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A LIFE OF AMBIVALENCE: EXPLORING ADHD THROUGH AUTOETHNOGRAPHY

by
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Stories of disability and academic struggle deserve to be told. They deserve to be considered as meaningful research. I am indebted to these professors for making this possible. I would also like to thank all of the educators in my past who have worked with me through my academic struggles and who have also come to an understanding that not everyone fits the box of the "ideal" student. I will never forget the teachers, professors, and academic counselors who spent countless of hours with me to help identify my strengths rather than focusing on my weaknesses. I have carried these lifelong lessons throughout my academic career and now into my professional life as an educator, and I hope to make a similar impact on my students as you did for me.

I would also like to thank my parents for allowing me to follow my passions and to cultivate my own learning in a way that was most meaningful to my strengths and interests. Throughout every step of the way you were my biggest support system. I am indebted to you both for your encouragement, understanding, and compromise.

This personal narrative is told from a perspective of encouraging those struggling within institutions that seemingly constrain their true selves. Persevere, embrace your strengths, and keep going. I guarantee that within your struggles you will find those who encourage you and
embrace your authentic self.

ABSTRACT
OF THE PROJECT OF

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The focus of this paper is to examine the complexities of living with Attention Deficit Hyperactivity Disorder, otherwise known as ADHD. This paper focuses on the American context due to the alarmingly accelerated rates of ADHD diagnoses and prescription medications. To explore this, I use autoethnography in order to provide a rich and thick description of ADHD from an insider perspective, a perspective too often left out of the research and dominant discourses surrounding one of the most controversial and highly contested childhood disorders. More specifically, autoethnography is a research method that "…[produces] meaningful, accessible, and evocative research grounded in personal experience…that would sensitize readers to issues of identity politics, to experiences shrouded in silence, and to forms of representation that deepen our capacity to empathize with people who are different from us" (Ellis et al. 2011). For this reason, this paper is written in first-person, contains emotionally charged statements from journal entries and past experiences, utilizes other archival data such as confidential files of ADHD diagnoses, and also considers the perspectives of those directly involved in my own diagnosis of ADHD; consequently, I "…acknowledge and accommodate subjectivity, emotionality, and [my own] influence on research, rather than [hide] from these matters or [assume] they don't exist" (Ellis et al. 2011).

This paper sheds light on how teachers, professors, pediatricians, and family members became part of the intricate web of my own diagnosis, which includes layered stories involving denial, resistance, misunderstanding, acceptance, personal growth, and perseverance. These stories take the reader throughout the earliest stages of my own discovery of ADHD in elementary school to early adulthood. With the use of pseudonyms, the identities of those involved in these discussions are hidden, however certain identities cannot be hidden due to close relationships to the researcher. Full consent to disclose information has been granted, which primarily includes excerpts and conversations from close relatives.

There are two goals of this research: to give powerful institutions valuable insight regarding the nuances of living with ADHD in order to better provide individuals with the care and resources needed to succeed, and to inspire those who face similar difficulties within the multitude of different and unique experiences of ADHD.

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CHAPTER I

INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common and controversial childhood disorders that affects approximately 7 percent of primary school-aged children (Simoni 2016). Currently, new trends are showing a rapid increase in ADHD diagnoses that have expanded the realm past childhood, which now include young and older adults. Due to the academic rigor and the competitive demands of the educational system, this phenomenon has been reframed to be perceived as a neurobiological dysfunction, placing blame on the individual rather than critically assessing the institutions in which these diagnoses take place. For this reason, proving or disproving the existence of ADHD is beyond the scope of this paper, however, the effects of these diagnoses on the relationships between parent and child, teacher and student, and doctor and patient are explored: how do the institutions of medicine, psychiatry, and education co-constitute each other in order to preserve and reinforce a particular status quo, and what are the social costs? Furthermore, what do these diagnoses do beyond their truth value?

With the ADHD literature being under the jurisdiction of the medical and psychiatric fields, we have come to an understanding of the disorder through a biomedical lens; this lens places a strong emphasis on the benefits of medicinal treatment, most of which are exaggerated, and little information from more marginalized fields that express concern regarding the handling of this epidemic. Additionally, the voices of those with lived realities of ADHD are mainly absent from the literature that discuss the “true” and

objective nature of ADHD as a neurobiological disorder that requires medical intervention. Growing concerns regarding how contradictory the literature is compared to these lived experiences warrants attention to this phenomenon through a more marginalized, qualitative lens of inquiry.

As mentioned previously, autoethnography is the methodology of choice for this research paper. It is important to note that researchers who use this method open themselves to vulnerability, which is often an incredibly difficult and emotional process. Consequently, I had to dig into my own archives and confidential files in order to better understand the gaps within my experiences which required deep reflection and compromise. This process involved revisiting some of the most difficult and traumatic events of my life that continue to have an impact on me today.

As difficult as the process was, it is worth mentioning that my self-perception changed for the better. I faced many hardships throughout this project that ultimately forced me to confront the issues ADHD brought about, however, this time, I managed to get through it with will power, devotion, and dedication. This process also required a different outlook on my own experiences in order to better understand the decisions that were made regarding my ADHD diagnosis. Lastly, conducting this research comprised of many rejections from those involved in my diagnosis to participate in this research, which demonstrates the seriousness of ADHD and the need to discuss the implications of the sharp increase in diagnoses within the United States. The silence regarding this diagnosis was deafening, which is certainly an element to consider when looking at ADHD; we should always approach it with caution, care, and with most ethical and well-rounded intentions in mind.

In consideration of this, treating such a phenomenon through a purely medical lens has serious consequences for society as a whole: even within the medical literature, we find that there are significant gaps and unanswered questions regarding the validity of such a disorder and there are profound disagreements in how it is handled in the United States. We must therefore think critically about what these diagnoses actually do: are people who suffer from ADHD really able to conform to the status quo, or do they reach a deeper level of alienation in the long-term effects of medicinal use?

To answer this multi-layered question, it is important to provide a concise literature review regarding the dominant discussions surrounding ADHD, as well as the relevant theoretical scopes in order to communicate this personal narrative with greater clarity. By doing so, readers will better understand how the self is experienced within larger cultural and social frames in order to extend our sociological understandings of complexities found within the ADHD experience. Such complexities are often hardly considered within the dominant discussions surrounding this topic.

CHAPTER II

LITERATURE REVIEW

A. From Medicalization to Biomedicalization

The medicalization of society, education, and childhood is fundamental to understanding the more intricate processes of biomedicalization. Medicalization is the process through which elements of life previously considered nonmedical become interpreted as diseases or disorders (Maturo 2013); in other words, the social, legal, and moral realms of society become under the jurisdiction of medical knowledge, inquiry, and treatment. Many authors have engaged in this theoretical construct that dates back to the 1930s and continued throughout the 1950s (Boggs 2014; Conrad 1976; Clarke and Shim 2010; Lusardi 2019; Petrina 2006; Rafalovich 2013; Reissman 1983; Simoni 2017).

Additionally, while the process of medicalization is interpreted from top-down or bottom-up processes of control and surveillance, biomedicalization takes this framework a step further by analyzing these processes as being produced from the "inside out" (Clarke et al. 2006). In other words, new biosocialities or subjectivities in conjunction with the commodification of health by new advanced technologies are formed, literally transforming life itself (Comstock 2011; Clarke et al. 2006; Hanan 2019). Since multiple actors are involved within this process, it is important to look at how particular institutions like the medical, psychiatric, and educational ones perpetuate a particular narrative of ADHD, thereby contributing to a brain-blaming view of ADHD that effectively stigmatizes an entire group of people.

