College student-athletes' experience of living with attention deficit hyperactivity disorder (ADHD): A phenomenological analysis

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COLLEGE STUDENT-ATHLETES' EXPERIENCE OF LIVING WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD): A PHENOMENOLOGICAL ANALYSIS

by

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Utilizing the qualitative research method of phenomenological analysis, six Division I college student-athletes with Attention Deficit Hyperactivity Disorder (ADHD) were interviewed. Three male and three female student-athletes from three universities, engaged in a variety of sports, served as subjects.

Eight major themes were revealed during the process of phenomenological reduction: academic challenges, medication issues, difficulty balancing, lack of understanding by others, a belief in the unfairness of having the disorder, a belief of not being normal, the buoyancy effect of sport, and self-monitoring/internal dialogues. Student-athletes reported academic difficulties as a result of their ADHD. Regardless of whether or not they currently took medication, all of those interviewed were in some way affected by this choice. Each student-athlete experienced difficulty balancing the academic, athletic, and social components of their lives. Those interviewed felt that other people did not fully understand what impact ADHD had upon their lives. Student-athletes in this analysis reported a feeling of unfairness in having to live with the disorder. As a result of ADHD, each felt that s/he was not normal or different from peers. Subjects benefited from their participation in athletics, and this athlete identity helped to build self-esteem eroded by their disorder. Student-athletes interviewed also engaged in a process of self-talk and self-analysis, which helped them to monitor their own thoughts and actions.

Results from this analysis have implications for both student-athletes with ADHD, and for the people who work with and interact with these individuals. This includes academic advisors, mental health service providers, instructors, and coaches.
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Chapter One

Introduction

Jared Tomich can run the 40-yard dash in about 4.8 seconds, which is both a frightening and amazing concept considering the fact that he stands 6' 2" and tips the scales at almost 270 pounds. In the weight room, he can bench press the equivalent of your standard automobile engine, or well over 400 pounds. As a linebacker on the University of Nebraska football team in 1996 he earned All-American honors, was a finalist for the Lombardi Award and the Bronko Nagurski Defensive Player of the Year Award, and was a First Team All-Big Twelve selection. In the 1997 National Football League Draft Jared was chosen as the 39th overall pick by the New Orleans Saints. He has since become one of the most promising young defensive players in the NFL, and his future in professional football looks very bright. It is interesting to note, then, that Jared very nearly did not get the chance to play college football, let alone perform in front of and earn millions in the professional ranks.

As a third grader in St. John, Indiana Jared was placed into a special education classroom due to poor retention of previously read material (Bamberger, 1995). School counselors told his parents that he was learning disabled. Wanting to get Jared help, they agreed to the placement, reasoning that those in the school surely knew what was best for him. With help, Jared progressed through school, but not without difficulty. By the time he was a senior in high school he had made mostly C’s and D’s in his classes. When he took the Scholastic Aptitude Test (SAT) in preparation for going to college his score was less than 600. Despite his prominence on the football field, nearly every recruiter looked at his transcript and decided that he was not college material. Luckily for Jared, a coach
at a rival high school had seen him perform both on the field and in weightlifting competitions. He contacted a coach at his alma mater, Nebraska, regarding a young man who he saw as a, “diamond in the rough.”

Jared’s high school transcripts worried this coach, Charlie McBride, but what he saw of Jared on game videotapes impressed him greatly, and he continued to recruit the young man. In March of his senior year in high school Tomich applied to the University of Nebraska in Lincoln. One of his teachers wrote a letter describing Jared’s learning disability. Under a program for those with disabilities, he was allowed to take the SAT again, only this time with a proctor reading the questions and without a time limit. Jared scored 860. Due mostly to concerns regarding his academic ability, Jared was not offered a scholarship to play football this first year. He would have to “walk on,” or pay his own way for all of the expenses to attend college. Jared would also have to take certain remedial classes to make up for his high school deficiencies. Whatever they asked of him he eagerly did, all for the chance to play football for “the Huskers.”

Upon his arrival in Lincoln, Jared also underwent a series of tests that specifically identified the reason for his learning problems. The answer was Attention Deficit Hyperactivity Disorder, otherwise known as ADHD. He spent the first year trying to pick up the classes he needed to gain an athletic scholarship. Jared was placed on stimulant medication, but eventually he chose to discontinue this usage. His second year, he practiced with the team but did not participate in games, continuing to focus upon his academics. He finally got the chance to become both a full-time student and football player during his third year. By his fourth year, he had become a starting linebacker on
the number one ranked team in the nation, and during his fifth and final year, he gained
the aforementioned accolades that led to his selection by the New Orleans Saints.

College was far from easy for Jared. He maintained a 2.3 grade point average in
Communication Studies, but this only came with countless hours of studying and the help
of his longtime girlfriend, Lisa Waiczak. She would patiently read his class texts aloud
to him. According to Jared, words spoken make much more of an impression on him
than words he reads silently, and images he can see make the greatest impression of all.
Through perseverance, strong will, specific accommodations, and who knows what else,
Jared has been able to accomplish his goals, both on the football field and in the
classroom.

However, while engaging and informational, his story seems to generate more
questions than it provides for answers. Is Jared relatively unique amongst those with
ADHD or are his circumstances similar to others with the disorder? What has been the
relationship between ADHD and athletics for him? How has his attention disorder
affected his athletic performance? What are his thoughts and feelings about ADHD, as a
person and as an athlete? A myriad of other questions begs to be asked, each with the
goal of finding out more about the experience of being a person, and in Jared's case an
athlete as well, with attention deficit hyperactivity disorder. Because his story represents
a single anecdotal case, we can only surmise as to what Jared's answers to these
questions might be. But this does not mean that we cannot ask other athletes with ADHD
about their experiences.

If this information were to be rigorously gathered, perhaps it would provide some
answers to our questions. If done well, perhaps it could generate new and additional
questions as well. Perhaps those of us without ADHD could learn something about those who have the disorder, thus giving us a better understanding of ADHD and the lived experiences of those who must contend with it in their daily lives. Such a method for gathering this information does exist and it will be expanded upon shortly.

While a few isolated stories like Jared's have found their way into the popular culture, surprisingly little is known about those who, like him, have progressed to a postsecondary environment while also carrying a diagnosis of ADHD. Despite the fact that thousands of students previously identified as ADHD matriculate into this nation's colleges and universities every year, researchers have undertaken very little research to learn more about them. Mannuzza, et al. (1998, p. 493) pointed out that, “Numerous studies have examined the adolescent and young adult fate of children with ADHD. In marked contrast, relatively little is known about the adult outcome of these children.”

Researchers for the last three decades have been fascinated with Attention Deficit Hyperactivity Disorder. It is easily one of the most researched disorders of childhood, probably the most researched. ADHD has attained such notoriety that it has become part of the vernacular for the general public. While perhaps not understanding fully what the disorder encompasses, people seem free to use such terms as “hyper” when describing the traits of others, or they may casually ask an overactive acquaintance if, “They have taken their Ritalin today?” The inquisitor may have no idea what Ritalin is or how it works. But years of research and clarification have shown that the disorder entails so much more than simple overactivity.

Unfortunately, while this prolific research has focused on younger populations with the disorder, older people with ADHD have been essentially ignored, left to wonder just
what impact, if any, the syndrome will have upon them as they age. If older subjects have been investigated, they have not been looked at in depth. Rarely have they been asked about their experiences. As mentioned previously, an accepted methodology does exist to help us learn more about the experience of living with ADHD, that being a qualitative research method known as phenomenology. Chapter Three of this proposal will expand more upon qualitative research, and phenomenological analysis in particular. For now, perhaps the simple definition provided by Ragin (1987) will help to clarify why this method fits so nicely with the present study. Ragin has noted that traditional quantitative inquiry deals with very few variables (perhaps only one) and many cases or subjects. Qualitative research, on the other hand, contends with many variables but only a few cases. At this point in time, due in part to the void of research dealing with adults with ADHD, many of the variables are unknown. Therefore research of the qualitative type, which focuses on the subjects, will perhaps help to identify just what some of these variables are.

Adults with ADHD have not been the focus of much research, despite the thousands who continue to be affected by the disorder. Included within this group are college student-athletes who, like Jared Tomich, have pursued a postsecondary education while concurrently dealing with the effects of ADHD and the challenges of a collegiate sport. More needs to be learned about this group of people, and the present phenomenological analysis will attempt to do just that.
Chapter Two

Literature Review

The Historical Overview

Attention Deficit Hyperactivity Disorder (ADHD) is the single most common chronic behavior disorder of childhood, with prevalence rates among elementary school children somewhere between 3% and 10% of the total population (Brandenburg, et al., 1990; McGee, et al., 1991). Marked by a pattern of behaviors appearing in childhood that is manifested by developmentally inappropriate levels of inattention, impulsivity, and/or hyperactivity, the disorder makes up as much as 50% of child psychiatry clinic populations (Cantwell, 1996). A tremendous discrepancy exists between genders, with boys receiving the diagnosis at a rate of 10:1 over girls in clinical populations and approximately 3:1 for community-based samples (American Psychiatric Association, 1987; Arnold, 1996; Gaub & Carlson, 1997; Szatmari, 1989). It has been called many things in the relatively brief amount of time in which it has been recognized as a legitimate disorder. Most often is has simply been referred to as an acronym: ADD, ADD-H, ADD/no H, or ADHD. The latter represents the presently accepted terminology.

According to psychiatrists Edward Hallowell and John Ratey (1994, p. 12):

It can’t be said when ADD came into existence. The fidgety, overactive child has been around, one may presume, for as long as children have been around... so it’s not surprising that although the syndrome we now call ADD [sic] has been around for centuries, it was simply lumped together with all other “bad behaviors.”
Hallowell and Ratey noted that although it is difficult to determine who first defined the syndrome, they give the credit to British pediatrician George Frederic Still. In a series of lectures to the Royal College of Physicians in 1902 (and later to appear in the journal *Lancet*), Still expanded on a group of children in his practice who were difficult to control, showing signs of “lawlessness,” lacking what he termed “inhibitory volition,” and in general being obstreperous, dishonest, and willful. In a remarkable act of foresight, Still theorized that the condition was not the result of bad parenting or moral character, but rather due to biological inheritance or injury at birth.

Others have stated that the recognition of the disorder can be traced even fifty years earlier, to German physician Heinrich Hoffman. In 1848, Hoffman wrote poems about Fidgety Phil and Johnny Head-In-Air for a book that he composed for his own children (Knight & Rappaport, 1999). He described children who displayed many of the characteristics that we now associate with ADHD, although Hoffman did not attempt to pathologize these children or identify a specific disorder. Nonetheless, he very accurately described a group of youngsters who no doubt today would warrant the consideration of an ADHD diagnosis.

