even explains that she decided to change career paths and go into counseling, because she was told she would be a great therapist in one of her support groups:

> *…fun to connect with other people who, other adults who have ADHD…having that group experience and just, relating to like, other people with ADHD in my same program like, that's been really fun...I actually had met some people in various support groups that I was in, and they said that I would be really good at being a therapist...I feel like I can pick people with ADHD out of a lineup…they just, we seem to have, like, a way of just gathering information from everywhere, and just being a little bit interested in everything all the time.*

For Gaya, finding others like her makes her feel less alone:

More community. You're not quite so alone. I actually belong with those people…if I ramble, a lot of times they actually read to the end…they were okay with it…you have more in common with people…you don't feel like you're the odd ball.

Kaya found other members of her cohort with ADHD and they created a Zoom study room where they can work together:

…get on Zoom and we just work, we like, turn the mic off, we don't do anything but like, if somebody else is working then it makes it easier to work…finding a community has been helpful or finding other people has been helpful.

Jade describes the importance of just having someone who can be in it with her:

I wanted to have like, just someone who can validate like, yeah, this is really stressful and be in it with me…just read people a little bit better because I somehow identified the two that I really felt connected with, who also have ADHD…both of them do have some kind of trauma background as well.

Gemma feels lucky to have found a group of students that think like her:

I'm not completely isolated...I'm not the only one here...meeting those people has been, I don't know, a lifesaver for me...people were really supportive of each other...surrounded by passionate people who are interested in science...I feel really fortunate that I have her and the people I've met who are neurodivergent…when I talk to them, I feel validated, and I feel more normal.

Subtheme: "Helping Others". Highly interesting to this study is that every single participant explains that their ADHD and their experiences with ADHD directly impacted their future career choice and their drive to help others. Participants chose programs in school counseling, school psychology, psychology, clinical mental health counseling, and environmental science and management in direct relation to their experiences with ADHD in their lives. For the participant studying environmental science and management, she is studying water resources for homeless populations in the area in which she lives because she feels that she

has a need to help others because of what she sees as a lack of support she had as a child. Having

ADHD has made all these participants advocates for access to and de-stigmatization of mental

healthcare. Jade describes how she works with children for a living:

> I sit with kids if they tell me their feelings, their emotions, all the shit that they're going
> through…a kid finally told me after weeks of like going on walks and talking about how
> things are going that she didn't feel like she, this was where she wanted to be…we were
> like a month out from finalizing permanency for her. And so, I had to go through a
> process with her…sitting with her in it…

Jasper believes her ADHD makes her more honest and relatable to the people she tries to help:

> I think it will make me a good psychologist in a lot of ways because I think there will be
> an air of relatability because of that, that honesty, and you know, just being genuine, you
> know, being, what is that word I'm trying to say, authenticity…about like helping others
> and advocating for others is advocating in ways that maybe like I just said earlier, that
> maybe I didn't feel like I was advocated for by the by certain adults in my life...people like
> us who go into these helping fields, I think when we advocate for others and other kids
> and other people, like we're advocating for our inner child in our life…

Ruby decided that she wanted to do something more to help identify learning disabilities early

and work on prevention:

> …it can be hard when you're like, oh I'm reliving some of the things that I went through
> all the time… from that experience, and probably also from my own experience of like
> living with ADHD and not having services provided...from that moment I was like, I'm
> going to do something more in it...I was wanting to do some more preventative things
> which is I mean, I'd like to work in elementary schools and do early identification and
> prevention.

Gaya describes working with kids and how adults expect way too much from children:

> They don't have to do it perfectly the first time, as long as they try. They're trying to
> better themselves. They're trying to learn the material and figure out how to work it for
> them; figure out what they can do, and what their limitations are. I think it's just great

> *watching them grow…I feel like if they try, then that's all we should really expect of*
> *them.*

Gemma wants to use her knowledge and enthusiasm for social justice and environmental science to help the homeless have access to clean water:

> *I felt like I had more to offer the world with my passions and my experiences and so that's*
> *why I think I continued...and it had to do with like a lack of access to running water, and*
> *I was like, well this directly relates to my lab, I mean we do water justice, we do water*
> *resource management and social justice, and I was like, is there a way I can bring this*
> *issue to _____ and see like, who are vulnerable, our most vulnerable communities in*
> *terms of COVID and how they're impacted by a lack of access to running water.*

Kaya describes that the students who struggled the most in her classroom are the ones she really connected to:

> *I like working with those kids, they were always my favorite students, the kids who are*
> *like, you know, either extra challenging, or 'those' kids as they were called...there's so*
> *many kids who have such good coping mechanisms, but they can only get you so far.*

For Mica, she feels her ADHD puts her on the same level as many of the kids she works with, and that it gives her a unique ability to understand kids and their parents and teachers:

> *I also, I feel like because of my struggle, just that sounds dramatic to say, my experience*
> *through school, me constantly feeling bored as hell. That makes me feel a little more on*
> *the same level as the kids that I'm working with. Not that they're all bored as hell but just*
> *what it's like for your school life to suck as well. I'm so much better with teachers,*
> *because I understand how annoying it is, can be to try to, you know, teach when a kid*
> *especially one who is more hyperactive dominant. Oh my gosh, I get that. I relate to*
> *parents and families because I essentially was in the same boat that they were as far as*
> *like, what the hell do we do?*

Participants in this study struggle to be understood by their professors, advisors, and members of their cohorts. They are being compared to their non-ADHD peers and are working

hard to keep up. They have a hard time trusting, but some have found others to lean on. Given their experiences and the difficulties they have gone through, each participant has chosen a career in helping others.

Chapter Summary

The world of graduate school is a stressful and overwhelming place for all nine of these participants who are dealing with ADHD while trying to complete their graduate programs. Throughout all nine transcripts, three global themes emerged: *just a little bit extra*; *I always felt I was going to fail*; and *they don't understand*. Participants described their experience of parents thinking they would grow out of their symptoms, what it was like to get an ADHD diagnosis, the strong emotional reactivity caused by their ADHD, and the feeling that they are on their own to figure their lives out. Graduate school causes them to feel scattered, overwhelmed, at times shut down, and that graduate school isn't made for people who think like them which causes them to look inward to cope. These participants feel misunderstood by their professors, advisors, and peers. They feel like no matter how hard they try they just can't measure up. Even through all of this, all nine participants have chosen their degree programs and future career fields as a way of helping others due in large part to the lack of help provided to them. These findings lead now to Chapter Five, in which I will discuss the findings and present implications, recommendations for future research, and a conclusion.

Chapter 5: Discussion

Introduction

The purpose of this study was to understand the essence of the lived experiences of graduate students with ADHD navigating their way through their graduate programs. Using a phenomenological approach with the philosophical framework of Maurice Merleau-Ponty's phenomenology, I studied nine participants through interviews to uncover the essence of their experience. In this chapter, I will discuss the findings through Merleau-Ponty's phenomenological grounds and relate to the global themes that emerged from data analysis to better understand how they connect back to the literature on ADHD, adult learning, and adult development theories. I will present theoretical and practical implications for educational practice, policymaking, and society at large. This chapter concludes with a contribution to future studies and closing remarks.

Global Themes

While the literature surrounding ADHD and college students demonstrates that adults with ADHD have lower GPAs, repeat more classes, and complete fewer semesters of college than their non-ADHD counterparts (DuPaul et al., 2021; Jansen et al., 2017), most, but not all, participants in this study have maintained high GPAs throughout their graduate school careers and are not at risk of academic probation or dismissal. This is a meaningful finding in this study, and shows that adults with ADHD are still struggling, even if that struggle is not evident using academic measurements. These participants worry excessively, have difficulty regulating their emotions, and experience extreme emotional reactions impacting their self-concept and self-efficacy which is in line with previous research from Kwon et al. (2018) and Hirsch et al. (2018). The lack of support from faculty and a lack of policy that protects this learning population is

causing them a considerable amount of emotional distress, and while they may maintain satisfactory grades, they are all at risk of severe consequences to the increases in anxiety and depression they are experiencing which the research has shown can lead to personality disorders and suicidal behavior (Kwon et al., 2018). The fact that they are still in their graduate programs is a testament to their resilience and the few supportive people they have found along the way.

Even though most participants maintain high GPAs, several participants are on their second or third graduate degree program after being unsuccessful previously. One participant was placed on academic dismissal in her first semester of college when she was taking courses that were not interesting to her. When she changed degree programs and took classes she was highly interested in, she made the Dean's list the very next semester. Another participant is currently on academic probation and was under threat of dismissal until the day of her interview when she finally passed her third attempt at her comprehensive exams. Her previous attempts were partially successful, and she received high marks for her responses to her first two exam questions, but always ran out of time to get enough detail to pass her third exam question.