B. Competing Discourses: Narrativizing ADHD

The institutions that are involved in pathologizing behavior engage in different narratives of ADHD, all of which contribute to the confusion and misinformation surrounding the contested topic. Additionally, the existence of many narratives and the profound disagreements found within and across them demonstrate the lack of objectivity of such a disorder. While questions within the psychiatric realm address whether or not there is indeed a brain abnormality (Buitelaar and Rothenberger 2004), others are riddled in negative connotations regarding the risks of anxiety, depression, unemployment, illicit drug use, reckless behavior, and potential criminal convictions if left untreated. In other words, risk prevention is central to much of the psychiatric literature surrounding ADHD that pushes for medicinal use (Biederman et al. 1995; Curry et al. 2019; Visser et al. 2016**)**

In addition to risk prevention, the efficacy of stimulant medication is overstated. Studies within the medical and psychiatric fields tend to exaggerate the positive outcomes associated with medicinal treatment and offer little attention to the potential adverse effects (Peasgood et al. 2016; Bourgeois et al. 2014; Epstein et al. 2007; Stahl and Mignon 2009; Hechtman 2005; Thapar and Cooper 2016; Wigal et al. 2014). However, it is important to note that the counter-narratives, or the discussions surrounding ADHD outside of the medical and psychiatric viewpoints, lean towards more qualitative views of ADHD that are deeply critical of the brain-blaming view and treatment plans associated with it (Bergey et al. 2018; Bowden 2013; Cohen et al. 2006; Conrad and Potter 2000; Dumit 2012; Erlandsson and Punzi 2017; Rafalovich 2005; Vallée 2010). In addition to this literature, qualitative studies that highlight the voices of ADHD individuals and their lived

experiences make up a minority of studies but are nevertheless important for understanding the fallacies within the dominant literature (Brady 2014; Loe and Cuttino 2008).

C. Short-term gains and long-term consequences of psychostimulants

Comparing the dominant literature to the lived experiences of individuals raises questions regarding the potential long-term consequences of stimulant medication. While the dominant literature acknowledges the long-term effects, generalized statements of its presumed safety remain (Matthijssen et al. 2019). In fact, hardly any literature within these dominant fields discuss the instances of severe adverse reactions. Additionally, the risk of dependency in the long-term is hardly discussed; instead, problems of addiction can be found in the counter-literature (Conrad and Potter 2000; Rafalovich 2005; Rafalovich 2013; Lloyd et al. 2006).

In addition to these claims, Rafalovich (2013) highlights not only the eventual ineffectiveness of the drug, but the toxicity such a drug can have upon its first entrance into a young person's body; psychostimulants may actually cause more harm than good, which varies depending on the severity of symptoms and the individual response to medication (Trout et al. 2007). Since educational institutions have become the primary sites of intervention, it is necessary to understand their role in the increasing rates of ADHD diagnoses and stimulant prescriptions.

D. Prioritizing conformity over actual learning

In order to critically assess the current role of educational institutions, it is important to assert that while education can be forced, real learning cannot be. National competition

rates regarding test scores, all of which are based on the standards model of education, have become nearly an obsession with school systems; such a narrow measure of intellectuality is simply outdated and can no longer be the primary means of assessing academic excellence, however, it remains the most prioritized credential for admission into the most competitive schools and programs, both secondary and post-secondary alike (Bracey 1983; Bracey 1987; Dung et al. 2016; Gamson et al. 2019; Hattie 2009; Richardson 1985; Robinson 2015; Snyder 1999).

This obsession with testing, brought about by the standards movement of education, creates a sense of detachment and excessive boredom with the school process for many children. In consequence, the medicalization of education in conjunction with the deficit model of ADHD effectively places blame on the individual rather than considering the school system's compliance in enforcing a conformist model that suppresses individuality, imagination, and creativity (Robinson 2015). ADHD should thus be seen as a problem of integration, rather than a sign of pathology (Maturo 2013). While highly efficient, and almost robotic students seem to be the ideal, this systematic suppression of alternative forms of learning raises concerns regarding the social costs of such mechanisms.

CHAPTER III

THEORETICAL FRAMEWORKS

A. Biomedicalization and the Commodification of Health

Biomedicalization as a theoretical framework captures the nuances behind the medicalization of life itself; in other words, there has been a shift from a top-down control over processes in our daily lives being under the jurisdiction of the medical field, to a transformation of *life itself* thanks to new technologies that have enhanced our knowledge of all things medical (Clarke and Shim 2010). While the period of modernity ascribes itself to the process of medicalization, post-modernity is part of the biomedicalization process (Clarke et al. 2003). Consequently, biomedicalization is driven through advanced technology and technological development (Comstock 2011; Wróblewski 2015), all of which necessitates the commodification of health itself.

The process of biomedicalization allows for a deeper understanding of the intricate processes that directly affect and alter people into these new biomedical subjectivities. It is also worth noting that this framework brings awareness to the fact that the commodification of health and the medical jurisdiction over health itself is fundamental to the process of biomedicalization (Clark et al. 2003). Furthermore, this process reflects the "integration of medical knowledge and lay belief and behavior" (Schnittker 2009). Placing children at the center of these diagnoses necessitates a moral obligation to the targets of such medical intervention and an increasing demand to challenge the authority of the dominating fields that have perpetuated more diagnoses in recent decades.

B. Schools: Profiting from the Attentional Labor of Children

Since children are at the center of these diagnoses, ethics should be central to treatment plans. Stoller's "ADHD as Emergent Institutional Exploitation" provides a compelling framework for understanding the role educational institutions play in this epidemic. His analysis directs attention to the emphasis on profits over social costs, and the profound moral implication a variety of actors have in competing to profit from school-age children. On an institutional level, he examines the current educational model as one that attempts to control individuals, rather than empower individuals to control institutions (Stoller 2014). This emphasis on institutions, rather than individuals, raises important questions regarding the social element of ADHD diagnoses and the urgent need to incorporate the lived experiences of ADHD individuals into these dominant discussions.

In addition to this systems theory model, his work deconstructs biological reductionist research that has consistently attempted to prove the misconceptions surrounding ADHD, such as the misinformed claims that it is a genetic disorder—a generalization that has contributed to the medical expansion of ADHD into adulthood. Within this framework, ideas surrounding the meaning of "disorder" are effectively destabilized; in other words, the supposed objectivity of ADHD and its constituents are exposed as being deeply embedded within the social, legal, and moral fabric of society that overlook concerns addressing the "…adverse drug effects, long-term health risks, and lack of benefit to the patient" (Stoller 2014). We can thus redirect our focus to other explanatory factors that might be contributing to this deficit model, especially in terms of how advanced technology, social networking and media contribute to this rampant problem of inattention.

C. The Age of Inattention

The attention economy as a framework is crucial for analyzing the ADHD epidemic. In consideration of advancements in information technologies, current day issues stem from the fact that attention has become a scarce resource due to the abundance of information provided for public consumption. This abundance is also certainly part of the process of biomedicalization, where information on health and sickness no longer require physician visits. In other words, "[the attention economy] is not only a formulation of biopower, operating at the level of the body, but also of psychopower, operating within mentality and upon the brain" (Crogan and Kinsley 2012).