Throughout the early portions of the 20th Century, the disorder was attributed to a post-encephalitic state, and was usually lumped together with other specific learning disabilities under the heading of “minimal brain dysfunction” (Bond & Smith, 1935). Two years later, an event occurred that changed the treatment picture for these children, and continues to stimulate intense debate today among parents, teachers, researchers, psychologists and counselors, and even those experiencing the disorder. Dr. Charles Bradley, in an experiment involving 21 boys and 9 girls ranging in age from 5 to 14 who
were in a hospital setting for a variety of behavior disorders, was the first to administer stimulant medications to a population with these characteristics (Bradley, 1937). Approximately half of these children displayed improvements in both behavior and learning. This set the stage for what continues today to be the most popular treatment option for those with ADHD.

It has only recently been revealed that Bradley’s decision to use stimulant medications can be traced more to serendipity than to science (Gross, 1995). As part of comprehensive examinations of these children, Dr. Bradley conducted spinal taps, which, naturally led to severe and long lasting headaches, presumably due to the loss of cerebrospinal fluid. Dr. Bradley speculated that if he could stimulate the choroid plexus to secrete spinal fluid at a faster rate, the headaches would be more quickly relieved. Subsequently, he administered Benzedrine to these subjects, which was the most potent stimulant available at the time. The Benzedrine had no effect on the headaches, but in a complete surprise, the teachers at the hospital reported major improvements in learning and behavior in a number of children that lasted until the Benzedrine trials were finished. With this seemingly paradoxical effect noted Dr. Bradley initiated the first experimental trials with the 30 child subjects previously discussed.

Even by the late 1940’s, little was still known about the disorder that today has come to be referred to as ADHD. In 1947, several Michigan researchers at the Wayne County Training School published *Psychopathology and Education of the Brain-injured Child*. These researchers had studied the psychological effects of brain injury in a group of mentally retarded children, and had documented, among other things, increased distractibility and hyperactivity. This research would lead to the propagation of such
terms as "minimal brain damage" and "minimal brain dysfunction" when describing children who exhibited these traits.

By the 1960's, however, researchers and other professionals who worked with children in this area had begun to question the usage of such terminology, since rarely was any actual brain damage evidenced in these subjects. Stella Chess (1960) and others, in response to this, had begun to write about what they called "hyperactive child syndrome," a disorder whose roots they felt were planted in biology and genetics, not the environment. By 1968, the American Psychiatric Association (APA) had recognized "hyperkinetic reaction of childhood" as a distinct disorder.

In the ensuing ten years the topic of hyperkineticity or hyperactivity in children generated considerable research attention. In 1970, Canadian psychologist Virginia Douglas had proposed in her presidential address to the Canadian Psychological Association that deficits in attention, not hyperactivity, were at the root of these childhood behavioral difficulties. Due in great part to her work (Douglas, 1972; Douglas and Peters, 1979) and the efforts of other researchers, the APA first listed "attention deficit disorder" in its third edition of the Diagnostic and Statistical Manual (DSM-III). DSM-III (American Psychiatric Association, 1980) viewed attention deficit disorder (ADD) as a multidimensional disorder with attention as the central feature. Two subtypes were then delineated: one characterized by inattention and impulsivity, and the other by inattention, impulsivity, and hyperactivity. In other words, all with the disorder displayed inattention as the predominant feature, but some showed hyperactive behaviors, while others did not.
Seven years later the APA released a revised edition of the Diagnostic and Statistical Manual. DSM-III-R (American Psychiatric Association, 1987) shifted to a unidimensional, polythetic classification strategy based on the premise that all three symptom domains (inattention, impulsivity, and hyperactivity) were involved, but without specific thresholds for each domain (Marks, et al., 1999). DSM-IV (American Psychiatric Association, 1994), the most recent of the diagnostic manuals to be released, has outlined three subtypes of the disorder: predominantly inattentive, predominantly hyperactive, and a combined type, similar to DSM-III's inattentive, impulsive, and hyperactive subgroup. While helping to clarify the disorder and its central components, this frequent name-changing has also served to confuse both laypersons and professionals alike. Many have been left wondering just what the proper terminology is, and whether or not the acronym of choice today will be the same one used tomorrow.

Recent research by Marks, et al. (1999) has suggested that another name change might be in the works when the next edition of the DSM arrives sometime shortly after the turn of the new millennium. Data derived from solid state actigraphs and a continuous performance test (CPT) were obtained from a clinically referred sample and submitted to a cluster analysis. These empirically derived groups were then evaluated for clinical relevance, and subsequently validated by parent and teacher ratings and tests of intellectual functioning and academic achievement. From this, four distinct subgroups emerged: Hyperactive-inattentive, impulsive-inattentive, inattentive only, and hyperactive only. These results suggested that the DSM-IV combined type may be further subdivided into hyperactive-inattentive and impulsive-inattentive subgroups.
Other research has also suggested that the present three subgroups of ADHD in DSM-IV may not be sufficient. Amen (2001) has proposed six distinct subtypes of the disorder: classic, inattentive, overfocused, temporal-lobe, limbic, and “ring of fire.” While his propositions have yet to gain widespread acceptance from the general research community, his work highlights the belief held by many that ADHD is a much more complex disorder than presently thought. Chances are good that yet another name change is pending in the next DSM, which will clarify the clinical picture of those with the disorder, but probably at the price of further confusion as to just what the proper terminology is for the disorder.

**Etiology of the Disorder**

As with most disorders, the question is invariably asked, Why do some people develop it and most others do not? As is usually the case, the answer appears to be a complicated one, with many theories existing but very little hardcore scientific data emerging to back them up. Studies of adopted children and twins have supported the notion that the tendency of ADHD to run in families can be traced to genetic rather than environmental factors (Barkley, 1990; Goodman & Stevenson, 1989). While several environmental factors, such as toxins like lead and various food additives like colors and sugars, have been implicated, none have received empirical support (Arnold & Jensen, 1995). Recently, maternal smoking during pregnancy has been linked to the subsequent development of ADHD (Milberger, et al., 1996; Milberger, et al., 1998), but its exact impact on the developing child can only be speculated upon, at this point. Undoubtedly, future technologies will allow for a much greater understanding of ADHD, both in terms
of the specific brain centers involved in the disorder and possible etiological causes.

Cantwell (1996, p. 979), though, has noted:

It is unlikely that one etiological factor leads to all cases of what we call the clinical syndrome of ADD. Most likely there is an interplay of both psychosocial and biological factors that may lead to a final common pathway of the syndrome of ADD.

Therefore, while it remains important to continue searching for those factors which may lead to the development of ADHD, or at least what might cause one to be more susceptible to developing it, we should expect no easy answers regarding etiological origins of the disorder.

**Other Diagnoses and Comorbidity**

One of the major problems in diagnosing ADHD has been distinguishing it from the myriad of other disorders and syndromes that can and do affect children and adults. After all, as humans we have limited behavioral ways of showing that all might not be well in terms of how we are dealing with the world and processing the information that we are taking in through our senses. If, for instance, a child is displaying inattentiveness, this may be due to several different, unrelated factors. It could be an auditory processing deficit, a hearing problem, depression, or ADHD, all of which are vastly different from one another.

Hallowell and Ratey (1994) noted that many different conditions may accompany, resemble, or mask ADHD, including such things as anxiety disorder, bipolar disorder, conduct disorder, depression, learning disabilities, obsessive compulsive disorder, oppositional defiant disorder, certain personality disorders, posttraumatic stress disorder,
and substance abuse, to name but a few. Responsibility then falls on the teachers, diagnosticians, clinicians, and parents to gather as much information as possible on the child when considering any diagnosis, not just ADHD. Accurate diagnoses will, most importantly, lead to more effective treatments. Unfortunately ADHD seems to have become a diagnostic dumping ground, with children (and to a lesser extent adults) being given the diagnosis too readily, and with too little evaluation.

As pointed out by Hallowell and Ratey (1994), these other conditions may not only resemble or mask ADHD, they may accompany it as well. In psychological parlance this is simply known as comorbidity. In other words, not only do some people have to deal with the effects of ADHD, they must also deal with the impacts of some other disorder as well. According to some researchers (Arnold & Jensen, 1995; Nottelmann & Jensen, 1995) as many as two thirds of elementary school-age children with ADHD who are referred for clinical evaluation have at least one other diagnosable psychiatric disorder. If these numbers are accepted as accurate, then it should be the rule, not the exception, that those with diagnosed ADHD will probably have another, distinct disorder as well. The impact of this should not be underestimated. "Comorbidity complicates the diagnostic process and can have an impact on natural history and prognosis and management of children, adolescents, and adults with ADD," Cantwell (1996, p. 978) wrote. He went on to state that, "Assessment and treatment of the comorbid disorder is often equally as important as assessing and treating the ADD symptomatology."

**Gender Differences**

One of the most interesting aspects of ADHD can be found in the discrepancy that exists between boys and girls in terms of receiving the diagnosis. As discussed
previously, depending on where the sample comes from (clinic versus population), boys are much more likely than girls to be identified as ADHD. For years it has been generally assumed that boys are simply more susceptible to the disorder. That line of thought has slowly come under question. Arnold (1996, p. 555) pointed out a possible reason why:

Although attention deficit hyperactivity disorder (ADHD) is the best-studied of childhood mental disorders, investigations have been to a great extent confined to males (mostly boys, with a few studies of men) because of the great preponderance of males in clinically referred samples, where sex ratio ranges from 3:1 to 9:1.

What Arnold has said is that females have been ignored in research studies. This has been due to the fact that subjects for ADHD research often times come from clinic populations which have been shown to be dominated in numbers by male referrals.

Over fifteen years ago, Berry, Shaywitz, & Shaywitz (1985) proposed that girls with ADD are being underidentified because they are less likely than their male counterparts to exhibit behavioral disturbances. Slowly, researchers have responded to their implied "call to arms," and studies with female subjects have increased dramatically. One of the first areas to be addressed in terms of differences between males and females concerned symptomatology, or characteristics displayed between the two genders. Research has suggested that girls tend to cluster more in the inattentive subtype than do boys (Lahey & Carlson, 1991; Lahey, et al., 1994). Intuitively this makes sense, as acting out behaviors, which seem to be more typical for boys, will naturally draw more notice from those who
must deal with them on a day to day basis (teachers, parents, etc.) as opposed to the less outwardly obvious characteristic of inattention.

Gaub & Carlson (1997) conducted a meta-analysis of eighteen different studies, each of which included data directly comparing girls with ADHD and boys with ADHD on relevant variables. This analysis suggested that, compared to boys, girls with ADHD tend to have greater intellectual impairments, lower levels of hyperactivity, lower rates of conduct disorder, and higher rates of mood and anxiety disorders. However, gender differences were not found in impulsivity, academic performance, social functioning, fine motor skills, parental education, or parental depression. This data provides support for the notion that while ADHD may affect people similarly in certain ways, regardless of gender, it also tends to have some very specific gender differences in terms of displayed characteristics.