Most of the participants in this study stated they felt they were relatively high functioning throughout their childhood and their undergraduate programs. This likely explains how they have been able to maintain resilience during their graduate programs, despite their current struggles and many of them feeling as though they are going to fail. With the added pressures of a graduate program impacting their ADHD symptoms and participants describing those coping mechanisms that previously worked for them are suddenly no longer working, these findings expose the cracks in a system that likely other adults with ADHD have already fallen through.

"Just a little bit extra (ADHD)

Participants in this study struggle with feeling "just a little bit extra" compared to their non-ADHD peers. They have extreme emotional reactions, their processes are a bit disorganized, and they have trouble interacting with others because their symptoms make it hard for them to connect to people. They must constantly navigate a world in which ADHD is misunderstood, questioned, and stigmatized. For many of them, it was assumed that one day they would just outgrow their ADHD, though research by Kim et al. (2014), showed that up to 65% of children with ADHD will continue to have symptoms as adults. Many participants began internalizing negative feelings of self-worth due to their ADHD symptoms early on in life. As Eddy et.al. (2018) pointed out, negative thoughts like this creates a cyclical pattern and increases impairment. For the participants who grew up in traumatic childhood environments, the additional impact of having ADHD made it even harder for them to develop coping mechanisms and trusting relationships. For those who grew up in families that had very high expectations for their success, they felt as though they had to be perfect, all the time. This worked for a while for many of them, until the additional pressures of graduate school dismantled what little coping mechanisms they had managed to build. For the participants who grew up in a stable and supportive environment, even they questioned how the adults around them never noticed that it took them twice as long to do their homework, or how hard they struggled to try and be normal.

Participants in this study struggle with a variety of comorbid disorders including anxiety, depression, PTSD, sleeping disorders, and eating disorders. Most participants had at least two comorbid disorders. This supports previous research on ADHD and comorbid disorders by Barkley et al. (2006), Harris et al. (2018), Katzman et al. (2017), Kwon et al. (2018), and Lovecky (2018). Most participants stated that their struggle with ADHD really became apparent

by the time they started graduate school. This is in line with previous research by Meinzer et al. (2021) which found that a graduate education poses additional demands on EF and self-regulation which are both hallmark challenges of adult learners with ADHD. Even though most participants in this study are not at risk of failing their graduate programs, all participants detailed their experiences with emotional distress, significant impairment, and poor quality of life in comparison to their non-ADHD peers while trying to complete their degrees. This supports Pinho et al.'s (2019) findings that students with ADHD report having a lower quality of life and Weyandt et al.'s (2013) findings that college students with ADHD report higher levels of psychological distress.

Participants also believe that their ADHD presents differently because they are women and that the heightened emotional reactions they experience, and their differing symptoms are not well represented in ADHD research. The ADHD symptoms participants are experiencing in graduate school like difficulty completing everyday tasks, struggling with time management, inability to meet deadlines, inattention, procrastination, and difficulty organizing are all represented in the research by Riccio et al. (2005) and Turgay et al. (2012) among others. Important for this study, however, is the weight participants gave to the emotional experience of having ADHD in graduate school, and how a graduate education became a triggering mechanism for ADHD symptoms and emotional reactivity.

Participants in this study struggle with EF and while they appear to show normal intellectual functioning, they struggle with tasks that place high demand on their WM and have difficulty organizing and sustaining their attention on tasks that are not interesting to them. This supports the findings in previous research by Jansen et al. (2017), Jarrett (2016), and Weyandt et al. (2017). Participants also report that it is difficult for them to be motivated by tasks that they

find uninteresting or tasks they feel are a waste of their time or mental resources. This finding reflects previous research by Dekkers et al. (2017), Smith and Langberg (2018), and Volkow et al. (2011) whose authors called for including motivation as a core part of ADHD's pathology. Like Dvorsky and Langberg's (2019) study, which found that motivational impairment could predict the future academic achievement of students, several participants in this current study have changed degree programs or sought out classes that are of interest to them to increase their motivation and ability to complete their graduate programs.

Participants in this study were both relieved and a little apprehensive to get an ADHD diagnosis. Most were diagnosed as adults once they reached either their undergraduate or graduate programs. Several participants described their experience of getting an ADHD diagnosis as difficult, due to the amount of paperwork involved and having to wait months (and in at least one case, a year) before getting a diagnosis. The issue with paperwork is that for someone with an executive processing disorder and a difficulty initiating, expecting them to fill out pages and pages of questionnaires and background information, and then getting the same information from family members or significant others, is likely expecting too much. Additionally, university testing centers are often overbooked, and it can take months to get an appointment for an ADHD evaluation. Some participants described their experience of psychoeducational testing for ADHD as traumatic. Given the extreme emotional reactivity component of ADHD and participants' need to be perfect, it makes sense that doing three hours of standardized testing could trigger more than just some general test anxiety, especially for someone with an executive function disorder, difficulty with working memory, and a slower processing speed.

Participants in this study struggle with defining themselves as a person with ADHD because that means they either have a disability or a disorder. For many of them, that distinction depends on what they are going through at a specific time and how behind they are in their coursework as compared to their non-ADHD peers. They also struggle with the stigma ADHD gives them, and even more so, the stigma that ADHD medication places on them. While previous research on ADHD medication states that college students tend to forget 50% of their medication doses (Meinzer et al., 2021), participants in this study did not struggle with forgetting their medication. What they did struggle with, was timing their medication to make sure they were alert and focused on their classes, but not taking their doses so late that they were kept up at night. Given the structure of their graduate programs and some participants having both morning and night classes, timing medication is difficult for them, and they often have to choose which classes they will be the most focused in. This means that professors in some of their classes only experience a version of them that is not medicated and when they are not performing at their best.

Rationing medication is also a problem for several participants. Given the cost of ADHD medication, in particular the new medication, Vyvanse, participants are choosing which days to take their medication in order to spread out their doses and save money. Participants also reported that the stigma surrounding ADHD medication is difficult for them, because it is assumed that college students taking medication are doing it to stay up all night and cram for exams. They also reported that some professors do not believe that ADHD medication is effective or should be used.

Participants in this study struggle with the extreme emotional reactivity that comes with their ADHD symptoms. They have big emotions and at times, big outbursts. This is also

complicated by past trauma for many participants. This emotional reactivity makes their

professors feel they are unable to cope with their graduate programs or future career goals.

Research has shown that individuals with ADHD have difficulty regulating their emotions

(Hirsch et al. 2018) and even have extreme emotional reactions (Kwon et al., 2018). This study

offers an explanation from the perspective of these participants with ADHD and what it means

for them when their emotional reactivity is questioned or taken negatively by their professors.

Instead of understanding that these emotions are part of their ADHD symptoms, they are treated

as though they are immature or unready for their programs. In reality, these outbursts are

manifestations of extreme stress and a need for more support.

It is expected that since participants in this study have made it into a graduate program

then the impact of their ADHD must be minimal. These participants however describe how hard

it is to get accommodations when the expectation is completely on them to do so. For individuals

with an executive functioning disorder, expecting them to go and get a diagnosis, communicate

with disability services, and then disclose to their professors to request accommodations, is a big

ask. Participants expressed in this study that they wish higher education was more flexible for

students with ADHD. Many of them state that the available accommodations are not the type of

accommodations they need to succeed. This is in line with research from Gormley et al. (2019)

in which only 40% of college students with ADHD report that accommodations are appropriate

for their needs. While some participants in the current study state that they are not sure what

kinds of accommodations might work for them, several state that having more flexibility on

deadlines from their professors and protections at the university level from being dismissed from

their programs due to their ADHD would be a good start. Participants also believe that changes

to graduate programs to allow more flexible course schedules, shorter classes, and professors

with an understanding of ADHD might also help. Several stated that the same conversation happening in their interviews should be happening at the university level among professors and administrators.

Participants in this study find it hard to disclose their ADHD to professors or peers due to a fear of being stigmatized and that their diagnosis might impact how professors see them and grade them. This is magnified for participants pursuing degrees in psychology or counseling as they believe professors might believe they are not capable of doing their jobs upon graduation due to their ADHD diagnosis. Some participants have disclosed, and were met with unsupportive faculty, and in one case, an advisor who advised a student to leave graduate school. This fear of being judged and invalidated due to an ADHD diagnosis makes it difficult for participants to trust faculty and in some cases, their own peers.

The Body. Against Merleau-Ponty's existential ground of the body, the figural theme *Just a little bit extra* depicts how ADHD symptoms impact these participants. The body is our communication with the world and it's how we see and understand the things happening around us (Merleau-Ponty, 1945/2014). The participants in this study struggle with that communication because their ADHD symptoms set them apart from the normative functioning of the world around them. They experience the world through their symptoms. Participants described feelings of restlessness in the body and needing to get up to leave the classroom to walk around. They have a hard time getting their brain to relax and at times suffer physical pain because they are unable to unwind. Many participants also suffer from eating or sleep disorders which impact their everyday lives. They must also come to terms with what kind of identity their ADHD gives them.