Consequently, along with the commodification of health through information technologies, such phenomena can be seen as being correlated with ADHD (Stiegler 2010). Notably, the abundance of information previously coined the information society has inevitably led to a scarcity of attention in today's attention economy (Laermans 2011). Our ability to consume information also does not lend itself to learning; in fact, since attention has become such a scarce resource, multiple platforms, media and digital technologies actively compete for this scarcity in order to profit from the amount of users and the amount of time individuals spend on media platforms (Davenport and Beck 2001; Falkinger 2008; Laermans 2011). We can thus reasonably question ADHD as the primary explanatory factor in the short attention spans of today's times.

CHAPTER IV

AUTOETHNOGRAPHY

> "Don't take it. You don't *need* it. You'll only end up back to square one. Deal with your struggles now, and you'll thank yourself later."

This is what I have to tell myself on a daily basis ever since I abruptly stopped taking my ADHD medication a year and a half ago from today. Being a teacher, I see the value in offering students alternative solutions to their struggles. Additionally, I see even more value in encouragement rather than blame and that medicine should *always* be the last option. Although the recommended age of taking psychostimulants is seven, I have seen children as young as five years old being prescribed, as well as speculation of ADHD being discussed over children as young as three years old. Unfortunately, the demands of our educational system have fallen victim to the darkest trenches of competition. It is no surprise that the post-modern state of capitalism depletes the energy and mental labor of its agents, however, we have entered into an even darker realm: children are now new sites of exploitation for their attentional labor, and schools are becoming the primary sites in which suggestions for medication take place (Stoller 2014).

It is difficult to locate the "start" of my story because I had been told all my life that I was a loveable and happy child, but one who simply did not like to listen. The words "has significant problems paying attention; needs direct instruction; often needs reminders to not be silly while she is supposed to be listening or doing work" recur throughout most report

cards beginning as early as kindergarten. I liked having friends, and I was obsessively concerned with keeping them, but for what reason?

Most kids that are born and raised in the deep south have the luxury of feeling a sense of belonging and security in their identity, but the same cannot be said for minority students. Given my minority Muslim religious status as a first-generation American Lebanese, I came to an awareness of my identity earlier on in life. I had loving parents who encouraged us to be ourselves and, most importantly, be proud of our religious identity. Why did they stress the aspect of identity over religious practices? Mainly because they knew that their kids would encounter adversity in their school environment, and they were right. This necessity to be proud of our religious identity clashed violently with the post-9/11 environment I was a part of at only six years old.

I remember everything from those couple of days. We got called into a teacher's room, and when we saw the entire grade was in there, we knew something was not right. They turned on the news on the small TV in the room, and suddenly we saw the images of airplanes flying into buildings that our teachers called the Twin Towers. We were all horrified, and the teachers said that due to this attack, we had to leave school early that day and that all of our parents were informed and would be there shortly. Because of the aftershock, school was cancelled the next day but resumed the day after.

I remember it vividly: a couple of friends and I were playing on the playground, and suddenly, they decided to play a new game. This game involved terrorists and civilians. At six years old, these little girls held up pretend guns, claiming they were "Muslim" and ready to kill. To my own confusion, I wondered what they meant, and sought out answers from them. I asked, very weakly and almost shamefully, "But, I'm Muslim, so what does

that mean?" The girls glanced at each other, ignored my question, and proceeded to run away from me because I was a "terrorist Muslim." I was left on the swings alone, confused, and felt my heart race for the first time. I became prematurely aware of my identity as one not desirable, and the self-hate began its course.

In this pivotal moment of my life, I realized I was different than my peers, and I wanted to be like them. I would eventually ask the question to my parents, "Why are we bad people?", to which they consoled me in a calm manner as if they had already known what happened that day. Despite my parents taking this issue to the school, and despite all of their efforts to help socialize me better with my peers, I still became critically aware and ashamed of my own identity. I hated being different. At six years old, this kind of revelation is almost inexplicable. It was a type of double consciousness that only led to more and more confusion, doubt, and self-hate as the years went on throughout this school environment.

My mother was always aware of the difficulties I was facing in school, especially concerning these identity issues and my incessant obsession with making and *keeping* friends. Her insight suggests that I never truly felt a sense of belonging:

> …But then you started having problems. Social problems. I think you were too concerned with making friends and fitting in, that was your biggest priority. That's why I was afraid to take you in [for evaluation]—they'd just label you as ADD. There were too many factors to consider that they probably wouldn't have looked at by just testing you through those ADD tests you take…the psychologist wouldn't know about that because she's not with you on a day-to-day basis to see that. So I was worried about that because I knew how hard you were trying to fit in…I think the environment there for you wasn't so great. You just weren't focused.

My mother's insight touches on a very important aspect of the ADHD diagnosis process: the lack of accountability for the root (social) causes of why children may be having trouble in school prior to evaluation. Understanding these root causes may reflect a more biopsychosocial framework of looking at ADHD, which may help us better understand ADHD from a child's environmental context (Lehman et al. 2017; Pham 2015). Moreover, social solutions, rather than medical solutions, may better help us understand the complexities from a child's perspective.

Life went on, and every day in elementary was the same. I recall having trouble remembering my piano lessons each Wednesday during lunch time. Having been forgetful multiple times, my piano teacher would storm into the cafeteria, grab me by my arm, and when she noticed the looks of horror being directed towards us as we walked out, she would angrily say, "Oh, Reem just forgot her piano lesson, *again*." I never did well with her, and I never tried, because I was scared of Mrs. Reinard. She would force me to eat, berate me each lesson, and would not let me forget how careless I was for making us late. Moreover, research suggests that negative attitudes regarding ADHD may influence teacher's perceptions and treatment of their students due to this label (Simoni 2018). Since the conversations of ADHD already started, teachers already had their preconceptions of me before the start of the school year. The entire lesson my hands would shake, and she would tell me to focus in order to make them stop. These are the first instances of anxiety I can remember, because at the time, I thought I was just crazy whenever I noticed my own uncontrollable shaking. I could not understand what was happening.

Mrs. Reinard was clearly not a fan of me; reasonably so, I was not her most devoted student. I always thrived and did exceptionally well with teachers, tutors, and counselors

that were patient with me, and always performed poorly when I faced blame for my own inadequacies. My mother realized her treatment, and had a meeting with her shortly after this occurrence:

> I know my child. She doesn't do well under stress and she requires encouragement. She doesn't respect authority when that authority humiliates her in front of her peers. From what she has told me, you yell at her whenever she forgets her lessons. She's six years old, if anything, a teacher should be there to remind her that the day is Wednesday. I'd like to continue lessons if you treat my child with care and concern. You will come to be impressed by her cooperation, I'm sure of it.

I give my mother a lot of credit. I was the child she constantly had to come to school for. She held me responsible for my actions, and she constantly required both sides of the story. She told me that I had to try to remember my lessons, and that Mrs. Reinard would not treat me so harshly if I did what I had to do. However, it is important to note the disconnect between parents and teachers regarding cultural forms of knowledge of what constitutes proper childhood behavior, especially within classroom settings (Simoni 2021). With all of this effort, Mrs. Reinard still showed frustration towards me, because she really never changed her ways. She continued to be the "scary piano teacher" I always despised, and eventually, she gave my mother some harsh news:

> I am not allowing your daughter to participate in the piano recital at the end of this year. She has shown herself to be incapable, unmotivated, and lazy, and I am not going to continue her lessons. I apologize, but I've done everything I could, and your daughter has not cooperated as well as the other girls. She will have to find a new piano teacher.