Biederman, et al. (1999) compared 140 females between the ages of 6-18 with ADHD, to a control group consisting of 122 females in the same age brackets without ADHD. Compared to this control group, the girls with ADHD were significantly more likely to have comorbidity with other disruptive behavior disorders (conduct disorder and oppositional defiant disorder), mood disorders (major depression and bipolar disorder), anxiety disorders, and one or more substance use disorders. Girls with ADHD had modest, statistically significant impaired scores on measures of intellectual functioning (WISC-R IQ) and tests of academic achievement (WRAT-R Reading and Math) relative to controls. Girls with ADHD displayed significantly higher levels of family dysfunction indexed through more impaired scores on the Conflict and Cohesion subscales of the Family Environment Scale. Girls with ADHD also showed higher levels of school
dysfunction as evidenced by their significantly higher percentage of in-school tutoring, placement in special classes, and repeated grades.

This data would suggest that females with ADHD are significantly impacted by the disorder, with these impacts potentially occurring in several different areas, be it behavioral, academic, intellectual, social, or combinations of all these. Biederman and the other researchers in this study noted that more investigations are needed to directly address gender differences in ADHD. Undoubtedly, this will continue to be an active area of research in the future, but for now it is slowly being recognized by both researchers and the general public alike that females can be, and indeed are being affected by ADHD, some of them quite significantly.

**ADHD In Other Countries**

In readings and discussions about ADHD, the argument at times will be seen that the disorder is a distinctly American creation, and that other countries do not diagnose or experience it to anywhere near the degree that we do in the United States. Research has begun to look at this issue and has revealed some interesting results. Slone, Durrheim, & Kaminer (1996) investigated ADHD in a South African sample of school children. In their multicultural clinical sample, ADHD was manifested by hyperactivity, attention deficits, disciplinary problems, social impairment, aggression, and impulsiveness. This study lends support to the notion that ADHD can be found in samples of children in other parts of the world. Results also suggested that the disorder is a unidimensional syndrome, with consistent characteristics regardless of geographical context. Kewley (1998), a British researcher, has argued that ADHD does indeed exist in Great Britain,
and that at the present time the disorder is underdiagnosed and undertreated in that country.

Researchers in other parts of the world have gotten into the act as well. Rohde, et al. (1999) investigated ADHD in Brazil. In a research study involving 1,013 Brazilian students aged 12 to 14 years of age, using a screening instrument based on the 18 DSM-IV ADHD symptoms, these researchers found that 5.8% met the criteria for an ADHD diagnosis. Such a percentage is consistent with the prevalence of ADHD found in samples of children in the United States. These Brazilian students who screened positively for ADHD were then compared to a random subset of negatively screened subjects. Youths who met the ADHD criteria had significantly higher rates of school repetitions, suspensions, and expulsions. However, no association was identified between ADHD and alcohol, marijuana, or inhalent use. In general, investigations of the prevalence of ADHD in other countries can and should increase as researchers look to learn more about the disorder, and how and to what degree it is displayed in various cultures and countries around the world. For now, the research that has been done suggests that the disorder is by no means limited only to certain parts of the world, and that prevalence rates in other countries are consistent with those in the United States.

A small but vocal group of ADHD naysayers has always existed, those who believe that the disorder is nothing more than a fabrication. In any thorough review of the ADHD literature they must be recognized. Perhaps most vocal amongst them has been Thomas Armstrong (1995, p. xii), who wrote:

ADD is a construct that was essentially invented in the cognitive psychology laboratories of our nation’s (and Canada’s) universities, and then given life
by the American Psychiatric Association, the U. S. Department of Education, and the chemical laboratories of the world’s pharmaceutical corporations.

Implied, of course, in Armstrong’s questioning of the validity of ADHD as an actual disorder is the impact of money. Money given to universities to conduct research on the topic, money paid to clinicians to help identify the disorder, and of course money paid to the large drug companies to research and develop pharmacotherapies to treat it. In other words, Armstrong has argued that the disorder exists to help many different people make a great deal of money, and on that fact it becomes difficult to argue with him since so many people do indeed profit from the existence of ADHD.

Pharmaceutical companies have been and continue to be involved in the funding of research studies evaluating the effectiveness of pharmacological interventions. The argument has been made that by doing so, they are simply “buying” research which supports the use of drug treatments. This topic should and does demand careful analysis. Source of funding issues represent a legitimate concern. Any research that is supported in whole or in part by a third party with a financial stake in the outcome of that research needs to be examined through the clear lens of skepticism.

Other critics, while perhaps recognizing the validity of ADHD as a diagnosis, have instead focused upon the usage of drugs in the treatment of the disorder. It is to drugs that we shall now turn, metaphorically speaking, as well as to other forms of treatment for the disorder.
Treatments for ADHD

Medication

Since Bradley’s first trials with the stimulant Benzedrine in 1937 to treat children with behavioral problems, the usage of drug therapies in the treatment of ADHD has spawned considerable attention. This attention has consisted of both the positive and negative variety. While other treatment approaches exist and are used (they will be covered shortly), pharmacological interventions have become widespread and seem to dominate the treatment scene. Presently, three types of drugs are used to treat children with ADHD: stimulants, tranquilizers, and antidepressants (Friedman & Doyal, 1992).

Although tranquilizers such as Mellaril, Valium, and Librium have been used in treating ADHD, they have displayed limited utility and are rarely used. For all intents and purposes, this leaves the two broad categories of stimulants and antidepressants as viable options. Today, the most commonly used drugs in the treatment of ADHD are the stimulants, the most frequent being methylphenidate hydrochloride, otherwise known by its tradename, Ritalin. Other stimulants, trade names Dexedrine and Cylert are prescribed, but methylphenidate (MPH) is the drug treatment of choice in 75% of those cases where children with ADHD are prescribed medication (Barkley, 1990; Jacobvitz, et al., 1990; Wolraich, et al., 1990). According to an article in the January 18, 1999 edition of the New York Times, more than 3 million United States school children are presently taking the drug. This represented an increase of twice the number who were taking it just ten years ago.

Another psychostimulant medication, trade name Adderall, has entered the clinical picture in the treatment of ADHD. Adderall is a recently reintroduced psychostimulant
preparation consisting of equal parts amphetamine aspartate, amphetamine sulfate, dextroamphetamine saccharate, and dextroamphetamine sulfate that was previously marketed under the name Obetrol as a treatment for obesity (Popper, 1994). In a randomized, double-blind, crossover study of 30 children with ADHD (Swanson, et al., 1998), the time course effects of four doses of Adderall (5, 10, 15, and 20 milligrams), an inactive control (placebo), and a positive control (methylphenidate or MPH) were evaluated. The design allowed for time-response analysis (at six precise times after administration of medication) and for dose-response analysis (at four doses of Adderall). Subjects were then measured both objectively (written school work) and subjectively (teacher reports). For doses of Adderall above 5 milligrams, significant time course effects were noted. Rapid improvements on teacher ratings and math performance were observed 1.5 hours after administration. According to the authors this study supports the addition of Adderall to the complement of medications used to treat ADHD.

At the annual meeting of the American Psychiatric Association, Dr. Stephen Grcevich from Case Western Reserve University in Cleveland, Ohio noted that in his study of 53 children with ADHD treated with Adderall, 61% had significant improvement on the Clinical Global Impression Scale (Finkelstein, 1999). Of 74 children with ADHD who were treated with Ritalin, 71% showed similar improvement. However, Adderall could be taken two or fewer times a day in 89% of patients, which allowed almost half of these children to avoid in-school dosing. Ritalin, though, could be taken two or fewer times a day in only 25% of the patients, allowing only 12% to avoid school dosing. It should be noted that this study was supported by funding from Shire Richwood, the makers of Adderall. Manos, Short, and Findling (1999) have also noted that both Adderall and
MPH have been shown to be effective treatments for ADHD, and they posit that a single
dose treatment of Adderall appears to be as effective as two daily doses of MPH, which
increases the possibility of managing treatment without involving the school. In work
with children with ADHD, this investigator has observed that this afternoon treatment
dosage of MPH at school can be a source of concern for both the student and their
parents. In the case of students, some feel embarrassment for having to go to the office to
get “their pill,” while others might simply forget to take it. From the standpoint of
parents, additional demands are placed upon them to make sure that the child has
medication at school and that some type of system is in place to ensure that the child gets
his/her dose. Eliminating school dosing, then, becomes much more convenient for the
student, the parents, and school personnel.

Today the research picture regarding ADHD is dominated by investigations looking
into pharmacological treatments of the disorder. This makes sense in light of the figures
mentioned above regarding the staggering scores of children who are presently taking
Ritalin, not to mention those who are taking some other form of drug to treat the disorder.
Interestingly, despite the concerns that children are being overprescribed medications,
recent research addressing this issue has produced results that not only fail to back up this
concern, they suggest drug treatments are being underutilized.

As part of the Methods for the Epidemiology of Child and Adolescent Mental
Disorders (MECA) study Jensen, et al. (1999) examined epidemiological survey data
obtained from 1,285 children and their parents across four United States communities.
Results indicated that 5.1% of the children met full DSM-III-R ADHD criteria across the
pooled sample. However, only 12.5% of children meeting ADHD criteria had been
treated with stimulants during the previous 12 months. Children with ADHD were
generally more likely to receive mental health counseling and/or school-based
interventions than medication. These authors concluded that parents, physicians, and
mental health professionals need more education regarding the use of psychostimulants in
the treatment of ADHD. The researchers felt that more children with ADHD needed to
receive some form of drug treatment in addressing the symptoms of their attention
disorder.

However, not everyone agrees with this belief that children with ADHD are
undermedicated. Breggin (2000) has criticized this study and others like it on several
points: lack of placebo-controlled/double-blind trials, lack of control groups of untreated
children, flawed behavioral treatments, lack of attention to adverse drug reactions, and
investigator histories as drug advocates, to name but a few. He writes:

Overall, from the opening statement in the paper to its conclusion, it is obvious
that the investigators do not intend to evaluate the single most important issue
surrounding the long-term use of stimulant drugs-the risks they pose to
children (p. 5).

Undoubtedly, this debate over the usage of stimulant drugs in the treatment of ADHD in
children and adults will continue, as will research attempting to clarify the issue.

Non-stimulant drug treatments are also used in the treatment of ADHD, especially for
those who are non-responders to psychostimulants, for those who undergo adverse side
effects when psychostimulants are used, or for adults. The other type of drug used in the
treatment of ADHD, especially for adults, has been antidepressant medication. Wilens, et
al. (1996) examined the effects of using desipramine in the treatment of adult ADHD.
Their results showed significant differences in the reduction of ADHD symptoms between adults receiving desipramine and a placebo. For those receiving desipramine, there were clinically and statistically significant differences between baseline and the week six end point for reduction of 12 of 14 symptoms of ADHD, and decreases in the broad categories of hyperactivity, impulsivity, and inattentiveness. Placebo-treated patients showed no differences between baseline and endpoint for any of the ADHD symptoms assessed. The authors noted that, following strict, predefined criteria for response, 68% of desipramine-treated subjects and 0% of the placebo group were considered positive responders.