Is ADHD a disorder or a disability? This is a question these participants ask themselves often, and the answer is that it depends on the day. They are surrounded by the stigma their symptoms bring and find it hard to develop trust enough to reach out for help. Their ADHD symptoms often put them in a lose-lose scenario where no matter how hard they try, the overthinking, inability to get things done, difficulty organizing, and issues with time management determine whether they are successful or not. The emotional impact to their self-esteem is far-reaching and long-lasting, and the comorbidities associated with ADHD, specifically anxiety and depression, also present significant obstacles for them. For these participants, their body just does not operate the way that everyone else around them does, and that creates frustration for them.

Time. Also present within the global theme *Just a little bit extra,* is Merleau-Ponty's phenomenological ground of time. Participants' experience of time is shaped by the time that has preceded *this* time. Matthews (2006) explains, while our future is not directly determined by the past, the past does influence how we make present and future decisions. Each participant experienced symptoms of ADHD as children, even though most of them did not yet realize that they had ADHD. Their experience of time and how that influenced their ADHD and how their ADHD in turn influenced their experience of time, created profound emotional trauma for many participants. They wonder why no one noticed how hard it was for them and why they were made to feel less than for being who they were. Recounting these experiences were among some of the most difficult moments of participant interviews. Merleau-Ponty (1945/2014) makes a profound statement about time when he says that when looking at a lived experience in the past, one can "reopen time" (p. 439). For these participants, that re-opening of time was equal measures painful and cathartic. These same little girls who loved books but were afraid to

interact with others; excited to be the first to answer all the teacher's questions; who just wanted a chance to prove themselves; they never outgrew their ADHD, and they never outgrew the need for love, understanding, and a chance to be their best.

"I always felt I was going to fail (Graduate School)"

Participants in this study struggle with always feeling like they are "going to fail." They are insecure in their place as graduate students and feel extremely overwhelmed in their graduate programs. The added pressure and stress of graduate school and the increased readings, writings, and need for them to process so much information is causing their coping mechanisms to become overwhelmed. This is an important finding, especially given that there is very little research in this learning population. Many of these participants were able to manage their symptoms before beginning their graduate education, so something about graduate school specifically is overloading their ability to cope. Participants find themselves having to complete assignments that are uninteresting to them and struggle to find ways to maintain their motivation. This supports research by Volkow et al. (2017) who called for including motivation as part of ADHD's core pathology.

Participants struggle to maintain a work/life balance and are exhausted and unable to focus on self-care. Many report that the nature of graduate school itself, and having classes both in the mornings and evenings, combined with their TA responsibilities or other work responsibilities, make it hard to remember to do things like take a shower or stock up on groceries. When they do try and relax, they have a hard time shutting off their minds, and many find they have to be doing multiple things at one time to keep their brain stimulated in order to feel somewhat relaxed.

With brain fog, distractions, and becoming easily sidetracked, organization is incredibly difficult for these participants. Since they are in graduate programs, it is expected that they know how to organize their assignments and their time, and these participants felt as though the lack of help in this area, was making it much harder on them to persevere. They want to be somewhat autonomous in their learning and have the ability to choose topics that are of interest to them, but they also feel as though they need help with organizing themselves and their work. While adult learning research has shown that adults want to have choice in their learning and bring their own experience into the classroom (Merriam & Baumgartner, 2020), this study's findings have shown that for ADHD adult learners, they also need the support of professors helping them to bring in their prior learning experience, listen to their preferences and help motivate them, and assist them in structuring their learning in a way that works for them. Lindeman (1926) talked about this in *The Meaning of Adult Education,* when he discussed how education should be structured "around the student's needs and interests" (p. 8). In Knowles' (1980) "Model of Assumptions" the first assumption is that adults are self-directed and need to feel "accepted, respected, and supported" (p. 47).

Participants in this study reported that they often shut down when the physical and emotional symptoms related to their ADHD become too overwhelming. They internalize these feelings, but at times they also lash out at others. They are in a constant state of feeling like they must prove they belong in their graduate programs, which is hard for them because many believe that their programs are not made for people like them. This is an important finding in this study and suggests that graduate programs are structured in such a way that adult learners with ADHD have a harder time coping. Given that universities value diversity, advocacy for adults with ADHD in higher education is important to ensure they have a chance to succeed.

Individualization and curriculum accommodation can be considered to help best support this learning population.

Being adult learners makes the impact of participants' ADHD even more pronounced since they are financially independent from their parents which is a scary feeling for the few participants who are struggling academically. Their entire financial wellbeing is tied to being a graduate student, from their housing to their health insurance and their income. This added layer of pressure makes it even harder on them to complete their graduate programs, which is supported in the research by Shillingford and Karlin (2013) and van Rhijn et al.'s (2016). ADHD symptoms are the largest barrier to participants' success, but being adult learners presents additional barriers like balancing work and school responsibilities and making time to attend classes between their other obligations (Rabourn et al., 2018; University of Phoenix, 2019). There is very little research on adult learners with ADHD which leaves professors and administrators with little information on how to support this population of learners. This study contributes to knowledge in the field to help adult educators understand how best to support adult learners with ADHD.

Participants' lived experience of ADHD also impacts their self-esteem which decreases their confidence in their learning. This is also supported by Rabourn et al.'s (2018) research. Participants find it hard to trust others and many of them lack a support system. They value communication among their professors and peers but find it hard to open up about their experiences, based in part on previous bad experiences. Participants want professors and advisers who respect them and understand where they are coming from. This is in line with research from Phillips et al. (2017). An important finding from the current study is that participants are afraid of disclosing their ADHD to professors and advisors. Given the pressures of graduate school,

especially on this learning population, it's important to find ways to make the disclosure of ADHD a less fearful process.

Like Maslow's (1954) hierarchy of needs, participants in this study struggle to have some of their basic physiological, safety, and belonging needs met. This makes it difficult for them to maintain a healthy self-esteem and to reach self-actualization. Participants are both intrinsically and extrinsically motivated to complete their graduate programs, but intrinsic motivation appears to be what really leads them to push forward. Participants are driven by a need to prove themselves and to give back to others who have gone through similar life experiences. In looking at the participants of this study through the lens of Erik Erikson (1968), they are trying to establish themselves in the world and are struggling to develop the relationships and resiliency to make that happen. As Erikson's stage theory warns, the lack of establishment can lead to negative developmental impacts. Levinson's (1978) stage theory also puts these participants in a transitional period of entrance into adult life, a stage which often triggers life changes. Tennant and Pogson (1995) remind us that adult development is a social construct and that our being in the world influences how we understand ourselves. For the participants in this study, being in the world is harder for them and they are internalizing feelings of failure as they push to pursue their passions.

The very struggles with education that the participants in this study are experiencing today have been discussed over the course of the last century. Lindeman (1926) wrote that education was meant to change the social order and to allow adults to fulfill their aspirations. The participants in this study are trying to follow their ambitions but the structure of their graduate programs makes it difficult for them to succeed. John Dewey (1938) echoed many of Lindeman's sentiments when he wrote that a rigid education was antithetical to promoting a

better quality of life. Several study participants questioned the real purpose of graduate education and what precedent their professors and administrators are setting when they fail to support students like them. Cyril O. Houle (1961) made it clear that adult education programs were producing barriers limiting participation. All participants in this study experience barriers to their success due to their ADHD symptoms and lack of supports in graduate school. Malcolm Knowles (1980) wrote that adult educators had a mission to meet the needs of not just learners, but also society. Participants in this study stated that professors that strive to meet their needs have been instrumental in their achievement. Jack Mezirow (1997) wrote about adult education fostering critical and reflective thinking to allow learners to break free from their own histories. These participants have difficult, emotional histories due to their ADHD, and they are trying to persevere where so many others before them have been unsuccessful.

Given that these participants have found little support, they have had no choice but to look inward and find ways to be kinder to and more accepting of themselves. They are engaging in what Mezirow (1978) referred to as perspective transformation. Perspective transformation allows these participants to reframe how they perceive their reality and to redefine themselves and what their ADHD means to them as they work to finish their graduate education. Several participants mentioned that the coping mechanisms they used as children or in their undergraduate experiences are no longer working for them. They have had to develop new ways of thinking about their symptoms and themselves as human beings. Instead of continually blaming themselves for their shortcomings, they are beginning to realize that their brains operate differently than others around them; a fact that they have no control over. Since they are realizing that they cannot change that part of themselves, they are beginning to accept that they are not going to be like their non-ADHD peers. This is allowing them to find ways to work

within the rigid structure of graduate school that they find themselves in. One thing many of them are now learning, is that it is not helpful to be unkind to themselves anymore. Through acceptance, they are beginning to transform their perspectives.