When my mother berated me after hearing this news, I broke down in tears telling her she was always "mean" and nothing had ever really changed. I admitted I did not like

her and that she made it hard for me to love piano as much as I did when I started. I told her she never let me show off my auditory learning skills—being able to play the keys I hear—and focused too much on reading music notes that it took up all of our time. Recognizing this premature stress I felt, my mother gave me a caring hug and told me we would find a more suitable piano teacher, and that for now, I could continue learning how I did best: through sound, and only sound. Reading music would only come later.

1ST GRADE PARENT TEACHER CONFERENCE

> "Mrs. Rassoul, as the years go by, and she's going up grades, it's not going to get easier. It'll get tougher. Reem's going to be struggling."

Given these difficulties and the academic pressure coming from teachers that stressed the need for testing in order to find my "learning strategy," my mother ultimately decided to get me tested after resisting the dreaded visit for an extended period of time: "For years I held on and I held on. I would not get you tested, I would try to get them to do different things to get your attention and get you focused—nothing worked. I listened to the advice I was given and got you tested."

CONFIDENTIAL REPORT I:

> Reem is an attractive 8 year-old who approached the evaluation reluctantly. Reem was very anxious and fearful of failure throughout testing. Reem was somewhat impulsive in her approach to problem-solving…Throughout the evaluation, Reem was highly distractible…Behavior rating scales indicated significant inattention, academic problems, anxiety, lack of confidence, and social difficulties. These test results, along with examiner observations during testing and parental and teacher reports of behavior at home and at school, are consistent with a diagnosis of primary attentional deficit without hyperactivity.

RECOMMENDATIONS TO IMPROVE STUDY SKILLS:

> "Children with test profiles and behavioral characteristics similar to Reem's often show improvement when given appropriate medication. Reem's parents may wish to consult with her pediatrician in order to discuss such a trial."

My mother's reaction was emotional to say the least; all of her fears unfolded before her eyes in a matter of just a couple of hours: "I was upset. I cried, because I didn't want to put you on medicine, but [they] said you'd do better with it."

I had typical problems any student faces when going to school, so we continued to do without the medicine. I was seen as a dedicated student who worked hard despite receiving mediocre grades. I was also a social butterfly and had no difficulty mingling with my peers, teachers, or parents. All of this was noted in my reports, up until the fifth grade when things got a little more difficult. This was the year we received homework on weekends, timed tests were a weekly occurrence, and reading to learn, rather than learning to read, was the norm. This drastic switch highlighted my own shortcomings, making me aware of the amount of effort I had to put into all of my tasks. Additionally, the stigma surrounding ADHD and my parent's reluctance to put me on medication contributed to a lowered self-esteem because of my diagnosis, both of which are common to children diagnosed with ADHD (Albert 2019). I began recognizing the conversations that were circulating about me which were often brought up by my teachers.

I remember looking at the timed test for my math class and sitting there for some time before realizing I had made no progress and only had a minute and a half left of time. My eyes were scanning the entire paper, and I could not seem to zoom in my focus to each problem. It almost felt like I blacked out for that short amount of time, and I was more

distracted by how much progress others were making compared to myself. In addition to this, my teacher noticed I was not holding my pencil correctly and decided to give me a pencil grip during these timed tests so that I was forced to write unnaturally as "practice." This test anxiety is something I remember so vividly, because I explicitly related it to the same feeling I had as a six-year-old during my piano lessons.

Despite all of the social pressure and anxiety the teachers and counselors produced for my parents, they still resisted medication. They did not feel comfortable with psychostimulants being given to their kid at such a young age. They thought I was an expressive, free-spirited child, and they did not want to compromise that for the sake of academic competition. They were aware that they could gather whatever resources necessary in order to resist the ultimate choice of medicine, and they maintained that I did not have any learning disability for years.

Time went on, and these academic issues persisted. I realized that I was not my teachers' ideal pupil when I entered the eighth grade. From my former history teacher's perspective, all of the issues I displayed served as warning signs for ADHD:

> From what I remember you were an incredibly disruptive student. There were warning signs about you from your teachers the grade before, and conversations started coming up regularly…You wouldn't listen to instructions, you'd have a hard time reading directions on almost every assignment prompt, but that didn't mean you didn't work hard…But…you never took instruction well and it made it hard to teach the class effectively. This is true for a lot of my students that ended up being diagnosed with ADHD.

This teacher offers insight into Stoller's systems approach that labels the educational institutions as one of the beneficiaries of an ADHD diagnosis. Additionally, the "DSM describes ADHD entirely in terms of the subjective observation of a person's

behavior in social situations, as judged by teachers and other people in positions of authority" (Stoller 2014). Since teachers are perceived as being in the position of identifying children who are displaying ADHD-like symptoms, teachers become "…an extension of the medical profession" (Erlandsson and Punzi 2017). This specific teacher's opinions illustrate this claim; he states,

> Medication seemed like the most efficient and best option. Every time a student I had got on medicine, I saw immediate changes and better grades. I mean, it did exactly what it was supposed to do. It made teaching easier, the students made better grades, and their parents were happy. I mean, it was a win for everyone.

I continued to notice the work I put in was significantly more than my peers. Still, my friendships mattered more than school. I had formed a new, more popular friend group, and maintaining that heightened status was my goal that overshadowed the daunting task of tedious schoolwork. Not to mention I was also simultaneously dealing with an identity crisis, and actively hid my religious identity to my friends. At this point, we can question why the diagnostic approaches to ADHD "…[did] not sufficiently engage with the sociological issues that influence children and young people's lives" (Lloyd et al. 2006), especially in terms of this difficult experience.

I figured if word ever got out that I was Muslim, I would lose everything I had worked so hard for. My friends at this time were my priority, and it almost became an obsession to always be included in their events. This effort was made more difficult when the new girl, Rana, who was a practicing Muslim, walked into the doors of Raleigh Shool. She came from a family opposite of mine where rituals were held to the highest importance. For this reason, she *looked* Muslim to others; she wore a hijab and she would leave classes for prayer times. I had knowledge on everything she was doing. I was aware

of what the hijab meant, having both sets of grandmothers who wore it for as long as I could remember. I was also aware of the fact that this sense of Islam was not what I perceived it to be for myself, but either way, I carried strong resentment towards the religion that all of my friends ridiculed.

"Did you see Rana today? She was doing some Muslim crap and leaning on the ground and coming back up. She looked crazy! What is that mat even for anyway," a friend asked.

Another responded,

"I don't even know, but it's weird. Why would you leave class, can't you just do that later?"

Another added,

"She smells weird. I hear she doesn't shower."

I knew this last comment was especially not true, because as I had been taught, before prayer comes *wudu*, where you wash yourself before the act. Otherwise, it was not counted. I learned that from my cousins who prayed, but naturally, I kept my knowledge to myself. Instead, I added,

"Yea, it's strange. I don't know why she's doing that."

I remember wondering how obvious it was that I was faking my interest in the conversation. I remember thinking, "Just keep playing the game, and no one will ever associate you with her and life will be better for you that way."