Higgins (1999), in a review of 20 studies that reported on antidepressant or stimulant treatment in adults with attention deficits, found that these studies noted that empirical evidence exists regarding the efficacy of antidepressants in treating ADHD. While Higgins concluded that antidepressants may be a satisfactory alternative to stimulant medications, further studies, especially those which directly compare antidepressants, stimulants, and placebos, are needed to determine the best treatment for those with ADHD.

Selective serotonin reuptake inhibitors (SSRI's) are also being used to treat a variety of childhood conditions, including depression, enuresis, and ADHD. In the May 8, 1999 issue of the Lancet, Jerry Rushton of the University of North Carolina at Chapel Hill noted that this is being done despite the fact that those prescribing them have little experience with the drugs and there is a paucity of scientific data to support their use. From an ethical, as well as from a pure safety standpoint, it is up to clinicians and purveyors of medication to use only those pharmacological treatments which have been
shown to be efficacious through clinical studies. As researchers begin to compare the
different types of drug treatments on a head to head basis, as well as to placebos, more
information should emerge as to which form of drug treatment, if any, is the most
appropriate choice for any given individual.

Due to the complexities involved with the administration and usage of
pharmacological treatments, it is beyond the scope of this investigation to provide
information on the myriad of topics associated with these types of interventions. The
interested reader can refer to one or more of the many references available which provide
detailed accounts and research data in this area (Kirby & Grimley, 1986; Barkley, 1990;
Friedman & Doyal, 1992; Garber, Garber, & Spizman, 1996; Goldstein & Goldstein,
1998).

**Counseling and Psychotherapy**

While definitely the most common, pharmacological treatments are not the only
methods used to address ADHD. Traditional forms of counseling and psychotherapy
have also been utilized, to help both those with the disorder and the people who interact
with them. Training for parents of children with ADHD has received research attention
and results of these studies suggested that it can help in terms of increasing child
compliance (Pisterman, et al., 1992) and can improve conflict discussions between
parents and children (Horn, et al., 1990; Barkley et al., 1992).

Much research has also addressed the role that teachers can play in the treatment and
management of those with ADHD. It has been suggested that they focus more on each
child’s strengths as opposed to weaknesses (Armstrong, 1996), and that they do such
things as: alter the classroom environment so that the student is seated away from
distractions, establish routines and structure, give only one direction at a time, change the nature of assignments, help with organizational skills, involve the parents, and maintain tolerance (Pfiffner, 1996; National Education Association, 1998; Flick, 1998).

Biofeedback has also been investigated as a treatment. So far results have been equivocal as to its efficacy (Lee, 1991).

Still other research has looked at the usage of behavioral therapies in conjunction with drug treatments. These findings have supported that combining the two can be an effective treatment program for ADHD (Carlson, et al., 1992; Ialongo, et al., 1993; Bonn, 1999; Kolko, 1999). Breggin (1998, 2000) has long been a supporter of non-drug interventions for ADHD, especially as a first-line treatment. He has advocated individualized family counseling aimed at improving relationships in the family and individualized educational approaches that inspire children to engage themselves in school. Non-pharmacologic treatment options for those with ADHD will continue to be an active area of research. The included studies looking at this issue, while far from exhaustive, are provided merely to show the areas in which some of this research has focused.

**Learning Disabilities**

As has been noted previously, the prevalence of ADHD in any given individual can mean that another, comorbid condition may exist as well. One of the most common comorbid conditions for those with an attention disorder can be a learning disability of some type. The National Joint Committee on Learning Disabilities (1987, p. 172) has established the most widely accepted definition of learning disabilities, and it states:

Learning disabilities is a general term that refers to a heterogeneous
group of disorders manifested by significant difficulties in the acquisition
and use of listening, speaking, reading, writing, reasoning, or mathematical abilities.

Research has for years recognized that a strong relationship between learning disabilities
and ADHD does indeed exist (Mendelson, Johnson, & Stewart, 1971; Huessy & Cohen,
1976; Cantwell & Satterfield, 1978; Shaywitz & Shaywitz, 1991). Studies have noted
that children with attention disorders perform more poorly in school than do control
subjects, as evidenced by more grade repetitions, poorer grades in academic subjects,
more placement in special classes, and more tutoring (Weiss, et al., 1979; Silver, 1981;

While subsequent studies have lent further support to the notion that those with an
attention disorder are more prone to encounter learning disabilities as well, their results
have been equivocal as to just what percentage of those with ADHD will also have a
diagnosable LD. Some researchers have found the prevalence of learning disabilities in
children with ADHD to range from 7 to 92%, depending on the definition of LD that is
used (Silver, 1981; August & Holmes, 1984). Zentall (1993) stated that about 9% of
students with ADHD can be characterized as having true reading disabilities. According
to a review of the literature by Lerner and Lerner (1991), most studies report that between
23 and 30% of children with ADHD experience learning problems.

Semrud-Clikeman, et al. (1992) compared a group of students previously identified as
possessing an attention deficit disorder (n=60) to a group of students referred to a
psychologist for intellectual and educational assessment because of academic difficulties
(n=30). These children were not referred for behavioral or emotional problems. For
comparison, a random sample of normal control children (n=36) of similar age and
gender distribution to the previous two groups, but with no known psychiatric or medical problems and screened for not having an attention disorder, were also included. By using a liberal interpretation of significant discrepancy for learning disabilities (reading achievement score greater than or equal to 10 standard points below WISC-R Full Scale IQ score), the resulting incidence of Reading Disability in ADHD children was 38%. This rate was not found to differ significantly from the rate of Reading Disability found in the group referred for academic problems only. Both of these groups differed significantly from the normal control group. According to this research, the prevalence of Learning Disability in children with ADHD (as well as children with only academic problems) depends on the definition of LD that is used. When using a stricter definition of LD (WRAT-R reading achievement score greater than or equal to 20 standard points below Full Scale IQ score), 23% of the ADHD subjects qualified as LD, compared to 10% for those with only academic problems and 2% of the normal controls. When yet another definition of LD was employed (reading achievement score less than or equal to 85 and greater than or equal to 15 standard score points below FSIQ) 15% of the ADHD group met the criteria for LD. This compared to an LD rate of 3% for those with academic problems and 0% of the controls.

Even if strict qualifying criteria are used for the determination of a learning disability, these research results suggested that a sizable percentage of those with ADHD will also be identified as learning disabled. Regardless of whether they qualify for special education services as a student with a learning disability, many of them will have academic challenges in addition to their attentional difficulties. As these students move through the educational system these deficits or disabilities will have a profound effect.
upon their educational lives. The characteristics of ADHD, such as distractibility, impulsivity, possible hyperactivity, and difficulty in sustaining attention, will make it more difficult for these students to be successful academically. If the student must also deal with a learning disability in one or more areas, then their challenges in the classroom become that much more arduous.

Each successive year in school, more and more emphasis is placed upon grades and obtaining passing marks, especially grades in certain core classes. If the student is having difficulty meeting these criteria, then his or her ability to take part in certain school activities can be affected. For the student-athlete who progresses to a postsecondary setting, she or he must make satisfactory academic progress and must maintain a specific minimum grade point average in order to stay academically eligible and be able to compete athletically. When the time and energy demands of taking part in a college sport are coupled with the challenges encountered by ADHD and a possible learning disability, success in the classroom will be difficult to attain.

In general, current research in the field of ADHD seems to have focused on the different subtypes of the disorder, and this can be seen in the area of ADHD's impact on academics as well. Marshall, et al. (1999) investigated whether specific academic deficits were associated with ADD subtypes. Twenty subjects, ages 8-12 with ADD with hyperactivity were compared to 20 students with ADD without hyperactivity. All 40 subjects were administered the Wechsler Intelligence Scale for Children-3\textsuperscript{rd} Edition, as well as four subtests of the Woodcock-Johnson Psycho-educational Battery- Revised: Letter-word identification, Passage Comprehension, Calculation, and Applied Problems. Students in the ADD with hyperactivity group had significantly higher scores than the
ADD/no hyperactivity group on both WISC-III Full Scale IQ and Performance IQ scores. No significant differences were found between groups on any of the four achievement subtest variables. The ADD/with hyperactivity group scored significantly lower on Calculation than on Applied Problems. For students with ADD/no hyperactivity, significant differences were found between Verbal IQ score and Performance IQ score, between Calculation and Letter-word identification, between Calculation and Passage Comprehension, and between Calculation and Applied Problems. These results suggested that some sort of problem or problems were differentially affecting students with ADD/no hyperactivity, but not those with ADD/hyperactivity, and that these problems were somehow related to arithmetic calculation. This finding is consistent with previous research done by Lamminmaki, et al. (1995) and Shalev, et al. (1995) which has linked inattention to the acquisition of arithmetic calculation skills. The findings of this research by Marshall are important because they suggested that ADD/no hyperactivity has some unique characteristic that has not been adequately explored. As researchers sharpen their focus upon the different subtypes of ADHD, more should be learned about just how individuals can be affected depending on their subtype of the disorder.

**ADHD and Motor Skills**

Obviously, college student-athletes possess well-developed motor skills, as their athletic abilities have enabled them to compete at an extremely high level of competition. These athletes have separated themselves, athletically, from the hundreds of thousands of others who partake in sports but do not have the skills or abilities to advance to the collegiate level. For those athletes with ADHD, they have been able to somehow deal with or manage their attentional difficulties to the point that they can perform very well
in terms of motor skills. Ironically, though, research has consistently noted motor problems in children with ADHD (Hartsough & Lambert, 1985; Szatmari, Offord, & Boyle, 1989; Barkley, DuPaul, & McMurray, 1990; Sergeant, 1995). Those studies which have focused specifically on fine motor coordination have also found deficits in children with ADHD when compared to control groups (McMahon & Greenberg, 1977; Hoy, et al., 1978; Shaywitz & Shaywitz, 1984; Moffitt, 1990). Beyer (1994), in a study comparing boys with ADHD who were on medication to a group of boys with learning disabilities under no medication, found that the ADHD group performed significantly poorer on most items of the Bruininks-Oseretsky Test of Motor Proficiency (Bruininks, 1978).