The World. Against the contextual ground of the larger World, the figural theme *I Always Felt I Was Going to Fail* depicts the all-encompassing and challenging world of graduate school in which fear of failure was ever-present for the study participants. Participants are both objects and subjects acting within the world and their experiences and perception are colored by what happens in the world around them. For these participants, that means the world of graduate school has a significant impact on their lives. The struggles these participants are going through as they try to complete their graduate education affect how they perceive themselves, their relationships with others, their mental and physical health, and their ability to be resilient in the face of obstacles. Graduate school makes them question themselves, wonder if they are good enough, and leaves them feeling overwhelmed and alone. Participants have a constant feeling that they are going to fail, and they believe that graduate school is not made for people like them. Given that they cannot change how the world of graduate school is structured, participants have only two options available to them. Either they quit or fail out of school, as many others do, or they look inward to build resilience with little support and find their way through on their own. The risk to their emotional wellbeing is high, either way. Merleau-Ponty (1945/2014) talked about perception being sensed in the moment and that memory is a way of jumping into the past to allow the past to percolate into the present as if lived again. For these participants, talking openly about their lived experience was at times a painful reliving of their most difficult moments. Many of them wonder, why is no one noticing their struggle?

"They don't understand" (Others)

Participants struggle to be understood by others, especially their professors from whom they need support. The findings in this study suggest that the support or lack of support may be directly proportional to participants' chance of success. They report that the biggest lack of support is coming from their professors and advisors. Participants also report that they are being compared to their peers which is problematic when their peers do not also have ADHD. Other members of their cohort may appear more engaged in the curriculum since they are not dealing with ADHD symptoms while completing their programs. Several participants report having very high GPAs, but that they are being evaluated based on their case loads or level of engagement in the classroom. This is an important finding in that graduate students with ADHD may on the surface appear to be successful, but they are still struggling with being misunderstood by their professors and compared to peers that don't have the same level of difficulty they have. For one participant, she was brought into a meeting and told that she had the lowest number of clinical cases in her cohort and she left the meeting wondering what it would be like if she didn't have ADHD and could be fairly compared to the others.

Participants report that their professors don't understand their emotional reactivity and believe that those kinds of reactions mean that participants are not ready to complete their programs. Professors may also mistake participants' frustration as an unwillingness to follow instructions, when that frustration is stemming from a willingness but fear of initiating the work. Instead of reaching out for help, or figuring it out, these participants often shut down. This makes it appear to their professors as if they are not as invested in their classes as their peers. One participant cried during her interview recalling an experience where she just wanted to yell out in class, "I have ADHD!" but was too afraid. In fact, most participants in this study have not

disclosed their ADHD to their professors, advisors, or student disability services offices. Some are worried that it will stigmatize them or make professors believe that they are not capable students, or worse, capable of working in their fields after graduation. Others are still struggling with what having ADHD means as part of their identity. This creates a disconnect since professors don't know what they don't know, and these learners are too afraid to tell them. This is why research like the present study is so important for both adult educators and adult learners. There must be a way to bridge the gap between both sides, and that starts with being open to learning about what you don't know. For these participants, several have tried to take the step and have been shut down by the other side, "Maybe graduate school isn't for you". The bridge needs to start with adult educators to create an open environment where learners will feel comfortable with disclosing to them and asking for help.

Participants state that part of the reason they do not disclose to disability services offices is that they don't really know what accommodations would work for them. They believe that typical accommodations such as extra time on exams would not benefit them since their inattentiveness is not time based. This is an important finding since it means that currently available accommodations are not only not supporting this population, but that those who put these types of accommodations in place may not understand the needs of graduate students with ADHD. Participants struggle with completing assignments more than they struggle with testing. This is supported by Jansen et al.'s (2019) research that students with ADHD may make more errors in the extra time given on exams. Participants in the current study are afraid of disclosing only to find that accommodations will not be helpful to them. They want protections for turning in late assignments or needing more instructions from professors to help prepare their assignments. In line with Jansen et al. (2017) and Lipka et al.'s (2019) research, participants in

this study also report a greater number of issues with traditional teaching methods and that professors who show them more understanding and provide more tolerance and emotional support are what help them succeed.

Participants also struggle with peer relationships and find it hard to connect to others in their programs who do not have ADHD. They often describe themselves as being too much for the others around them. Some participants talk about feeling a lack of validation from their peers and a lack of understanding about what they are going through. They find it hard to connect with others which makes it harder to find camaraderie and support within their programs.

Some participants have found a few supportive professors, advisors, and peers along the way which have been vital to their success. Supportive professors have worked to understand these participants, and their ADHD symptoms, specifically the emotional reactivity component of their ADHD. This has allowed them to be non-reactive in response, and help their students work through stressful situations. Other professors have supported their students' interests and encouraged them to take courses that will be more meaningful to them in order to help them maintain their motivation. These findings are important since they can be used as a model for how professors can connect with their ADHD graduate students. Participants also report finding some supportive peers who also have ADHD and how helpful it is to create online study groups through Zoom and send each other assignment reminders via text. Finding support has made them feel less alone in their experience.

An unexpected finding in this study is that all participants chose their current degree path and future career path to give back and help others. ADHD has impacted their lives in such a profound way that they are choosing to offer support to others struggling like they have. This is

an important finding, especially since it was present with all nine participants, including the one participant majoring in environmental science and management.

Others. Against Merleau-Ponty's existential ground of Others, *They don't understand,* was the predominant theme, depicting participants' isolation and lack of support from peers, professors, and advisors. They live in a social world in which all of their interactions with others impact how they see themselves. These interactions help build their perception of the world in which they live and in turn, builds perceptions in others. Merleau-Ponty (1945/2014) describes this as an interweaving between the natural world and our lives, and that things are "deposited there in the form of a cultural world" (p. 363).

The global theme *They don't understand,* is about participants feeling wholly misunderstood and unsupported by others. This is perhaps most pronounced in their relationships with professors and advisors who mistake their ADHD symptoms for a lack of interest in classes or a lack of ability or will to complete assignments. This absence of support has been detrimental to participants' development and their emotional wellbeing. They also feel a lack of support from peers who they believe just don't understand what it's like to be an adult with ADHD in graduate school. Participants feel isolated and must turn inward, relying primarily on themselves, to make their way through their graduate education. While some have found a few supportive professors or peers along the way, most participants feel that they are compared to their non-ADHD peers, an impossible comparison in their eyes, by professors and advisors who don't fully grasp how precarious their situations are. Participants have either had negative experiences trusting others, particularly in the graduate school environment, or fear negative experiences which causes them not to disclose their ADHD diagnosis and not seek out help from university disability services offices. Even with all these obstacles, every participant has remarkably chosen their future career

path based on the lack of support they have received. Participants want to give back so that others don't have to endure the same experiences they have.

Implications

Education and Practice

In 1926, Lindeman wrote in *The Meaning of Adult Education* that the purpose of education was to infuse meaning into life. For him, life and education were two parts of the same whole. His profound writings on the meaning of education, and his ideas about paying attention to the needs of adult learners and giving them positive experiences in the classroom still ring true today. Dewey (1938) went so far as to question the purpose of education if learner experience were to be ignored, and Houle (1961) connected the interest in additional education to educators supporting the curiosity of their learners. Knowles (1980) even talked about the ideal conditions for learning like having a supportive environment, allowing learners to participate in the planning of their learning process, including their experiences, and supporting their progress toward obtaining their goals.

Even with nearly a hundred years of adult educators calling for supportive learning environments and emphasizing learner experience, the participants in this study are recounting experiences of rigid learning systems that not only don't support their needs, but actively cause negative impacts to their learning and social and emotional development. The implications for this study come directly from the mouths of these participants and the negative consequences for not paying attention to these implications are evident all over the literature surrounding undergraduate students with ADHD who never make it this far as discussed in Chapter Two.

Participants want professors who are more understanding of their plight and who respect them and understand where they are coming from. They want structure, but for that structure to

have some measure of flexibility. They want emotional support and to be involved in their

learning process. They want advisors who listen to them and work to help them succeed. They

want to not feel stigmatized for having ADHD or being on ADHD medication. They want

protections from their universities in case their professors or advisors refuse to accept a certain

level of flexibility due to their ADHD symptoms. The findings of this study emphasize the need

for adult educators to transform how they view this population of adult learners and develop an

awareness and understanding of the barriers to educational attainment that graduate students with

ADHD face.

Adult educators can use this study to inform their practice and help them be more

prepared when working with this group of learners to help them succeed in the classroom.

Smaller class sizes, more individualized attention, smaller learning units, and emotional support

and tolerance from professors improve the ability of this learning population to succeed (Lipka et

al., 2019). Participants report that they feel there is a lack of understanding about ADHD

symptomology and medication which stigmatizes them in the classroom. The findings of this

study demonstrate that the timing of ADHD medication is problematic for participants and that

they must choose which classes to be medicated for. This means that some professors will

experience them at their worst and not know why. Additionally, the emotional reactivity caused

by their ADHD may make it appear as though they are unwilling or unready to complete

assignments. Having professors and advisors with knowledge of what it's like to be a graduate

student with ADHD and how medication and the symptoms of ADHD can manifest in their

students, could be a game changer for this learning population. Participants report that they need

professors to help them structure their learning. Adult educators can work to allow autonomy in

learning, much like Knowles' (1980) first assumption of adult learners as self-directed, while also providing some measure of structure and clear guidance for their learners.