The year had only just started and the demands of education already stretched me beyond my limits. I was easily frustrated with my inability to stay focused and the constant, careless mistakes I was making on nearly every assignment and test. At this point in my

life, both my teachers *and* parents noticed how easily distracted I was and the amount of effort it would take to just start assignments and projects. However, there was always an acknowledgement that my work ethic was strong, and that the problem fell under inattention which became labeled as severe. I was sympathized with for this reason, but the school culture had already fostered the use of stimulant medication, which my parents were aware of from my sister's experience there herself. She had been there four years ahead of me and my parents were aware of the fact that medical use of psychostimulants were the accepted norm that they tried so hard to resist for the both of us.

Since my parents were aware of how competitive the school environment was, their previous fears resurfaced but on an advanced level. "What if she continues to struggle, and maybe even gets held back a year?" "Will this impact her social relationships, or her mental health?" Additionally, they knew about the black market in school where the students would willingly give out their medication to others for a price. To this they wondered, "What if she ends up abusing psychostimulants from her friends who *are* prescribed, and gets in trouble that way?" "Is there a chance she could end up in the juvenile detention center for this?" These anxieties are directly related to the warning signs riddled within the information packet provided by the testing center:

OUTCOME OF ADHD:

> The professional literature has only recently recognized that adults may display these features as well, and may have manifested them since childhood…Between 35% and 60% of ADHD individuals will have problems with aggressiveness, conduct, and violation of legal or social norms during adolescence, and 25% are likely to become antisocial in adulthood.

The anxieties built, and soon enough, I was back in the psychological testing center. I walked into the testing center anxious due to the anticipation of tests that I knew would highlight my weaknesses. I was older now and knew more about what was going on. I had some academic difficulties and they wanted to test all of my weaknesses to ensure I would get medicated, maybe not now, but at some point. I remember being bored by the tests, thinking the psychiatrist testing me was daunted by the task himself, and found the tasks to be irrelevant to my own personal knowledge and strengths. Nothing that I knew how to do well was tested, let alone considered. I was aware of how poorly I was doing, and this made me even less motivated to try. It also added to the intense frustration I felt every time I took those tests. Nevertheless, I scored average throughout most testing materials with my lowest scores being in mathematics and processing speed tests—in other words, I did below average on anything mathematical (visual or spatial) or anything involving timed tests. Some details of each assessment clarify the impending diagnosis:

CONFIDENTIAL REPORT II

"Reem Rassoul is a fourteen year, one month old eighth grader who was referred by her parents for this evaluation upon the recommendation of Raleigh School personnel, subsequent to academic and attentional challenges…"

BEHAVIORAL AND EMOTIONAL ASSESSMENT:

> On the Test of Variables of Attention (TOVA), a timed twenty minute computerized assessment of Reem's ability to sustain attention, her scores were in the normal range. However significantly reported inattention on parent, teacher, and self report checklists suggests that mild to moderate attentional challenges are a compromising factor in Reem's ability to sustain attention…Reem's parents reported that she may overreact to real or imagined criticism, and her strong emotional response may compromise her ability to respond appropriately to academic challenges. Therefore,

> a combination of attentional variability and emotional upset may make it more difficult for Reem to demonstrate her true potential.

SUMMARY AND RECOMMENDATIONS:

> On the BASC-2 and ADHD checklists Reem, her parents, and two teachers all noted significant attentional challenges. Reem's score on the Test of Variables was in the normal range. However, the consistent theme of inattention on behavior checklists suggests that it is one contributor to Reem's academic challenges…If attentional challenges remain prominent, Reem's parents may consult with her pediatrician, regarding the potential benefits of medication in enabling her to increase her focus in class and at home.

PSYCHOEDUCATIONAL RE-EVALUATION- TEACHER REPORT:

> First of all, regarding her Raleigh teachers' feedback in 2009…Ms. Lauren Thompson and Mr. Rob Dunskey both endorsed a significant number of symptoms of inattention in Reem on ADHD checklists…They both endorsed the following items: "*Often* fails to give close attention to details and makes careless mistakes in schoolwork", "*Often* has difficulty sustaining attention in tasks", "*Often* does not seem to listen when spoken to directly", "*Often* has difficult organizing tasks", "Is *often* forgetful in daily activities", and "*Often* loses things necessary for tasks or activities."

"[The teachers] both reported significant inattention in Reem noting that she *often* is easily distracted, has a short attention span, doesn't pay attention to lectures, and is easily distracted from class work."

The questions of moving to a less demanding school, instead of succumbing to medication, was part of my parents' plan. However, the school year had already started, and we decided we would make a switch the following year with better planning if necessary. Given all of these reports, my parents decided to allow trial runs for medication, especially with how poor the feedback was from my former teachers. This is when the spiral down to hell began, and for the first time in my life, I took medication that I would unknowingly depend on for the rest of my life.

The school year picked up on its workload, and I took a gray, oval-shaped pill that morning called Concerta. I immediately felt the effects of this medicine in my chest within the first 30 minutes: fast heart rate, no problem. I could deal with that. Very randomly, I thought about Rana and decided it was time to come clean about my religious identity. It felt wrong being a bystander in the bullying, and having been a part of the more popular crowd, I thought maybe my identity being known would help everyone involved.

The perfect opportunity happened for this in my history class. Having taught my sister her freshman year of high school, my teacher, Mr. Muse, had become close to our family. He enjoyed the company of our parents, understood our cultural differences, and accounted for them in his class. He respected student differences and taught accordingly, regardless of what those differences were. I enjoyed this, and it produced some much-needed confidence towards facing my own identity crisis and coming forward with my truth. He unknowingly provided a perfect opportunity for this when he asked us about the controversy involving the building of a Mosque a couple blocks down from the Twin Towers Memorial and Museum. Unsurprisingly, the responses were brutal:

"I think it's disgusting that the people who were responsible for this attack want to build a mosque near it. It makes no sense."

Another hand goes up:

"Yeah, I agree. What are they thinking? They have no place here. And not to mention it's so disrespectful of them."

Another hand:

"If it were a church, I would say O.K. But this is ridiculous. Muslims can't complain about the fact that they have no place to pray. They are responsible for this attack!"

Another hand:

"Doesn't Islam endorse killing? That's what my dad says…"

I was bubbling with anger. The medicine made my face red, I could feel it, because I had never been this flustered before. I hardly put my hand up in the air, and Mr. Muse, almost sighing of relief, called on me immediately. He said, "Reem, please, go on with what you need to say about this matter." Shaking in my voice I directed my gaze to all my peers who had unknowingly insulted me and said,

> You do know that not only Christians died in this attack, right? Christians, Muslims, Jews, Buddhists, Atheists, nearly a person from all backgrounds also died, so why are you blaming Muslims for the attack, when they were also killed? Why shouldn't they have a place to grieve their loss?

Continuing, after gaining some more confidence, I went on to say,

"It's misleading and offensive to hear you guys talk like this. It's also wrong. How do

you deny a place of prayer solely on the basis of religion?"

I was almost in tears at this point when I snapped back into focusing on the room. It was dead-silent, and seeing all the looks on my friends' faces, I knew I had given myself away. My teacher would not stop thanking me for my bravery and courage in this circumstance. It was in this moment when my friend turned around, placing a shaky hand on my shoulder and asked, "Reem…are you [pause] Muslim?" Upon her doing this, I immediately regretted speaking up, and I hated myself for giving my secret away. My

religion was none of their business, and now I could see why I did such a great job of hiding it. I went back to hating myself and my religion, especially since I did not choose it. Despite this internal conflict, it was never noted in my psychological reports within the ADHD diagnostic process. No consideration of why I was so neglectful of school was considered in their analysis. Medicine, they thought, could fix my issues. I felt embarrassed and isolated. I was alone.