Despite what would seem to be an overwhelming amount of research on this topic, Barkley (1997, p. 83) noted, "Complex motor sequencing and the generating of complex, novel motor responses as well as their syntax have not received much attention in research on ADHD." Speaking along very similar lines, Harvey & Reid (1997, p. 189) concluded that, "Physical fitness and gross motor performance of children with ADHD have not been adequately addressed." These authors went on to state that in most studies, hyperactivity has been the focus, and has diverted research attention from their actual fitness and gross motor performance. Attempting to address this issue, Harvey & Reid (1997) compared girls and boys with ADHD, ages 7 to 12, to a control group without ADHD. Subjects were tested with regards to gross motor skills and physical fitness. Results concluded that fundamental gross motor performance and physical fitness of the children with ADHD was substantially below average.
Therefore, what research has been done has consistently noted that those with ADHD are quite likely to experience some sort of motor impairments as well. While Barkley (1997) and others have pointed out that much research still needs to be done to address this issue, one can be fairly safe in stating that motor impairments have been closely associated with ADHD. This still leaves us with a very interesting group of people who seem to be at odds with current research findings, findings which have linked ADHD with deficits in motor skills and coordination. This group experiences ADHD as fully and completely as any one else with the disorder. However, in at least one way they seem to be in contrast with what the research would suggest. They possess remarkable motor skills, skills which have enabled them to stand out from their peers in terms of motor ability. Do they represent yet another specialized subtype of the disorder, or are they simply interesting anomalies within the entirety of ADHD? Regardless of the answer to this question, they form a very unique group, and to date, no known research has focused upon them.

**ADHD and Substance Abuse**

Another area of question for those with ADHD has been whether or not they are more likely to develop substance use/abuse problems. To date, research attempting to answer this question has been somewhat equivocal, although many studies looking at this issue have suggested that it might indeed be the case. Stratton & Gailfus (1998) stated that adolescents and young adults with ADHD are at risk for drug and alcohol dependence. Other research has also observed the high prevalence of substance abuse or dependence in ADHD adolescents (Horner & Scheibe, 1997; Milberger, et al., 1997). Tarter, Kirisci, & Mezzich (1997) reported elevated rates of ADHD in alcohol-dependent patients
compared to the rate in the general population. Biederman, et al. (1999) found that unmedicated subjects with ADHD were at significantly increased risk for any substance use disorder (SUD) at follow-up compared with non-ADHD control subjects.

Attempting to shed more light on this topic, Clure, et al. (1999) administered a structured interview for ADHD to 136 adult patients with a substance use disorder or SUD (cocaine, alcohol, or cocaine/alcohol). Thirty-two percent of this group met the criteria for ADHD, and 35% of those with a childhood diagnosis of ADHD continued to have clinically significant symptoms into adulthood. While the authors hypothesized that those with ADHD would more likely be in the cocaine-dependent population, no significant differences were found between the three substance groups. These findings suggested that ADHD is prevalent in treatment seeking substance users, regardless of their ADHD subtype or drug of choice.

While much of the research has noted a relationship between ADHD and the development of subsequent substance use disorders, not all of it has supported this correlation. Loeber, Stouthamer-Loeber, & White (1999) analyzed longitudinal data from three samples of the Pittsburgh Youth Study on boys age 7 to 18 to examine the co-occurrence of persistent substance use with other problem behaviors. This list of other behaviors included persistent delinquency, persistent internalizing problems such as depressed mood, anxiety, withdrawn behavior, and ADHD. While delinquency and internalizing problems were found to be associated with persistent substance use, ADHD was not found to be a predictor of drug and alcohol usage. As discussed in an earlier section, the research of Rohde, et al. (1999) regarding the prevalence of ADHD in a sample of Brazilian students found that, while youths who met the ADHD criteria had
significantly higher rates of school repetitions, suspensions, and expulsions, an association between ADHD and alcohol, marijuana, or inhalent use was not identified.

Research would seem to suggest that substance use/abuse, while by no means a given for those with ADHD, should be an area of concern for both those with ADHD and the people who work with them. With regard to those students with ADHD who go on to some sort of postsecondary setting, particular attention probably needs to be paid to this matter. For many college represents a time where social activities take on a more prominent role in their daily lives. Often times these social activities will involve some sort of drug and/or alcohol usage. Research seems to suggest that the student with ADHD might be at particular risk for the development of substance abuse problems. Again, more research is needed in this area to provide more data on the issue of ADHD and substance usage, and more specifically, substance use/abuse in college students with ADHD.

**Older Populations With ADHD**

Remarkably, despite the number of individuals who have been and continue to be diagnosed with ADHD and despite the prolific research that has been done to date addressing this population, huge research gaps continue to exist. While researchers have focused upon those younger subjects with ADHD, surprisingly little investigation has been done into older age groups with the disorder. Knight & Rappaport (1999) noted that the degree to which ADHD symptoms will persist into adult life is unknown for an individual patient. These authors stated that there is little question that children and teens who have been diagnosed with ADHD are at increased risk for social and behavioral problems as adults.
Slowly, researchers are beginning to address this lack of empirical evidence regarding older subjects with ADHD, and some of their results have been rather interesting. Pless, Taylor, & Arsenault (1995) found that as pedestrians or bicycle riders, teenagers with ADHD were more likely than age mates without ADHD to be injured in traffic accidents. Barkley, Murphy, & Kwasnik (1996) noted that when teens with ADHD are driving automobiles, they were more likely than other teens to be cited for speeding, to have their licenses suspended, to be involved in crashes, and to have crashes involving bodily injury.

Nearly twenty years ago, Satterfield, Hoppe, & Schell (1982) conducted a longitudinal analysis of hyperactive subjects and a non-disordered control group. Using arrest records, the researchers determined that 25% of the hyperactive group had been institutionalized. This compared to less than 1% of the control group. While these results suggested that those with hyperactivity were at an increased risk to be incarcerated, they might not be valid for every subtype of the disorder. A recent study by Babinski, Hartsough, & Lambert (1999) provided some additional information regarding this topic. In an analysis of childhood conduct problems, hyperactivity-impulsivity, and inattention as predictors of adult criminal activity, their results indicated that symptoms of hyperactivity-impulsivity, along with symptoms of early conduct problems, are predictive of official arrests and high rates of self-reported crime for males. Inattention was not found to be associated with arrests or self-reported crime in their sample.

One of the most commonly asked questions by those younger people with ADHD is, Will I grow out of it? Research has attempted to answer this question, and at this time the answer appears to be... maybe. Cantwell (1985) described three potential outcomes
for those with the disorder: a "developmental delay" outcome in about 30% of subjects where sometime in young adult life the individual no longer displays any functionally impairing ADD symptoms, a "continual display" outcome where about 40% of child subjects continue to have functionally impairing symptoms of ADHD into adult life, and the last outcome of "developmental decay," which occurs in about 30% of subjects in which not only is there a continual display of core ADD symptoms, but there is the development of more serious psychopathology such as alcoholism, substance abuse, and anti-social personality disorder.

Weiss, et al. (1985) conducted a 15 year follow-up study in which they compared a group of hyperactive youth with a non-ADHD control group. The average age at the time of comparison was 25 years. In their sample, only antisocial personality disorder was found to be significantly more prevalent. Thirty-six percent of those identified as ADHD reported at least one moderate to severe symptom of ADHD at follow-up fifteen years later, compared to only one of the 41 comparison subjects. The authors noted that the attrition rate was very high (about 40%), and that the psychiatric evaluations were not blind. Therefore, their results must be interpreted with some caution.

Other researchers have also looked into the adult outcome of boys previously identified as ADHD. Mannuzza, et al. (1993) conducted a longitudinal investigation of 103 white boys between the ages of 6-12. During late adolescence (average age 18) information was obtained on 98% of the original group through blind interviews by clinicians. Ongoing ADHD was diagnosed in 40% of the probands but only 3% of the comparison subjects. Twenty-seven percent of the probands and only 8% of the
comparison subjects had ongoing antisocial personality disorder. Sixteen percent of the probands versus 3% of the comparison subjects had ongoing drug abuse syndromes.

At this point in time, then, research seems to suggest that somewhere between 30-70% of those with a childhood diagnosis of ADHD will continue to experience symptoms of the disorder into adult life. Hill & Schoener (1996) have further investigated this age-dependent decline of ADHD. In a meta-analysis of this topic, the authors reported on nine studies in which cohorts of children with ADHD were formed and then re-examined 4-16 years later to determine the level of retained ADHD. Data were subjected to nonlinear regression analysis to ascertain the relationship with chronological age. Results suggested an exponential decline over time to a high degree of accuracy. The rate of ADHD in a given age group appears to decline by 50% approximately every five years. If a childhood prevalence rate of 4% is assumed and the exponential decline is extrapolated, the estimated rate of adult ADHD ranges from .8% at age 20, to .05% at age 40. Again, further studies are needed to clarify the long-term clinical picture of those diagnosed with ADHD as children, and to determine if the adult prevalence figures indicated in the research of Hill and Schoener (1996) are accurate.

More and more frequently, students with disabilities like ADHD are enrolling in postsecondary settings, such as vocational-technical schools, community colleges, junior colleges, and traditional “four-year” colleges and universities. While seeking training and education above the high school level will probably increase these students' job marketability, the institutions to which they are enrolling and even the students themselves might not be adequately prepared to make this transition. Part of the problem can be traced back to the very high schools from which these students came. Richard
(1992) noted that secondary education delivery systems for students identified with ADHD and/or learning disabilities vary in regard to preparing these students for college.

For the student with ADHD who does go on to a postsecondary setting, the availability of student support services at the institution could very well determine just how successful that individual will be. Services to assist the student with ADHD could include special orientation sessions, priority registration for classes, alternative testing arrangements, advocacy with staff and faculty, tutorial services, recorded textbooks, course substitutions, assistance with academic skills, support groups, counseling, note-taking services, assistance with time management, extended deadlines for coursework, disability information, professional referrals, and technological assistance (Richard, 1992). When deciding on whether to attend a particular university, the student with ADHD, or any other disability for that matter, would be well-served by evaluating just what types of support services are available.

For those with ADHD who are heading off to college, Richard (1992) has stated that these students must:

1. Understand ADHD and its personal impacts upon them.
2. Understand and use their best learning styles and strengths.
3. Understand their rights and become effective self-advocates.
4. Develop strategies for social interactions.
5. Learn to use effective learning strategies.
7. Develop a realistic sense of personal competence and confidence.
8. Know and use university and community services that provide counseling, health and academic accommodations.

While research seems to have focused on what these students should do in preparation for this transition, less empirical data exists regarding just what happens to the student with ADHD once he or she has matriculated at the postsecondary setting. Heiligenstein, et al. (1999) attempted to provide some information in this area. In an examination of the psychological and academic functioning of college students with ADHD, they found that, compared to a control group, college students with ADHD had a significantly lower mean grade point average, were more likely to be on academic probation, and reported significantly more academic problems. Measures of psychological impairment in the ADHD group were not significantly different from those in the control group.

Heiligenstein, et al. (1999, p. 190) wrote:

The results of this study, using well defined subject selection criteria and information from multiple areas, lends further support to the theory that adults with ADHD are at increased risk for academic impairment. Findings suggest that the onset of academic impairment and subsequent diagnosis may be related more to external factors than to the presence of ADHD symptoms per se. These factors could include the academic difficulty of a particular university, loss of family structure that supported academic success, or the absence of individualized educational services. Our findings further refine this concept by underscoring that most college students with ADHD appear to have few problems outside of academics.