The findings also clearly demonstrate that just because these participants have achieved some measure of success to make it this far, they are still in need of support. Adult learners with ADHD have normal intellectual functioning (Weyandt et al., 2017) and if the purpose of adult education is to create a whole person, much in the vein of Lindeman (1926), then more can and should be done for this population of learners.

Practical Recommendations. Adult educators can offer structure in their courses, but also provide flexible deadlines and clear instructions. Allowing adult learners to be involved in their learning process by giving them the opportunity to choose topics of interest to them to complete classroom assignments would also be beneficial for adult learners with ADHD. Making an effort to learn about ADHD symptoms, medications, and the emotional reactivity that adults with ADHD experience will help adult educators empathize with and better support this learning population. Workshops can be provided at the university or college level to help educate faculty about ADHD symptomology and support. Additionally, campus disability offices could hire an expert on ADHD learners to better support students, faculty, and staff.

Adult Learners with ADHD. Several participants stated in their interviews that the same conversation happening in this study should be happening at the university level among professors and administrators. They realize that they too must be a part of these conversations, but there is a long history of fear and emotional reactivity that has taken hold in these participants. These are also not unfounded fears, as several of them have reached out for help and have been met with a lack of support and with indifference. Even still, adult learners with ADHD do need to find ways to reach out and share what they need. Perspective transformation

(Mezirow, 1978) could be a place to start to allow this learning population a way of reframing how they perceive their ADHD and redefine themselves. They cannot change their ADHD symptoms, but what they can do is accept that they have a different cognition, and then seek support, regardless of how many times it takes. Jarvis (2006) described this as disjuncture, where a learner's concept of the world has been altered, and they must find a new way of learning and being. Perspective transformation and disjuncture can impact how adult learners understand their changing world and need for new learning, allowing them to become conscious of how to shift their perspective and further develop their skills and capabilities. Further, adult learners with ADHD can learn to discover and enhance their courage to speak out and seek help by creating an open and supportive classroom environment together with their professors and peers. Learning to transform and take new actions is important for everyone to ensure students' success.

Practical Recommendations. Adult learners with ADHD should consider reaching out to university disability services offices to determine what supports are available to them. Contacting advisors and professors to disclose their ADHD diagnosis is also important to ensure learners are voicing their need for support. Adult learners with ADHD can ask to speak with their professor during office hours and explain their situation and their needs. It is important to be proactive and not wait until deadlines have snowballed into an emergency so that professors have enough time to help their students. If learners have difficulty reaching out to professors, seeking help from program coordinators or department heads may be the next best step. Talking with advisors to formulate a plan for taking courses that are of interest and still part of the approved program, could also be a good step. Looking into university resources for mental health and ADHD treatment may also be beneficial. Finally, adult learners with ADHD can also

consider that the world of graduate school is a whole new learning experience for them. One with challenges that they are worthy of meeting.

Policy

Participants in this study report a great deal of fear with disclosing their status as ADHD students to obtain disability accommodations. Many participants also report that typical university accommodations such as extra time on exams or having a note taker in class, do not meet their needs. They report that they struggle with completing assignments more than they do testing. Perhaps looking at how university and student disability services policies are supporting this population might help make them more open to seeking help. More can be done at the policy level to de-stigmatize ADHD, ADHD medication, and to offer proper, evidence-based supports to this learning population. Participants seek policy changes at the university level to give them protections from being placed on academic probation or being dismissed from their programs for struggling to turn in assignments. This study's findings also support the need for disability services offices to reach out to students and include them in policy making so that they can learn what services would work best for them, thus, providing more information on needed supports, and help reduce stigma on campus.

Further, the waitlist for ADHD testing at university testing centers is incredibly long and creates barriers for adult learners trying to access services. One participant reported an overwhelming amount of paperwork that took her months to finally complete because of her issues with procrastination and anxiety. Once she submitted her paperwork, it took months to get an appointment, and then months to be given a diagnosis. In all, it took a full year from the point when she reached out for help until she was diagnosed and provided with accommodations. Additionally, some participants reported that the process of getting an ADHD evaluation was

traumatic for them. Perhaps a shift in how testing is performed, or breaking the evaluation into smaller blocks of time, might be beneficial for this learning population. Updating ADHD assessments for college students is also called for by Hemingway et al. (2021) who noted that college students who self-reported ADHD also reported increased neuropsychological impairment (issues with memory, inattention, and educational abilities) more than in control groups. Having better ADHD assessments to accurately diagnose ADHD in graduate students and provide support is essential for their success. This study can inform policy makers and higher education administrators to offer a clearer picture about the struggles and needs of adult learners with ADHD in the graduate setting. This understanding can be used to make policy decisions that provide better services on campus to increase these learners' chance of success and development.

Practical Recommendations. Implement policies at the university level that offer adult learners with ADHD accommodations that benefit them such as ensuring protections from academic dismissal and exempting students with ADHD from being required to take a full course load while serving as a TA or graduate research assistant. At the university, program, and departmental levels, administrators can reach out to students to find out what policies would benefit them, implement policies to de-stigmatize ADHD, and offer training to faculty about how to support students with ADHD in the classroom. ADHD training could also be provided to administrators and staff. University learning disability testing centers can look for ways to expedite ADHD testing for students presenting with symptoms, speed up wait times for testing, and provide additional mental health support. Additionally, they can consider paperwork efficiencies to reduce the burden of intake forms and shift how ADHD testing is performed by breaking the evaluation into smaller blocks of time over additional testing days.

Social

This study's findings present clear social implications. Participants who feel unsupported, and who struggle with comorbid disorders, have a much harder time succeeding in their graduate programs. Even when they do succeed, the damage to their psychological health is significant. Participants struggle with repeated, negative impacts to their self-esteem caused by failures in school and disappointment from parents, peers, and teachers. These negative thoughts are internalized and increase future impairment (Eddy et al., 2018). For adults with ADHD who are unsuccessful in their graduate programs, the research is clear that they will often earn less money than their non-ADHD counterparts and have higher rates of unemployment (Kotsopolous et al., 2013). Earning less money can also mean less access to affordable healthcare to treat their ADHD and comorbid disorders. A recent study by Landes and London (2021), supported earlier studies that showed adults with ADHD had increased psychological distress, poorer health outcomes, and higher risk of injuries. Study authors called for additional research on ADHD health outcomes in adults. Participants in the current study reported that the cost of their ADHD medication caused them to ration their doses to save money. This has implications for their future health outcomes. Ignoring the lived experiences of the participants in this study is both costly to them, and costly to society at large.

Practical Recommendations. We as part of a society can reduce the stigma surrounding ADHD by accepting that adult learners with ADHD are contributing members to the world in which we live. As local communities, we can voice our support for this learning population and call on universities and legislators to do the same. By advocating for adult learners with ADHD, we are advocating for equitable learning environments that benefit all learners in the classroom. This is a benefit that will be shared by learners, educators, educational institutions, businesses,

and governments. We can also call for better healthcare access from our legislators which benefits both ADHD and non-ADHD learners. Increasing awareness of ADHD also helps primary care physicians know when and how to refer patients for treatment of ADHD symptoms. Faster entry into services means adult learners with ADHD can access medication and cognitive supports early.

Recommendations for Future Research

This study's findings reveal that these participants struggle significantly in graduate school, just not necessarily in the way in which the literature normally describes. Participants report that graduate school has become a triggering mechanism for their ADHD symptoms, specifically, their emotional reactivity. More research needs to be done in this area to determine how best to address this issue. Additionally, most participants report that they really began to struggle more once they reached graduate school. More research can be done about what in graduate school specifically may be overloading their ability to cope. Several participants in the current study have changed degree programs or sought out courses that are more interesting to them to increase their motivation for completing their programs. New research can be done in this area to help determine how best to increase motivation in graduate students with ADHD. This study's findings suggest that current academic supports and accommodations for graduate students with ADHD are insufficient to meet their needs. Additional research needs to be done in this area to find ways to better evidence-based ways to support this learning population. Since adult learners with ADHD often struggle to remain in their graduate programs, research on how to increase retention and graduation rates in this learning population is important for learner success.

An interesting finding that emerged from this study is that women may experience different symptoms of ADHD than most men, and that this difference in symptomology has differing impacts on women's learning, their ability to obtain an ADHD diagnosis, and their access to supports and accommodations in graduate school. This was an unexpected finding that was not well represented in the literature at the time of this study. Given that all participants who responded with an interest in participating in this study were female, this finding suggests further research to determine what specifically can be done for women with ADHD in graduate school.

Participants report that they struggle to properly care for themselves in terms of daily activities like showering or making meals. More research can be done on self-care and ADHD adults. Findings also suggest that participants have a deep fear of disclosing their ADHD. More research in the area of ADHD in adults and identity development would be of benefit.