The problems continued, and later on this same year I experienced the most traumatic episode of my life. I had lost about ten pounds on the medication, lowering my weight to a mere ninety-five pounds. I realized that while I could focus better, the problems for why I initially got on the medication continued. I read the history prompt wrong and wrote a paper on something completely irrelevant. Having a forty-minute break in between, I quickly got my stuff together and prepared to write out a new paper in that time period. My heart was racing, and I felt like I was panicking. I started seeing black dots that were obscuring my vision, and I tried to breathe, but felt short of breath. I asked the study hall proctor if I could go to the nurse when my vision became obscured with these strange black dots. These dots became blobs as I began running to the nurse's office unattended, just trying to make it there because I felt like I was going to pass out. I went in there, phone in hand, and as soon as I got there I said, "I can't see! I need help!" At that moment, I heard my phone drop as my vision completely blurred, when dark, and I fell on the floor.

The rest of this story comes from my own auditory account of what happened as well as from secondary sources. According to the nurse report, she thought I was having a panic attack until my eyes rolled to the back of my head and my body began shaking from head to toe. I could not see or talk, and while they thought it was a seizure, that possibility

was ruled out when I told the doctor I could recall everything happening around me auditorily, which somehow made the experience even more terrifying. During this episode, I suddenly heard my parents in what seemed like only a minute of time. I could hear my mother screaming and crying, my father saying he would take me to the hospital himself. All I wanted to do was tell them I was okay. For their sake.

But I was not okay. I was paralyzed in fear and literally paralyzed in action. I remember thinking that this was the end for me, that if I did not come out of this blind, I would either be paralyzed or dead. I remember asking God to take me if I were to have lived without my vision or my ability to walk. I remember having a conversation with my medicine in my head, "Just kill me now if you're going to take my life away anyway." I was terrified. Thoughts raced in my head: "Why couldn't I move? Why couldn't I tell my parents I was hearing them? I wanted to give my mother a hug and tell her this was not her fault. I heard her asking in panic, "Could it be the medicine? They said it was safe!" It was a situation of utter fear and hopelessness. Unfortunately, the short-term benefits of medication had been exaggerated without any regard for severe adverse reactions (Pajo and Cohen 2013; Lloyd et al. 2006; Vallée 2010). The fear created from this traumatic event affects me to the point that I refuse to take medicine today despite the fact that the demands of graduate school and my professional career require it.

After being injected with something, I started waking up in the hospital with my family looking down at me with confusion and fear in their eyes. No one had answers, and the doctor asked my mother to verify the things I told him she said while experiencing this episode. When she confirmed, they ruled out a seizure and ultimately had little to no explanation for us for what had just happened.

"It seems to be an adverse reaction to the medication she's on, so you should go ahead and try another."

"Try another?!" My mother said in anger. How do you expect us to continue this when it produced such a response? Are we going to have to make her continue to suffer just for the sake of good grades?"

"I suggest you take to her pediatrician and consider all options. What we witnessed *might've* been a panic attack."

That was it. No answers other than, "Try different medication." It was never, "Well, clearly her body isn't responding well to this, how about we try other options aside from medication?"

This was baffling to my parents, but being the good parents that they are, they took the doctor's advice and the following year, in my brand-new school, we tried again. This effort to try another medication suggests our own role in the diagnosis process, as well as our need to self-surveil according to our knowledge of preventative health measures (Clarke et al. 2003).

After this episode, my parents decided it was best to switch schools, but it is necessary to say that the main reason for the switch was so that I could come off of the medication. Having a taste of what my potential was on it, I begged my parents to keep me on it. We kept trying, and despite suffering the mental and physical trauma from my previous episode, I became curious and questioned *why I felt the need* to go through all of that again. I decided to research "addiction" and eventually accepted the fact that I was addicted, or at least dependent, and needed my medicine for this reason. I embraced it

because I could not change it. That year, we returned to the psychological center for reevaluation.

CONFIDENTIAL REPORT III

> Reem Rassoul is a seventeen year, one month-old eleventh grader who returned to this Center for a psychoeducational re-evaluation in order to update her 2009 psychoeducational evaluation. At that time Reem was an eighth grader at Raleigh School, and was diagnosed with attentional challenges sufficient to warrant a diagnosis of ADHD, Predominantly Inattentive Type (DSM-IV: 314.00).

BEHAVIORAL AND EMOTIONAL ASSESSMENT:

> On the ADHD checklists completed by Dr. Richard Brown, Reem's history teacher, six symptoms of inattention were noted including the fact that Reem "*often*":
>
> a) Fails to give close attention to details or makes careless mistakes in school work,
> b) Does not seem to listen when spoken to directly,
> c) Does not follow through on instructions and fails to finish school work,
> d) Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as school work or homework)
> e) Is easily distracted by extraneous stimuli, and
> f) Is forgetful in daily activities
>
> On the Conners' Continuous Performance Test, a computerized assessment of Reem's ability to sustain attention, her scores were generally adequate and did not give evidence of significant inattention. However, the inattention noted in her work samples, as well as documented in teacher and self-report checklists, is sufficiently pronounced to warrant a diagnosis of Attention Deficit/Hyperactivity Disorder.

SUMMARY AND RECOMMENDATIONS:

> It was recommended that Reem regularly use her medication regimen during the school day. She should consult with her physician regarding the use of medication on the weekend and may also benefit from short-acting medication on a school afternoon to enable her to complete homework if she finds it difficult to finish her assignments as the academic challenges of her junior year increase. Therefore, ongoing medication consultation and management is recommended.

And so it began; I received an extra dose of medication on top of the one I was already taking so I could have the "booster" effects to carry me into the evening. There was no break in the medication, but instead an additional dose of an amphetamine to increase its

effects; this drug tolerance constitutes part of the concern in the medical literature and the disagreements surrounding clinicians and their various practices of treating ADHD (Comstock 2011; Rafalovich 2005; Rafalovich 2013). Consequently, as I got older, I attempted to make sense of why I was on so many medications, and why I would need it for basic tasks like driving. It was around this time that I began journaling my experiences to make sense of my relationship to medication.

For this reason, it is important to focus on the "…meanings…young people attach to their lives, their knowledge of the social order, their experiences and their opinions on the childhood they are asked to live" (Brady 2014). I managed to get into one of the most competitive Liberal Arts colleges in the midsouth, but I began to wonder if I would have ever been able to achieve such an accomplishment without my medication. In fact, it is possible for those who are on medication to begin to conceive themselves as "damaged" rather than improved through medicinal use; this sense of internal conflict certainly widens the gap between "…perceived "authentic" and "ideal" identities"" (Loe and Cuttino 2008). It is also known that the label of ADHD itself can have powerful and lasting negative effects of self-perception on diagnosed individuals (Owens 2020).

As I entered college, I journaled so I could keep track of my thoughts and make sense of my confusion regarding whether the medication was really benefitting me. This lack of engagement with the lived realities of ADHD can be explored through first-hand accounts of ADHD individuals, which are far too often left out of the dominant discussions surrounding those who are directly affected by diagnoses and treatment plans (Brady 2014; Diller 1999; Erlandsson and Punzi 2017; Loe and Cuttino 2008).