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The researchers go on to note that, although not definitive, the findings provided some evidence for the validity of an academically impaired but adaptive and high functioning subtype of ADHD. They state that the problems of these students appear related more to a type of learning disorder than to DSM-IV conceptualizations of ADHD. These results suggested that college students with ADHD will be impacted more by specific learning deficits than they will by the traditional characteristics of ADHD, such as difficulty sustaining attention, hyperactivity, and impulsivity. For those at the postsecondary setting who provide assistance to these students, this research would suggest that they would better serve their students with ADHD by focusing specifically on academic topics and that student's individual academic progress, as opposed to concentrating on the characteristics of ADHD per se.

Of the little research that has been done on college students with ADHD, much of it has focused on their levels of academic success. These studies have all suggested that positive educational outcomes are possible for some students with the disorder (Hallowell & Ratey, 1994; Nadeau, 1994; Quinn, 1993). These investigators have hypothesized that a certain subset of those with ADHD have learned to somehow cope with the disorder and so achieve a measure of academic success.

Goodwin and Corgiat (1992) reported significantly improved academic performance in college students with ADHD following a cognitive training intervention and point of performance program. Specific interventions for this program included environmental restructuring (e.g., finding a quiet place to study), internal and external memory strategies (e.g., mnemonic devices, programmable wristwatch, time management date book), and organizational study skill aids. Combined with medication, repeated practice
of these interventions to the point of habituation significantly decreased executive
function deficits, and led to significantly higher grades.

To further explore this issue of coping, Turnock, Rosen, & Kaminski (1998) examined
ADHD in 151 college students enrolled at a large university in the western United States.
Subjects were divided into high symptom (HS) or low symptom (LS) categories, then
compared for level of academic success (current semester gpa and overall gpa).
Compared to their LS counterparts, HS students approached studying in a less organized,
less methodical way, they procrastinated considerably more, and they employed fewer
self-control or self-disciplinary behaviors. HS students achieved significantly lower
grades and dropped out of classes significantly more often than those in the LS group.
However, this study failed to confirm the research hypothesis that HS students use more
coping strategies than do LS students. According to the authors, these findings suggest
that cognitive ability (intelligence), to a certain extent, contributes to academic success
for some HS college students despite their symptoms of ADHD. They hypothesized that
while HS students possess knowledge of coping skills, these students encounter difficulty
in the consistent, appropriate application of these mechanisms.

In a study closely related to the current investigation in terms of research format and
style, (Dwyer, 2000) utilized a phenomenological approach to analyze the experience of
Canadian women college students with ADHD. Two major themes emerged as obstacles
to their education: "robbed of time" and "thoughts like a rubber ball." Due to ADHD,
subjects encountered difficulties meeting demands that were placed upon them because
of time management issues. Also, those interviewed experienced challenges when
attempting to focus attention on one task, such as listening to a classroom lecture.
Closer to home, Disability Services for Students (DSS) is a stand-alone student affairs office at the University of Montana. As such, the mission of DSS is to help students with disabilities gain the reasonable accommodations that they are guaranteed under federal law, to serve as a support network, and to provide assistance in the resolution of any disputes that may arise during the student’s educational career at UM. According to recent statistics, 110 students with ADHD have registered with Disability Services for Students (Marks, 2000). In a recent article in the UM student newspaper, Jim Marks, director of DSS, states, “We’ve seen incredible growth in the number of students with disabilities. We serve more students with disabilities than two or three other Montana schools combined.” (Wilkson, 2000, p. 1). Although over one hundred students with ADHD have registered with DSS, Marks believes this number may only represent about half of those with the disorder who are currently enrolled at UM (J. Marks, personal communication, February 3, 2000). At this time, the number of student-athletes with ADHD at the University of Montana or the other universities sampled, is unknown.

**ADHD and Sport**

As described earlier in this review, researchers have noted that those with ADHD will often times experience fine and gross motor deficits as well. Barkley (1996) stated that ADHD should lead to greater difficulties with the development of motor skills and coordination, and especially in planning and executing complex motor responses. As we know, however, there exists a group of people who, despite their attentional disorders, have been able to excel in terms of executing these complex motor skills. This group is comprised of athletes, or those whose physical abilities have allowed them to shine on the courts, tracks, and playing fields associated with sport. How has this assemblage been
able to perform at such a high level athletically when the available research seems to suggest that doing so should be very difficult for them?

To date very little research has been undertaken to learn more about this group of individuals. Hickey & Fricker (1999, p. 12) noted that, “Because of increased awareness and more frequent diagnoses of ADHD, it is highly likely that in the future many competitive athletes will be diagnosed with this condition.” Grzegorek (1996), in a very brief article geared towards coaches, observed that classrooms are being “flooded” with ADHD students, and these same students are translating into athletes. While it is being recognized that many of these children with ADHD will be involved in athletics at some point in their lives, researchers for the most part have not been attempting to investigate them or to find out about their experiences in athletic endeavors.

Well over twenty years ago, McPherson (1977) acknowledged that children with ADHD will pose special challenges to those who work with them in a recreational or sport setting. In dealing with these students, he observed that teachers and coaches must learn how to manipulate the environment so that it is a conducive learning environment for those with ADHD, and he emphasized the teaching of self-control techniques to these students as well as the incorporation of effective controlling techniques by the recreation leader. In spite of this early recognition it appears as if the words of McPherson have for the most part gone unheeded. “Despite the prevalence of ADHD and the thousands of articles published on diagnosis and treatment,” posited Alexander (1990, p. 106), “one aspect of ADHD that has received little attention is how to help these young people excel in athletic programs.” Alexander went on to point out that these are usually children with an abundance of desire and motivation, but their inability to concentrate combined with
their impulsivity, distractibility, and/or hyperactivity can sabotage their performance on
the playing field.

Pelham, et al. (1990) succinctly observed that although no researchers have compared
the behavior and performance of children with and without ADHD in sports and
recreational activities, parents and therapists of these children have provided numerous
anecdotes of their children's dismal failure in organized sports activities. They want to
play and compete but the characteristics of ADHD make that difficult. According to
Bishop & Beyer (1995) youth sport experiences are likely to be more meaningful for
players with ADHD if care is given to how typical symptoms can be countered. They
stated, "Successful integration of youth sport players may not occur unless specific
measures are taken to counter manifestations of inattention and hyperactivity-
impulsivity" (p. 45).

Just as research regarding medication in the treatment of ADHD has dominated the
field in general, that interest in pharmacology is evident in the few empirical
investigations that have been done looking into ADHD and sports. Pelham, et al. (1990)
investigated methylphenidate (MPH) and baseball playing in children with ADHD. Their
results suggested that it may be helpful to have a child with ADHD take their stimulant
medication before a sports activity. Clinicians and therapists who work in this area have
often advocated "drug holidays" for children with ADHD, or periods of time such as after
school or on weekends where the child does not take her or his usual dose of medication.
These results would seem to challenge such a philosophy. The authors point out that
sport environments call for sustained attention and limits on impulsivity and
distractibility (just like the classroom) and that medications help the person with ADHD
to do these very things. Hickey & Fricker (1999), in their review of ADHD, central nervous system stimulants, and sport, noted that minimal research exists on the effect of CNS stimulants on the sporting/athletic performance of children with ADHD. They did state, "It appears that CNS stimulants in sport convey an advantage in terms of improved attention, concentration, and fine motor coordination, with less clear effects on gross motor coordination and balance" (p. 20).

At present, an ongoing dispute exists as to whether or not those with ADHD who take some sort of stimulant medication gain an unfair athletic advantage by doing so. Eberstadt (1999) pointed out that a college student-athlete, with a letter from a team physician, is allowed to take Ritalin, even though that athlete would be disqualified from participating in the Olympics if he/she were to test positive for stimulants. Despite this Olympic ban on the usage of CNS stimulants, even for those with ADHD, Hickey & Fricker (1999) stated that any debate on whether or not stimulants enhance the athletic performance of athletes with ADHD and provide unfair advantage appears to be "abstract" at best. They concluded by stating that further studies are needed to evaluate CNS stimulant drugs in athletes with ADHD. This will undoubtedly be an active area of research, as more and more athletes with ADHD, many of whom will be taking stimulant medications as a form of treatment, move into the elite levels of athletics.

As elaborated upon previously in this review, the use of drug therapies (stimulants in particular) for the treatment of ADHD has not been without its detractors. Recently, it has been theorized that running and other forms of exercise work as well as Ritalin in calming kids with attention deficit disorders (Higdon, 1999). While this theory has yet to be supported by empirical research, some practitioners have begun to use physical
activity as a form of treatment for those with ADHD. In the aforementioned article, Higdon described how psychologist Tom Scott uses running in his work with children with ADHD. Scott, in describing his use of physical exercise as a treatment noted, “Many physicians want a child to ride the pill (Ritalin) to competency—and it can help. But there’s a lot to be said for taking an active role in your own journey to wellness. For these children, that’s what their running is all about” (p. 84).

At this point in time scant research has been done addressing the issue of what role, if any, physical activity and sport plays in the lives of those with ADHD. As observed by Alexander (1990, p. 108), “The medical and psychoeducational literature is filled with studies describing academic and behavior problems in ADHD children. On the other hand, there has been a dearth of attention to a vital part of a child’s life: games and play.” While these words were written over ten years ago and pertain to children and not adults, reviews of the current literature in the field reveal that little has changed in the past decade. This phenomenological investigation will be an attempt to address this lack of knowledge.

Summary

Research on Attention Deficit Hyperactivity Disorder presents a rather interesting enigma. Despite the overwhelming number of studies which have focused upon it, huge gaps in the literature continue to exist. While much has been learned and discovered about the disorder, vast areas remain unknown and uncharted. With the research attention that it receives, these gaps will narrow and what is unmapped today may soon become tomorrow’s common knowledge. Presently, one of these gaps in the literature can be found in the area of college student-athletes and ADHD.
As noted, the research on ADHD, while replete in some areas, has been prolific in general. This attention can no doubt be attributed to the fact that so many individuals are being affected by the disorder. According to a recent report by the Johns Hopkins Medical Institutions in Baltimore, Maryland, at least one child in every classroom has ADHD. It has been recognized as the single most chronic behavior disorder of childhood, with estimates of prevalence ranging from 2% to 10% of the total population (McGee, et al., 1991; Barkley, 1990; Brandenburg, Friedman, & Silver, 1990).

While some factors, such as environmental toxins, food additives, or maternal smoking during pregnancy have been implicated in the development of ADHD, none of these has received solid empirical support. It is generally recognized that some interplay of both psychosocial and biological factors contribute to its development (Cantwell, 1996). Currently, large gender gaps exist, with boys receiving the diagnosis at a 3:1 ratio compared to girls in community samples, and 10:1 in clinic populations (Szatmari, Offord, & Boyle, 1989; Arnold, 1996; Gaub & Carlson, 1997). It has been suggested that girls with ADHD are underidentified because they are less likely to exhibit behavioral disturbances (Berry, Shaywitz, & Shaywitz, 1985), and that they are more likely to cluster in the inattentive subtypes than boys (Lahey & Carlson, 1991; Lahey, et al., 1994). Researchers acknowledge that more studies are needed to address gender differences in ADHD (Biederman, et al., 1999).