The current study helps fill a gap in the research on graduate students with ADHD since much of ADHD research is focused on children and with adults starting their undergraduate programs or entering the workplace. There is still however a lack of research on how adult learners with ADHD are obtaining a graduate education. More research is needed in this area to determine how best to help this population succeed.

Conclusion

I chose to do this study because I wanted to understand the essence of what it's like to be a graduate student with ADHD. As a parent with a child who was academically dismissed from his undergraduate program due to his ADHD symptoms, and as a person who is in a graduate program knowing full well how difficult and emotional it can be, I wanted to know the experience of this learning population. How are they succeeding where so many others before them have not? As I learned in the process of doing this study, academic success does not always

reveal the true nature of success. A phenomenological approach allowed me to uncover the essence of experience through participant interviews and look at what stood out against Merleau-Ponty's philosophical grounds of world, body, others, and time. What filtered through was a profound experience in which participants recounted their pain, their fear, and their strength.

I was overwhelmed at the quick response to this study and the level of interest that participants had in this research. I was told over and over that no one really asks them how they are coping with ADHD in graduate school. All study participants were female, which was not the original intent of the study. It just so happened that women were who responded to the recruiting emails and prompts posted on social media, and therefore this study evolved into the female experience of ADHD in graduate school. The most difficult part of conducting this research for me was interviewing participants. I felt responsible for not only getting the method of phenomenology right, but for ensuring I did not cause participants discomfort during the process. I really wanted to give each person a platform to express their experience and help shine a light on this phenomenon. After hearing each participant's experience, and really sitting in it with them, I felt a sincere responsibility to them; to get this study right and to get it out into the world where others could see what I now see.

All nine participants in this study wanted to share their lived experiences so that we might better understand their struggle and their resilience. They are keenly aware that others don't make it as far as they have, and they all have a deep interest in ensuring that their experience can in some way help others going through the same thing. Through their courage of revisiting their lived experiences, even the difficult ones, interviews were recorded and transcribed, and a thematic structure of their collective lived experience emerged.

Nine participants from different walks of life, different graduate programs, and in different cities across the U.S. share a remarkably similar experience. They are learning who they are and building within themselves the boldness to follow their passions, even with the odds against them. Only 15% of adults with ADHD obtain a four-year-degree and that number drops to 0.06% who obtain a graduate degree (Kuriyan et al., 2013). Through diagnoses, comorbid disorders, feeling like they don't fit in, struggling with how ADHD impacts their ability to complete their program requirements, being afraid they might fail, and feeling misunderstood by the very people who should be there to support them, they are persevering. They are struggling, and some days they feel like they are failing, but they are giving it everything they have.

Reflecting on questions such as now what? What happens next? What is my vision for the future and the future of this research? A lot has happened in the last two years with a pandemic and the loss of my father. I have learned that I don't have control over many things in life, and my coping mechanism is now to stop looking too far ahead, and to stay in the present and take things moment by moment. What I do know for the future, is that this dissertation is not the end of something, but the beginning. I have heard too much and felt too much to leave it at this. In my mind and heart, I know these participants deserve more than for me to leave it here.

In the beginning of this dissertation, I started off with a quote from Emily Dickinson, "Hope is the thing with feathers that perches in the soul and sings the tune without the words and never stops at all" (1861). These participants have hope. They don't have all the tools, and they don't have all the support, but they keep singing the tune anyway. This study is for them and for all the kids growing up feeling a little different; the ones who loved books and school and were always the first to raise their hands in class; spending hours on their homework wanting everything to be just right; the ones forever craving approval from their teachers, desperate to

belong; still trying to belong, even now. And for the ones who wondered why no one noticed.

For them, and for those who haven't made it this far, let their lived experiences serve as a clarion

call to higher education to pay attention.

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Appendices

Appendix A: University of Tennessee IRB Approval

November 29, 2021
Tiffany Michelle Devol,
UTK - Coll of Education, Hlth, & Human - Educational Psych and Couns

Re: UTK IRB-21-06669-XP
Study Title: Paying Attention: The Lived Experiences of ADHD Graduate Students in Higher Education

Dear Tiffany Michelle Devol:

The UTK Institutional Review Board (IRB) reviewed your application for the above referenced project. It determined that your application is eligible for expedited review under 45 CFR 46.110(b)(1), Categories 6 and 7. The IRB has reviewed these materials and determined that they do comply with proper consideration for the rights and welfare of human subjects and the regulatory requirements for the protection of human subjects.

Therefore, this letter constitutes full approval by the IRB of your application (version 1.1) as submitted, including the following study documents that have been dated and stamped IRB approved:

- Adult Consent for Research Participation v 1.0
- Interview Guide v 1.0
- Recruiting Script v 1.0

You are approved to enroll a maximum of 12 participants. Approval of this study will be valid from November 29, 2021 to 11/28/2022.

Any revisions in the approved application, consent forms, instruments, recruitment materials, etc., must also be submitted to and approved by the IRB prior to implementation. In addition, you are responsible for reporting any unanticipated serious adverse events or other problems involving risks to subjects or others in the manner required by the local IRB policy.

Finally, re-approval of your project is required by the IRB in accord with the conditions specified above. You may not continue the research study beyond the time or other limits specified unless you obtain prior written approval of the IRB.

Sincerely,

Lora Beebe, Ph.D., PMHNP-BC, FAAN
Chair

Appendix B: Adult Consent for Research Participation

Consent for Research Participation

Research Study Title: Paying Attention: The Lived Experiences of ADHD Graduate Students in Higher Education

Researcher(s): Tiffany M. Devol, University of Tennessee, Knoxville
Qi Sun, EdD, University of Tennessee, Knoxville

ADHD symptoms have a significant impact on adult learners, but there is very little research about what it's like to be a graduate student with ADHD. An exploration of the lived experiences of graduate students with ADHD will help researchers, educators, and policy makers better understand this learning population and increase learners' chances of success and development.

Why am I being asked to be in this research study?

We are asking you to be in this research study because you are age 22 or older, you are currently enrolled in a graduate degree program in the United States, you self-identify as having ADHD, and you are interested in talking openly about your lived experience of having ADHD while pursuing a graduate education.

What is this research study about?

The purpose of the research study is to understand what it's like to be a graduate student with ADHD while completing a graduate program. This study seeks to uncover the essence of experience this population undergoes as they work towards their educational attainment to better inform adult educators and policy makers about how best to assist this adult learning population.

How long will I be in the research study?

If you agree to be in the study, your participation will last between 45 and 60 minutes for one interview.

Should you choose to, you may also participate in an additional 30-minute interview with the researcher to look at global themes emerging from the study during data analysis to determine if those themes represent your lived experience as you see it.

The study duration is expected to last for six months, with one interview occurring at the beginning of the study, and an opportunity for a second interview to go over global themes occurring two to three months later if you choose.

What will happen if I say "Yes, I want to be in this research study"?

If you agree to be in this study, I will email you to schedule your 45–60-minute interview about your experience as a graduate student with ADHD.

Once that interview is complete, I will reach out later to ask if you would like to have an opportunity to go over the global themes emerging from the study (two to three months after the initial interview).

What happens if I say "No, I do not want to be in this research study"?

Being in this study is up to you. You can say no now or leave the study later. Either way, your decision won't affect your grades, your relationship with your instructors, or standing within your institution; and your decision will not affect your relationship with the researcher or the University of Tennessee.

What happens if I say "Yes" but change my mind later?

Even if you decide to be in the study now, you can change your mind and stop at any time.

If you decide to stop before the study is completed, contact the primary investigator and request to be removed from the study. All data collected from you up to that point will be destroyed.

Are there any possible risks to me?

It is possible that someone could find out you were in this study or see your study information, but we believe this risk is small because of the procedures we use to protect your information. These procedures are described later in this form.

Possible additional risks include discomfort when recalling your lived experiences.

Are there any benefits to being in this research study?

There is a possibility that you may benefit from being in the study, but there is no guarantee that will happen. Possible benefits include feelings of comfort or empowerment, as well as satisfaction regarding the possibility of being helpful to other people in similar life situations. We hope the knowledge gained from this study will benefit others in the future.

Who can see or use the information collected for this research study?

We will protect the confidentiality of your information by ensuring interviews will be conducted with only you and the researcher present during the one-on-one interview.

The researcher will transcribe your video or audio recorded interview and remove any identifying information from the transcripts. This includes removing all names of persons, places, and any other identifiers and replacing with pseudonyms. No identifiable information will be transmitted or shared. Once the study is complete, video or audio files will be destroyed to preserve your privacy.

Access to electronic data and research records is restricted to authorized research personnel only. Access to the researcher's email records requires two-factor authentication and security software (firewall, anti-virus, anti-malware, etc.) is installed on the researcher's

computer and is regularly updated. Data will be stored on a password protected device and on the secure file hosting site, DropBox, which is also password protected.