September 13, 2016

> Vyvanse is weird. It'll make you feel on top of the world when you first take it, but after a while, and I'm talking years, that feeling slowly goes away. It's almost like you lose your sense of self the longer you're on it. I loved it when I was first on it. I never had any social problems (which is why some people are prescribed it…it's not just for academics) and I did really well, despite needing to try several different types to find the right one. That process included two pretty bad episodes: one on Focalin (a physiological, almost seizure-like response) and the other Concerta (severe depression to the point of wanting to die, although I was never suicidal.) When I got on Vyvanse at 15 I felt that was the miracle pill. I even won treasurer over one of the most "popular" girls of the grade. I was invincible. I loved it.
>
> I'm in my second year of college now and I guess my opinion has changed. I feel quiet, almost too quiet, so much to the point that people talking in class infuriates me. I'm agitated very easily… I feel kind of empty. But I have to take my meds. It's essential because the doctor said my brain literally doesn't work without it. Kind of makes me feel stupid when I think of it like that but I know I'm bright. It sucks. Why can someone be smart but need this medicine? Sure, I have to work SO hard to get my good grades, but idk, are there really loose wires in my brain? Makes me feel like the dumb one out of my siblings.

The tendency of self-blame is not new to the literature that suggests importance the importance of children and young people's stories; in fact, there have been discussions on how ADHD individuals tend to blame themselves for not aligning with the social norms and expectations (Loe and Cuttino 2008). Consequently, resistance to the medication, not only with ADHD individuals but also with those directly involved with them, are hardly discussed:

November 23, 2016

> My parents hate my medicine. They hate that I have to take it all the time. I was even told by my pediatrician to take it when I drive, which is like every day since I turned 16. I don't think I need to take it when I drive my car, but I'm just following the advice I was given. God forbid I get into a wreck because I'm so stupidly distracted. Makes me feel like an idiot that it's something I have to take ALL THE TIME.
>
> Both of my parents told me not to tell ANYONE I was on it. It's supposed to be this huge secret thing I've been keeping to myself ever since I got on it, which I have for the most part. They say if people know they won't let me into any advanced programs or even jobs later on. But my friends are noticing a change in me

> whenever I'm off of it so it's been very hard to hide. When I told them I was on Vyvanse they all said "Oh wow that makes so much sense why you're a lot more fun on the weekends." They don't know how much that sucked to hear. I guess it validated the fact that I also am beginning to like myself better without it, but I need it for school. It's a necessity. As the doc said, my brain won't work right without it. Not to mention that I've avoided getting extra time or accommodations on any class I have because I don't want my teachers to know that it's not me performing well but the drug.

It seems that with increased age came with an inability to make sense of my diagnosis. There was no real assumption for why I got on the medicine to begin with, but the internalized stigma of it suggested that my self-perception hit its lowest point, which ironically produced the opposite of the intended effect of medication. Furthermore, the mediation between my medicated versus "true" self is expressed in the following excerpt:

February 14, 2017

> I'm starting to feel like I'm losing myself. I don't like how I feel on my medicine anymore but it's weird because I need it. I'm writing literally everything I'm thinking trying to make sense of it but it just doesn't make any. Every day lately I've asked myself if I actually like the medicine. I feel like the high I experienced from it is going away and it's actually never helped me on tests with my test anxiety. But my test anxiety isn't the only thing that got worse, it's general anxiety too. I always feel panicked when something doesn't go as planned. It debilitates me but then the next morning I say, well, you won't get anything done if you don't take your medicine, so I take it but the same thing happens. Isn't that insanity? Doing the same thing and expecting a different result?
>
> I feel like I have to choose between my mental happiness or my academic excellence. How fucked up is that. And what was the answer…more medicine! When I ran through this with the doc, she said I needed a booster pill of Adderall. This was months ago back in October. I had anxiety, so they prescribed more meds. The anxiety has gotten worse but somehow, ironically, I rely completely on the medicine and feel like I absolutely won't get anything done without it. I don't want to fall behind at such a competitive school either, and no one seems to get what I'm going through. Not even the doctors or the psychologists because they always suggest it has something to do with the medicine (like either too much of it or too little), but it has nothing to do with me as a person. I wonder what it would've been like if I hadn't been on it to begin with. I hear there are ways of coping with ADD naturally but I'm not sure if they'd work for me.

> Is it possible to want to stop the medicine, but also refusing to? Why do I need it now? Why do I hate it, but can't live without it?

In this same journal entry, I contemplate the possibility of getting off of the medication in the future. Could the cycle of medication ever end? The question then arises: "I wonder if I could work a job without medicine though? It gives me anxiety just thinking about it." This entry brings about an important point made by a family-friend psychiatrist who gave us regular insight on my diagnosis; he states, "…so all you're doing is taking a stimulant, which is similar to other stimulants like cocaine or whatever, that will make you perform better in the short-run, only to produce more addiction and then more risks of mood-swings and depression…"

The connection to dependency as a serious consequence of medicinal use is hardly discussed in the medical discussions surrounding ADHD. In fact, the listed adverse effects given to us by the pediatrics office glazes over them:

> Reduction in appetite, loss of weight, and problems in falling asleep are the most common adverse effects. In long term usage, most of these side effects diminish with time and seldom are serious enough to cause discontinuation of the medicine…switching to another stimulant can mitigate some of these effects.

Several years later while in graduate school, I decided to get off of my medication for good. However, I went against all medical and psychiatric advice. I was so disgusted by the way I felt with the medication that I wanted to clear my body entirely of its toxins. I went to address this with the psychiatrist who advised me to go on medical leave for a semester and get on an anti-depressant to help cope with the abrupt transition. My thought process was, "Get on medication in order to get off of medication? No way." I went against his advice and took on my semester completely alone, which turned out to be the worst mistake of my life.

I was dealing with a level of profound anxiety, to the point where I would forget to swallow when I spoke in class and cut myself off. I had no certainty in my voice, and no confidence in my abilities:

May 9, 2020

> As expected, the transition has been the hardest thing to endure. My [Sociology] class has kicked my ass. I did terribly on my presentation. My voice was shaking and the entire time I wanted to cry. I was lost that day. I drank myself drunk that night feeling humiliated. I've also generally been drinking more this year, trying to numb this pain. It's resulted in a seriously unhealthy lifestyle and I've gained so much fucking weight. As a result, my self-esteem has hit its lowest point. Also, one of the weirdest things about this withdrawal is that I found myself getting up and compulsively pacing in my small apartment between tasks. I felt like such a crack addict.

Being forced to do school from an eight-hour time difference, the anxieties built: I would certainly need my medication in order to get to the point of thesis work. I began to contemplate my former pediatrician's words: "It's like glasses for the brain. There's nothing wrong with you, we just need some good tweakin' and you'll be good to go." But as the year went on, things seemed to get worse:

September 29, 2020

> 2020 has been the worst year of my life. Ever since I was forced to leave Lebanon and do my studies from a distance, I've been absolutely unhappy and depressed. I'm so concerned that being cut off from my school from such a far distance will turn me back to my ADHD meds. Sometimes I think that I really need it. I struggle with this every day, but I don't want to get depressed on it, although apparently the professionals think I'm depressed because I'm not on it…what a joke. I know it led to my panic attacks in Lebanon and I even went through withdrawal to get off of it, but I still somehow feel I need it? In a way, I want it? How sick am I?