One of the confusing aspects of the disorder has been the issue of comorbidity. Studies have suggested that up to two thirds of elementary school-age children with ADHD who are referred for clinical evaluation have at least one other diagnosable psychiatric disorder (Arnold & Jensen, 1995; Nottleman & Jensen, 1995). Therefore,
those who work with an ADHD population must be aware of and on the lookout for other
diagnostic conditions. One of the most commonly associated has been learning
disabilities. Estimates of the prevalence of LD in children with ADHD vary depending
on the definition of learning disability that is used, with numbers ranging from 7% to
92% (Silver, 1981; August & Holmes, 1984). If strict LD criteria are used, research has
suggested about 20% of those with ADHD will have a comorbid learning disability
(Semrud-Clikeman, et al., 1992). Substance use/abuse as a comorbid condition has also
been investigated in regard to ADHD. While the results have been somewhat equivocal,
support can be found linking the two together (Tarter, Kirisci, & Mezzich, 1997;
working with ADHD clients need to be at least cognizant of the disorder’s association
with other conditions such as learning disabilities and substance use disorders.

While deficits in motor skills have also been closely linked with ADHD (Hartsough &
Lambert, 1985; Szatmari, Offord, & Boyle, 1989; Barkley, DuPaul, & McMurray, 1990;
Sergeant, 1995), it is generally recognized that much more research is needed in this area
(Barkley, 1997; Harvey & Reid, 1997). Those who have been diagnosed with an
attention disorder yet excel in athletic endeavors seem to be at odds with these findings.
To date little research information exists regarding this group. Older populations with
ADHD, in general, have commanded little attention compared to the voluminous data
available on younger subjects. Due to the large numbers of those diagnosed, this
disparity should lessen in the foreseeable future, especially as more and more people with
ADHD look to continue their educational careers at postsecondary institutions.
For those with ADHD who do go on to college, research has shown that, when compared to students without the disorder, they attain significantly lower grade point averages, are more likely to be on academic probation, and that they report significantly more academic problems (Heiligenstein, 1999). It has been suggested that for those with ADHD who do go on to college, they will be much more affected by academic problems than they will be by the specific characteristics of the disorder, i.e. inattention, distractibility, impulsivity.

Slowly, it is being recognized that many competitive athletes will have been or will be diagnosed with ADHD at some point in their lives (Grzegorek, 1996; Hickey & Fricker, 1999). At present, though, little research has been done looking into how to help these people succeed in athletic programs or to ascertain what role sports have played in their development (Alexander, 1990; Pelham et al., 1990; Bishop & Beyer, 1995). Since so little investigation of college student-athletes with ADHD has been done, the need certainly exists to explore more deeply this group of individuals.

Jared Tomich, the young man detailed in the opening of this paper, provides us with an example of one student-athlete who has progressed to a university setting, even though his ADHD made doing so quite difficult. Besides facing the demands and challenges associated with an attention disorder, Jared and other student-athletes like him must also manage the tremendous time and energy requirements needed to compete in a collegiate sport. These student-athletes must maintain their academic eligibility in order to compete, and they must learn how to navigate through increasingly complex athletic and social environments at the same time. How do they do so and what is the experience like for them? This investigation will attempt to explore this very process.
Chapter Three

Method

Description of the Phenomenological Method

Using a phenomenological method, this study seeks to describe the experience of being a college student-athlete with an identified Attention Deficit Hyperactivity Disorder (ADHD). In contrast to the more traditional quantitative approaches to research, phenomenology instead falls under the rubric of what is known as qualitative research.

In review, quantitative research has been defined by Creswell (1994, p. 2) as, “an inquiry into a social or human problem, based on testing a theory composed of variables, measured with numbers, and analyzed with statistical procedures, in order to determine whether the predictive generalizations of the theory hold true.” Therefore, the researcher, as an “unbiased” and independent observer, seeks to measure objectively those phenomenon that occur in the external world. However, quantitative research possesses a serious limitation, in that focusing only on the external world fails to take into account how psychological phenomena are, as Giorgi (1985, p. 1) says, “lived and experienced” by those who must deal with them.

Stepping in to fill this gap have been the qualitative approaches. Creswell (1998, p. 15) also defines qualitative research, which he calls, “an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting.” Phenomenology represents just one of several different qualitative research methods.
The focus of phenomenological approaches is upon, according to Cathy Jenni, "a description of the internal, lived psychological structures of a given experience." (personal communication, March 23, 2002).

As previously discussed, the differences between qualitative and quantitative approaches have been simply summarized by Ragin (1987). He observed that quantitative researchers work with a few variables and many cases, whereas qualitative researchers rely on a few cases and many naturally occurring variables. However, simply knowing that the qualitative researcher works with more variables and fewer subjects still does not clarify the inherent differences between the two approaches. The beauty of the two methods lies in their inverse, mirrored relationship with one another.

While the results of quantitative studies can be generalizable due to their objectivity and relative freedom from bias, it comes at the cost of factoring out the researcher’s viewpoint and often ignoring the individual differences between subjects. Qualitative approaches, which allow the researcher to commingle her/his views into the data and which relish individuality within subjects, subsequently end up being less generalizable in terms of results and represent, in part, the perspectives of both the subjects and the researcher. The strengths of one method are the weaknesses of the other, and vice versa. One of the designs is by no means superior to the other, but rather, depending on the research question and the preference of the inquisitor, either method may be used. An overgeneralization is that quantitative research seeks breadth across many subjects, while qualitative approaches seeks depth in fewer subjects.
For the current study, a qualitative approach called phenomenological research will be used. Cobb and Hagemaster (1987, pp. 139-141) described qualitative research as a type of investigation in which:

1. There is attention to the social context in which events occur and have meaning,

2. There is an emphasis on understanding the social world from the point of view of the participants in it,

3. The approach is primarily inductive,

4. Major data collection techniques include interviewing, participant-observation, examination of personal documents and other printed material,

5. Procedures and tools for gathering data are subject to ongoing revision in the field environment,

6. The concern is primarily with description and discovery, although verification is also possible,

7. The hypotheses are usually developed during the research, and

8. Analysis is presented for the most part in narrative rather than numerical form.

While these principles of qualitative investigation help to clarify the approach in general, no definition has yet been given for the specific qualitative technique of phenomenological research. Jenni (1990, p. 53) noted that, “The primary objective of phenomenology is to increase the range of experience and to understand human existence as it is lived.” Along similar lines, Polkinghorne (1989, p. 44) expressed that the goal of phenomenologically informed research is to, “produce clear and accurate descriptions of a particular aspect of human experience.” The key, then, is the analysis of some
particular human experience from the point of view of the subjects. For the current investigation that experience is the one faced by college student-athletes with ADHD during their years in undergraduate study.

Once a specific research problem or question has been identified, the process of phenomenological investigation can be broken down into a three-step procedure (Polkinghorne, 1989; Eckartsberg, 1998). First, the researcher must gather a number of descriptions from people who have had the experience which is being investigated, and are able to describe this experience in sufficient detail. In other words, data must be generated. Next, the researcher engages in a process of data analysis, whereby she or he is able to come to an understanding of the elements that make the experience what it is. Lastly, the researcher must produce a report which details the findings of the investigation. After having read this report the naive reader should then possess a better understanding of what it must be like to experience that which has been investigated.

While quantitative research places great emphasis on sample size and representativeness, qualitative studies instead rely on the principle of saturation. Saturation has occurred when additional subjects no longer add substantial insights into the experience being looked at. Typically, four to six subjects comprise an adequate sample. At the data analysis stage, instead of statistical searches for significance, the qualitative researcher instead focuses on the words provided by the subjects, distilling through the verbiage in a search for common themes and an essential description of the experience. This usually entails a six-step process which will be elaborated upon in a later section. In conveying these results to others, whereas the penultimate goal of quantitative research entails the generalizability of the findings, qualitative methods seek
only to give the reader a better understanding of what it may be like to experience the
topic in question.

In review of the phenomenological method, the researcher first identifies a question or
problem to investigate. After a review of the available literature on the topic and
following personal introspection by the researcher, open-ended interviews are conducted
to gather a number of descriptions from people who have had the experience under
investigation and are able to richly describe it. Often at this stage, pilot interviews are
conducted prior to beginning the full study. The researcher transcribes these interviews,
then begins a series of reads and re-reads of them, all of which allow the data to “sink in”
and general themes to emerge. Moving from the concrete to the abstract, the analogy of
an onion may be used. Peeling away, layer after layer, the researcher moves from the
outer skin of these individual thematic units down to the essential aspects or core of the
experience that seems to be shared by all those who have been interviewed. The
researcher moves systematically from the situated, concrete lived experience to the
psychological structures that appear across subjects.

**Evaluation Criteria**

In quantitative research, the concepts of reliability and validity are tantamount when
evaluating the efficacy of any study. Are these findings consistent with the findings of
other research in this area, and did the investigators measure what they purported to
measure become the key questions to ask? However, since the goals of qualitative
research do not include experimental replicability or statistical significance, the
traditional concepts of reliability and validity must be looked at in a different light. For
qualitative research, Creswell (1998, p. 201) recommended usage of the term verification
in place of validity, since verification, "underscores qualitative research as a distinct approach, a legitimate mode of inquiry in its own right." To attain verification, he discussed eight verification procedures (pp. 201-203):

1. Prolonged engagement and persistent observation in the field.
2. Triangulation, or the use of multiple and different sources, methods, investigators, and theories to provide corroborating evidence.
3. Peer review or debriefing.
4. Negative case analysis, or the refining of the working hypothesis as the inquiry advances in light of negative or disconfirming evidence.
5. Clarification of researcher bias.
6. Member checks, whereby the researcher solicits informant's views of the credibility of the findings and interpretations.
8. External audits by another person not connected with the study.

Although not favoring any particular procedure, Creswell recommended that, "qualitative researchers engage in at least two of them in any given study" (p. 203).

Polkinghorne (1989, p. 57) also provided insight regarding issues of validity. "Phenomenological research...approaches validity from a more general perspective—as a conclusion that inspires confidence because the argument in support of it has been persuasive." The stronger the argument, the greater the validity. According to Polkinghorne (1989, p. 57), the validity of phenomenological research concerns the question, "Does the general structural description provide an accurate portrait of the
common features and structural connections that are manifest in the examples collected?"

To address this question, he proposed five clarifying questions:

1. Did the interviewer influence the contents of the subjects’ descriptions in such a way that the descriptions do not truly reflect the subjects’ actual experience?