Paper study documents such as signed consent forms, researcher memos, and printed transcripts (once identifying information has been removed) will also be restricted to authorized research personnel only and will be kept in a locked office.

Once the research study has been completed, paper research memos will be shredded, and electronic research memos will be deleted. Interview transcripts (that have been stripped of their identifying information) will be retained by the researcher for future research use.

If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what information came from you. Although it is unlikely, there are times when others may need to see the information we collect about you. These include:

- As part of the data analysis process, this researcher uses a transdisciplinary phenomenology group (TPRG) at the University of Tennessee, Knoxville to assist in data analysis. All TPRG attendees sign a confidentiality agreement prior to review of the transcripts and all identifying information is removed from the transcripts before they are given to TPRG members for analysis.
- People at the University of Tennessee, Knoxville who oversee research to make sure it is conducted properly.
- Government agencies (such as the Office for Human Research Protections in the U.S. Department of Health and Human Services), and others responsible for watching over the safety, effectiveness, and conduct of the research.
- If a law or court requires us to share the information, we would have to follow that law or final court ruling.

What will happen to my information after this study is over?

We will keep your information to use for future research. Your name and other information that can directly identify you will be deleted from your research data collected as part of the study.

We will not share your research data with other researchers.

Who can answer my questions about this research study?

If you have questions or concerns about this study, or have experienced a research related problem or injury, contact the principal investigator, Tiffany Devol, **tdevol@vols.utk.edu**, 865-236-2333 or the Faculty Advisor, Qi Sun, EdD, **qsun8@utk.edu**, 865-974-5403.

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact:

Institutional Review Board

The University of Tennessee, Knoxville
1534 White Avenue
Blount Hall, Room 408
Knoxville, TN 37996-1529
Phone: 865-974-7697
Email: utkirb@utk.edu

STATEMENT OF CONSENT

I have read this form and the research study has been explained to me. I have been given the chance to ask questions and my questions have been answered. If I have more questions, I have been told who to contact. By signing this document, I am agreeing to be in this study. I will receive a copy of this document after I sign it.

_____   _____   _____

Name of Adult Participant   Signature of Adult Participant   Date

Researcher Signature (to be completed at time of informed consent)

I have explained the study to the participant and answered all their questions. I believe that they understand the information described in this consent form and that they freely consent to be in the study.

_____   _____   _____

Name of Research Team Member   Signature of Research Team Member   Date

Appendix C: Recruiting Script

Recruiting Script

Social Media (Facebook – to be posted on the principal investigator's Facebook page)
Do you know someone who is age 22 or older, self-identifies as having ADHD, is enrolled in a graduate degree program in the United States, and is willing to talk about their experience as a graduate student with ADHD? If so, I would love to talk with them about my dissertation study! I am a doctoral student in the Educational Psychology and Research Program at the University of Tennessee, Knoxville and the purpose of my study is to understand the lived experiences of graduate students with ADHD navigating their way through their graduate programs. An exploration of these experiences will help researchers, educators, and policy makers better understand this learning population and increase learners' chances of success and development. I am looking for potential participants. If someone you know is interested, please have them email me at tdevol@vols.utk.edu for more information.

Email Script 1 (to be used with people known to the principal investigator)
Do you know someone who is age 22 or older, self-identifies as having ADHD, is enrolled in a graduate degree program in the United States, and is willing to talk about their experience as a graduate student with ADHD? If so, I would love to talk with them about my dissertation study! I am a doctoral student in the Educational Psychology and Research Program at the University of Tennessee, Knoxville and the purpose of my study is to understand the lived experiences of graduate students with ADHD navigating their way through their graduate programs. An exploration of these experiences will help researchers, educators, and policy makers better understand this learning population and increase learners' chances of success and development. I am looking for potential participants. If someone you know is interested, please have them email me at tdevol@vols.utk.edu for more information.

Email Script 2 (to be used if the principal investigator is given an email to contact for interest in the study)

(Date)

Re: Paying Attention: The Lived Experiences of ADHD Graduate Students in Higher Education

Name,

Thank you for your interest in my study! I am a doctoral student in the Educational Psychology and Research Program at the University of Tennessee, Knoxville and I am conducting this research for my doctoral dissertation. The purpose of my study is to understand the lived experiences of graduate students with ADHD navigating their way through their graduate programs.

ADHD symptoms have a significant impact on adult learners, but there is very little research about what it's like to be a graduate student with ADHD. An exploration of the lived experiences of graduate students with ADHD will help researchers, educators, and policy makers better understand this learning population and increase learners' chances of success and development.

I am looking for participants who are age 22 or older, self-identify as having ADHD, are enrolled in a graduate degree program in the U.S., and are willing to talk about their experience as a graduate student with ADHD.

Your participation would include a single, one-on-one interview about your experience. The interview is anticipated to last between 45-60 minutes. Interviews will be conducted either in-person, via Zoom, or by phone, depending on what works best for you!

Your information will be kept confidential and all identifying information will be removed from your interview transcripts. All study information will be secured to prevent unauthorized access.

I have attached a consent form which includes additional study information. If you would like additional information about this study, or have questions about the consent form, please contact me at tdevol@vols.utk.edu.

Thank you for your consideration! Your experience could offer a great deal of insight!

Tiffany Devol
Principal Investigator
Doctoral Student, Educational Psychology and Research – Adult Learning
University of Tennessee, Knoxville

Appendix D: Interview Guide

Interview Guide

Tiffany M. Devol
University of Tennessee, Knoxville

Purpose: The purpose of the proposed study is to understand the essence of the lived experiences of graduate students with ADHD navigating their way through their graduate programs by using a phenomenological approach. This study seeks to uncover the essence of experience this population undergoes as they work toward their educational attainment to better inform adult educators and policy makers about how best to assist this adult learning population.

Research Question:
- What is the essence of the lived experiences of graduate students with ADHD as they pursue their graduate education?

Open-ended Interview Question:
- As you think about your experience as a graduate student with ADHD, what stands out to you?

Phenomenological prompts (to bring the participant back to their lived experience):
- Think of a specific time in your graduate school experience when having ADHD stood out to you?
- Can you think of another specific incident?
- Can you give me an example of ___?
- Can you walk me through your experience of___?
- What was it like for you when you___?
- Can you tell me more about your experience with ___?
- Talk to me a bit about your experience with ___?
- Is there anything else about your experience you would like to share?