March 11, 2021

> Well, it's been almost a year and a half ever since I decided to get off my ADHD meds for good. It's been tough to say the least, actually the toughest thing I've ever had to do in my life, but I think it's worth it. I'd rather be mediocre in academic

> terms and outstanding in personal terms. I'm genuinely less pessimistic off of those drugs, even during times of stress.
>
> I'm in the middle of thesis research, and yes, I still haven't given up! I give myself a lot of credit though because when I came back from Lebanon I was sure I needed my medication to even get this far. Sometimes I do think I need it but I continue to resist. Since my topic focuses on ADHD and the problems of medical practice and the school system itself, I've decided to use the most subjective, unconventional research method. It's quite fitting considering how unconventional I am myself…
>
> …I've tried really hard to work on myself and my anxiety but I feel it just keeps building. Would ADHD meds really help with that? If they do, idc, I'd rather try another option like anti-depressants. What worries me is that I feel like I do need my medication, and I've continued to resist going to the psychological center to get rediagnosed and prescribed medication again. It seems like I have less control over my desire to take that white and orange pill than I did when it was sitting right in front of my face in Lebanon, and that terrifies me.

The desire to go back on medication after so long of the drug being out of my system suggests "residual cravings," as stated by our family-friend psychiatrist. In fact, the comparison of amphetamines to cocaine is made explicit:

> So that desire you talk about to take the medicine so far out of the withdrawal stage, it's a sign of addiction of some sort. Now we all have desires and there's nothing wrong with that, but this is a desire for a chemical that your brain has a memory for what you feel when you first took it—you know my cocaine addicts, they do well, but they *always* remember when they began on cocaine…that memory of how good it made them feel in the beginning, that's what creates the craving and addictive tendency. I'm not saying you're addicted but I am saying you have some residual cravings.

The confusion felt so long after withdrawal demonstrates the continued ambivalence after exposure to medication for nearly a decade and the consequences of getting off of it. These anxieties were enhanced by my former pediatrician's suggestions to go back on the medication:

> What you just said, a lot of patients your age do that. [They say] "I don't think the medication is effective anymore"…and a lot of kids stop it, like, "I've had it," and

> boom, no more, and they're really just doing themselves a disservice…I don't think medicine is the cure-all, ever…I just wish you'd go back and see somebody and get on meds, I really do.

She then states,

> Have you ever seen a spect scan? They take somebody whose calm and happy, somebody's that got ADD, hasn't been stressed, mentally, or academically stressed, and scan their brain and they can see the hotspots on the brain and the brain looks, at that moment, calm and relaxed. And then they give them a task to do like a math test…and rescan their brain and you can see the areas that just shut down because the neurotransmitters are not there, or they're deficient in the stimulus to make that part of the brain work.

In this conversation my pediatrician utilizes the biomedical model of looking at ADHD. Often times, researchers have criticized certain studies for making generalized statements based on these brain scans without accounting for fallacies within those studies (Epstein et al. 2007; Lloyd et al. 2006; Stoller 2014). Additionally, there have been generalized claims that a biological deficiency certainly exists (van Ewijk et. al 2021; Stephens and Byrd 2017). In conversation with this, the disagreements between my former pediatrician and our family-friend psychiatrist become quite evident; he states:

> Because doctors are motivated by improvement, they want to see their patients improve and there's nothing that can do you better than taking amphetamines…She is not a psychiatrist or a psychotherapist who has seen you regularly and [sees] the whole picture, she's wanting the immediate result. She wants you to do better *now*.

It is obvious that even to this day I continue to struggle with these same thought processes. Like the psychiatrist mentions, one of the most dangerous aspects of stimulant medication is the risk of dependency and addictive tendencies in the future. While this seems to be common knowledge, in my experience, it was hardly addressed by those who were diagnosing and treating me for ADHD. I have never battled with problems of

addiction, but the memory of my Vyvanse and Adderall continue to haunt my thoughts today: “Are you still capable? Will you need it in your professional career? Do you need retesting, or maybe other treatments?” To help cope with this while simultaneously avoiding medicinal treatments for my symptoms, I have seen multiple therapists who have aided me in mental and physical exercises and have also used cognitive behavioral therapy (CBT).

These alternatives to medication have been a slow yet rewarding path to my mental healing, which continues to be ongoing. Additionally, I have engaged in meditation to help cope with the profound anxiety disorder I developed while taking my stimulant medication all while dealing with its lasting effects, even after a year and a half of being clean of stimulants.

Reflecting on my lived experiences has been an empowering, yet incredibly difficult process. The chronology of events has helped me take a critical step towards forging a new identity through reflection and retrospect, yet the practices and customs of daily life still clash with what I want for myself and for others who have similar experiences. Living with ADHD is complicated, and each individual has their own way of coping with their experience. I hope to encourage those who experience self-doubt, confusion, and ambivalence to continue to persevere in order to find their true selves; to love yourself, embrace your differences, and find peace in this midst of chaos—let this be your goal.

CHAPTER V

DISCUSSION

The 800% increase from the 1990s through 2000 (Wen 2000) justifies the concern regarding the appropriateness of treatment plans ascribed to ADHD individuals. Having been labeled a disorder based on observable, and mainly undesirable character traits, the risk of providing individuals with medicinal treatment over other treatment plans remains the concern of this paper. Furthermore, not accounting for the sociological circumstances that may potentially underly reasons for disruptive behavior continues to warp our understanding of ADHD individuals as inherently flawed and biologically disadvantaged. This biomedical model of ADHD effectively places blame on the individual, rather than assessing the influence certain institutions have on individual behavior regarding conformity.

However, it is misleading to continue to understand ADHD as a mechanism for social control; in consideration of the process of biomedicalization, we must not lose sight of the fact that ordinary people are *actively* participating in this process of overdiagnosis. In other words, "…the relation between the doctor, the patient, knowledge, and the body changes as well: Families and individuals begin to reach out to psychiatrists for the new kind of treatment (and the new possibilities of self that drugs offer" (Comstock 2011). Comstock's insight directly relates to the psychiatrist in this study's view that more and more people begin demanding treatment for what they perceive to be disorders based on their own medical knowledge of their symptoms. In conversation with Comstock, we can

ask why we are actively seeking new possibilities of self by considering the psychiatrist's claim that "…people are compelled to compete, overperform, and therefore *have* to put these chemicals in their brain." Our active involvement within this process demands analysis beyond the theories of medicalization, making it necessary to incorporate the lived realities of people into the dominant discussions of ADHD.

For example, the role of the school suggests that not only students, but teachers and parents are pressured to keep up with the demands of competition. We can ask what the main criteria is for assessing competition levels between schools on a national scale. Most often, this criterion comes in the form of standardized testing, which assesses a very limited range of intellectuality among student populations (Robinson 2015). While medicalization theories on this ADHD epidemic are certainly important for analysis, "…[they] fail to account for how it is possible that so many would accept being controlled or "drugged" within broad trends of "overdiagnosis" except by simplifying (or denying) the role of the individual in subjectification through the worn out critical concepts "ideology" and "social control"" (Comstock 2011). The culture of psychostimulant drugs within these powerful institutions requires critical analysis of why children and young adults actually desire the stimulant medication to begin with, and therefore actively take part in the process of biomedicalization; For this reason, first-hand accounts of individual experiences with ADHD may help us better understand the social consequences we face as a collective whole.

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