Appendix E: Themes
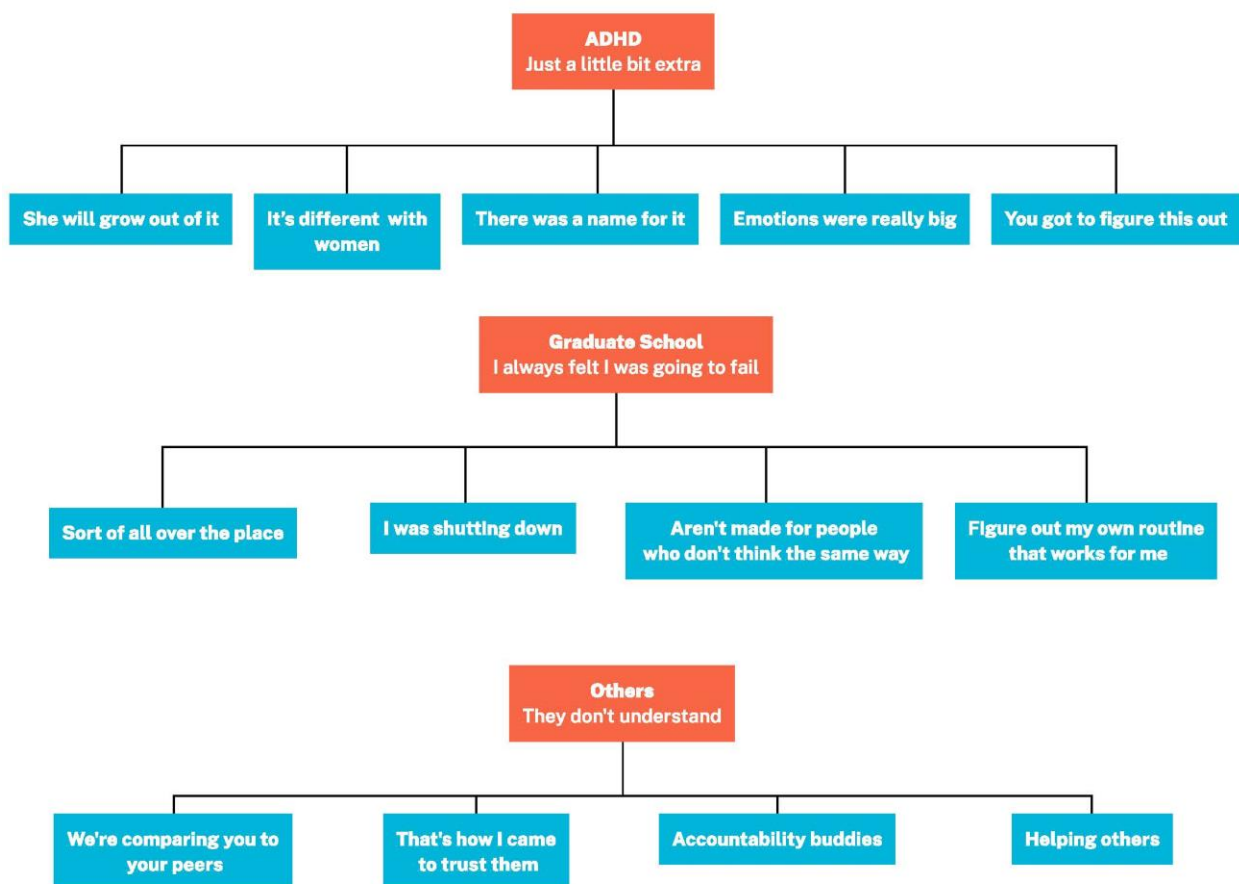
Appendix F: Vase vs. Two Faces Illustration
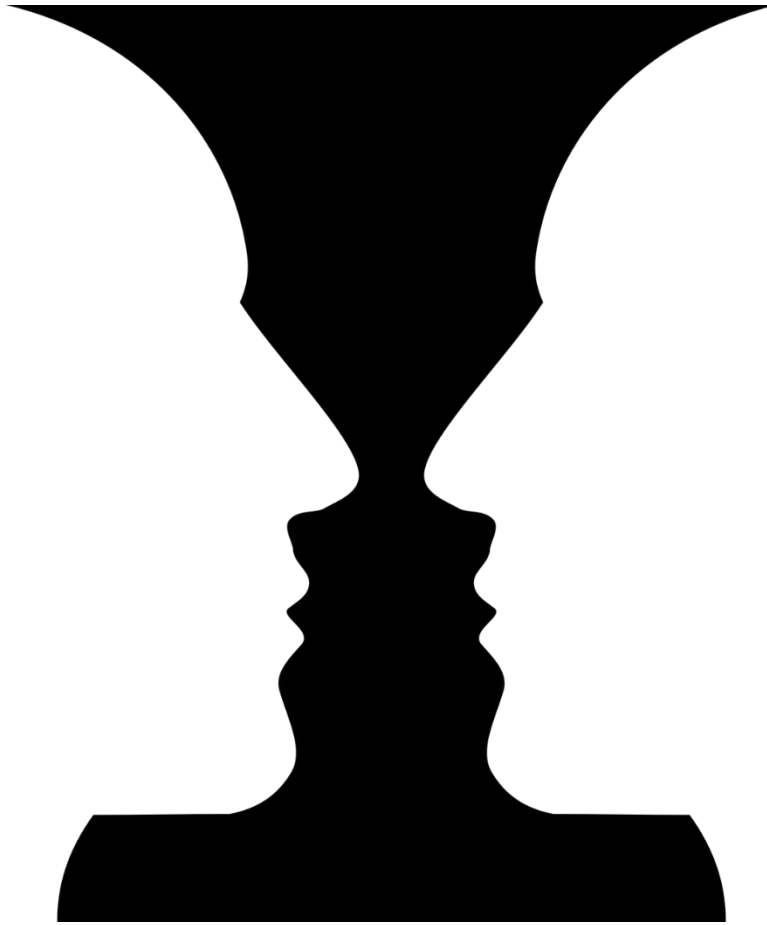
An example of the vase vs. two faces illustration described by Edgar Rubin in 1921.

Appendix G: Existential Phenomenological Research Process

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                      ┌─────────────────────────┐
                      │      Choose Topic       │
                      └─────────────────────────┘
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                                  ▼
                      ┌─────────────────────────┐
                      │ Perform Bracketing Interview │
                      └─────────────────────────┘
                                  │
                                  ▼
                      ┌─────────────────────────┐
                      │  Interview Participants  │
                      └─────────────────────────┘
                                  │
                                  ▼
                      ┌─────────────────────────┐
                      │   Transcribe Interviews  │
                      └─────────────────────────┘
                         │                    │
                         ▼                    ▼
        ┌──────────────────────┐   ┌──────────────────────┐
        │ Read for Meaning Units│   │ Read for Sense of Whole│
        └──────────────────────┘   └──────────────────────┘
                 │  ▲                       │  ▲
                 ▼  │                       ▼  │
              ┌───────────────────────────────────┐
              │   Cluster Initial Thematic Meaning │
              └───────────────────────────────────┘
                                │
                                ▼
                   ┌──────────────────────────┐
                   │ Develop Thematic Structure│
                   └──────────────────────────┘
                                │
                                ▼
                ┌─────────────────────────────────┐
                │ Present Structure to Research Group│
                └─────────────────────────────────┘
                                │
                                ▼
                ┌─────────────────────────────────┐
                │ Report Findings to Participants │
                └─────────────────────────────────┘
                                │
                                ▼
                   ┌──────────────────────────┐
                   │    Prepare Final Report   │
                   └──────────────────────────┘
```
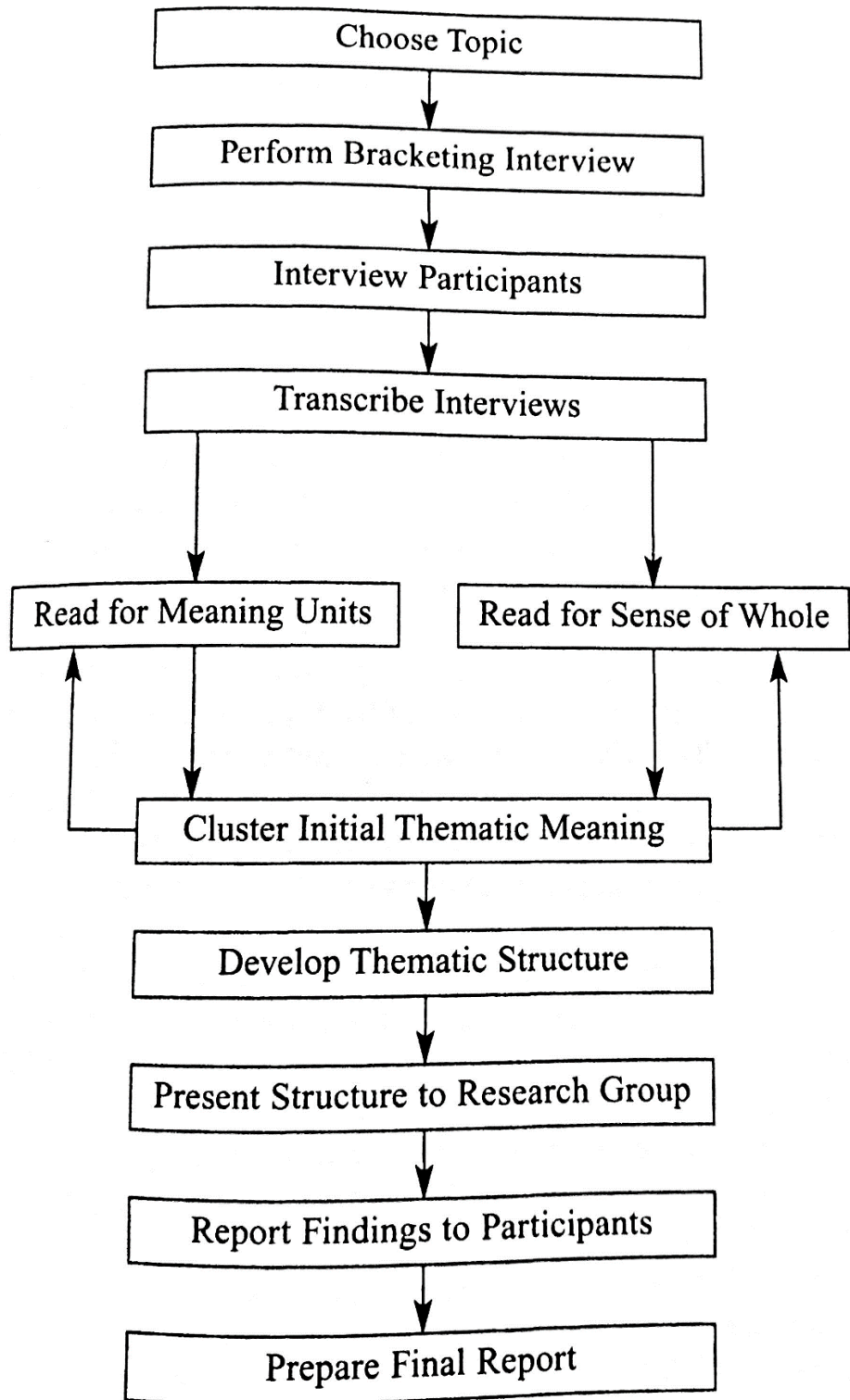
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Vita

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