2. Is the transcription accurate, and does it convey the meaning of the oral presentation in the interview?

3. In the analysis of the transcriptions, were there conclusions other than those offered by the researcher that could have been derived? Has the researcher identified these alternatives and demonstrated why they are less probable than the one decided on?

4. Is it possible to go from the general structural description to the transcriptions and to account for the specific contents and connections in the original examples of the experience?

5. Is the structural description situation-specific, or does it hold in general for the experience in other situations?

Through the answering of these questions and the use of some or all of the verification procedures discussed, avenues exist to evaluate the utility of qualitative research findings. In this study, a concerted effort was made to follow these aforementioned guidelines.

**Rationale for a Phenomenological Approach**

As noted in the review of literature for this investigation, very little empirical evidence exists regarding college students with Attention Deficit Hyperactivity Disorder, not to mention college students with ADHD who also happen to be competing in a collegiate sport. While some of the behavioral characteristics of the disorder, such as hyperactivity
and distractibility, are easily visible to others, the actual experience of living with an attention disorder is little known and little understood by those without the disorder. Although we are aware that they are out there, we know so little about them, and what we do “know” from outside indicators could very well be inaccurate.

Qualitative research, in this case a phenomenological analysis, is well-suited for those investigations in which little is currently known. By providing information on what the experience of being a college student-athlete with ADHD is like, research, be it of a qualitative or quantitative nature, can begin to identify the key points and issues of this topic. Kendall (1997, p. 27), promoting the use of qualitative methods in the study of ADHD has remarked, “Understanding the phenomenon of what doing well means in relation to living with a chronic behavior disorder and how children and families experience ADHD could be useful in helping children and families avoid some of the negative consequences of the disorder.” The author goes on to note, “Conducting research that explores the experiences of these families in their day to day lives has the potential to generate clinically appropriate, contextually based interventions directed at improving the quality of life for these children and families.” Although aimed at children and their families, Kendall’s words ring just as true for older populations with the disorder.

Procedure

Subject Selection

Polkinghorne (1989), with regard to the selection of subjects, pointed out how phenomenological approaches differ from their quantitative cousins. Instead of having to choose randomly from the population in order to obtain a representative sample, he noted
that, "The purpose of selecting subjects in phenomenological research is to generate a full range of variation in the set of descriptions to be used in analyzing a phenomena, not to meet statistical requirements for making statements about distribution with a group of subjects" (p. 48). Since generalizability is not sought the researcher is free to select individuals who provide a variety of specific experiences within the framework of the research topic.

Although the researcher assumes great latitude in subject selection, certain criteria must be met. According to Polkinghorne (1989, p. 47), two guiding principles exist. "The first requirement of selection is that a subject has had the experience that is the topic of the research." Second is that a subject, "has the capacity to provide full and sensitive descriptions of the experience under examination." While controlling for the first of these requirements was much easier, the second posed more of a challenge. If a candidate had the experience in question, but was unable or unwilling to provide a useful account of it, the researcher retained the right to not include them in the analysis. However, the reason(s) for doing so should be noted. This situation did not occur in the present analysis, as all subjects interviewed were able to describe the experience adequately. In terms of the number of subjects to be used, Polkinghorne (1989) has pointed out that this number can vary widely depending on the study, but that at least three subjects are needed to approach saturation. Six subjects will be utilized in the current study.

Using Polkinghorne’s two criteria as a guide, subjects were sought out who were student-athletes with ADHD at a National Collegiate Athletic Association (NCAA) Division I school, and who were able to richly and accurately describe their experiences.
of living with the disorder. NCAA Division I athletes were sampled because Division I incorporates only the largest schools in the country, and because the student-athletes who attend these institutions are regarded as the finest, or the “cream of the crop” in terms of amateur athletes. By using only Division I student-athletes, this researcher was able to sample those student-athletes who have excelled above others in athletic venues and who must also commit a significant amount of time and energy into their respective sport as well as their academic pursuits.

Subjects for this research project were recruited by various means. As a Graduate Assistant in the Office of Athletic Academic Services at a medium-sized, western university, this interviewer had prior contact with three of the six subjects. These three individuals were already on his caseload, as they met weekly to discuss their individual academic progress. Through this contact, the interviewer learned that each had been previously diagnosed with ADHD. The fourth subject had come into contact with another individual in the Office of Athletic Academic Services during the Fall of 2001. Although the interviewer no longer works in this program, he was connected to this subject through his previous contacts in the office. The fifth and sixth subjects were obtained from two large, mid-western universities, respectively. For all six subjects, a third party asked the individuals if they would be interested in taking part in the study. When they answered affirmatively, this interviewer initiated contact with regards to taking part in the project.

All subjects who took part in this project seemed eager to discuss their experiences as a student-athlete with ADHD. Although in the beginning of the interview some were unsure of where to begin, each was able to convey what it has been like for her or him to
live with the disorder on a daily basis. Interviews ranged in length from forty-five to ninety minutes, and ended naturally when each subject felt like he or she had fully described the experience to the best of their ability. Through active listening and simple content reflections, this interviewer was able to get each subject to describe his or her lived experiences. As the interviews progressed, each individual seemed to become more at ease with the interview process. Several commented that this was the first time in their lives that someone had been truly interested in hearing about their experiences with ADHD.

**Pilot Interviews**

The conduction of pilot interviews was carefully considered, but then ultimately rejected. Since candidates who meet this study’s strict criteria proved to be rather elusive, the researcher chose not to use viable candidates for the purpose of pilot interviews. Instead, this interviewer opted to rely on his past experiences as a School Psychologist working with individuals with ADHD. Through these previous contacts, and with a firm understanding of the available literature in the field, this study was undertaken without the usual usage of pilot interviews.

**Characteristics of the Sample**

As mentioned previously, subjects for this study consisted of Division I student-athletes who had previously been identified with Attention Deficit Hyperactivity Disorder (ADHD). Three male and three female student-athletes were interviewed. Subject ages ranged from 18 to 23 years, with an average age of 20.6 years old. All subjects were Caucasian.
In terms of academic year in school, the interviewees were as follows: 2 Freshman, 1 Sophomore, 2 Juniors, and 1 Senior. Chosen fields of study varied, and included Business (2), Health and Human Performance/Sport Studies (2), Pre-Law, and Education. As noted earlier, the six subjects came from a total of three different Division I institutions: four from a medium-sized western university, and one each from two large mid-western universities. The six subjects each competed in a different sport, which were as follows: volleyball, soccer, track and field, wrestling, football, and basketball. Sports represented are those of both an individual and a team nature.

As is typical for ADHD, the time of original diagnosis for the disorder varied according to subject. Two were diagnosed while in elementary school, one in middle school, one in early high school, and two during the latter part of high school. Each of the six subjects has a history of stimulant medication as a form of treatment for the disorder. Four of the subjects continue to take medication on a daily or near daily basis, and two have taken medication in the past but have discontinued usage due to negative side effects or lack of response to treatment.

The Interviewer

The researcher for this project is a doctoral student in a Counselor Education program who has a profound interest in the area of sport. He does not have an identified Attention Deficit Hyperactivity Disorder, but has for years been interested in his own bouts with distractibility and inattention. The researcher worked for three years as a School Psychologist in a small Montana town, at which time his interest in this area was fostered. He facilitated groups for middle school children with ADHD during this period.
During the initial phases of this research project, he worked as a Graduate Assistant in the Office of Athletic Academic Services at a mid-sized western university. In this position, he came into contact with three student-athletes who had previously been diagnosed with ADHD, thus re-kindling his interest in the topic ADHD, and in particular based on his contact with these individuals, college student-athletes with ADHD.

At present, this researcher no longer works in the Office of Athletic Academic Services. Having completed all doctoral requirements other than the dissertation, he has devoted his waking hours to the completion of this project.

The researcher has not been diagnosed with ADHD, but has considerable professional experience with this group. He has immersed himself in the available literature on the topic in order to learn as much as possible about its characteristics, the different ways in which it affects individuals, and the treatments available for it. However, with this knowledge about the disorder, the interviewer has attempted to bracket and set aside his own assumptions about ADHD, so that they may not compromise or infect the data revealed in the current study. This was an ongoing process. The researcher does not believe that his own biases significantly affected the data generated in this study. However, since qualitative research does not “factor out” completely the role of the researcher, he recognized that the lenses through which he views his environment, and the filters he has in place to sift through this data might in some way have left their subtle fingerprint on the conclusions.

**Data Collection: The Interviews**

If phenomenological research were to be equated with a combustion engine, the interview could then be seen as the fuel that powers the motor along. Data generated
from the interviews makes this qualitative process go. Therefore, they probably represent the single most important aspect of phenomenological research. With regard to interviewing, Creswell (1998, p. 123-125), has broken the process into a series of steps:

1. Identify interviewees

2. Determine what type of interview is practical and will net the most useful information to answer research questions. For this study, it will be one-on-one interviews.

3. Use adequate recording procedures.

4. Design the interview protocol.

5. Determine the place for conducting the interview.

6. Once arriving at the interview site, obtain consent from the interviewee to participate in the study. This may be done prior to the interview by way of a letter to subjects asking for their participation.

7. During the interview, stick to the questions, complete within the time specified, be respectful and courteous, and offer few questions and advice.

The aforementioned steps were undertaken during this investigation. The interview process itself has been detailed by Polkinghorne:

It involves an interpersonal engagement in which subjects are encouraged to share with a researcher the details of their experience... The focus of the interview is on the life-world or experience of the interviewee and is theme-oriented, not person-oriented... To keep the focus on non-theoretical descriptions of the experience, the interviewer takes care to remain open to the presence of new and unexpected constituents in the description and does not
shape the questions as tests of ready-made categories or schemes of interpretation.

(1989, p. 49).

As noted previously, subjects were initially asked by a third party not affiliated with this research if she or he were interested in taking part in an interview regarding their own ADHD. Each student-athlete asked agreed to take part. Once they had affirmed their interest in taking part, this interviewer contacted them by phone and/or email to briefly explain what the researcher was investigating, and to set up a meeting. In order to make the interview process as "user-friendly" as possible to the subject, each was allowed to choose the time and place of the meeting. The four student-athletes from the western university chose to do the interview in a private, adjoining room to the Office of Athletic Academic Services. Of the remaining two student-athletes, one elected to have the interview done in his own home, while the other chose a quiet, student-athlete lounge on his campus.

After a brief welcoming, and before the beginning of each interview, the subjects and the interviewer carefully went over the Subject Information and Consent Form. Subjects were provided information on the purpose of the study, the procedures, confidentiality, liability issues, their right to voluntarily withdraw from the study at any point, and contact information for this researcher and his faculty advisor, Dr. Cathy Jenni. All subjects were informed that the interviews would be transcribed, that all identifying information (names, names of coaches, etc.) would be removed or changed, and that they would have an opportunity to review the transcript of the interview. Subjects were given the opportunity to ask questions or clarify any material covered on the Subject
Information and Consent Form before signing it. After signing the informed consent form, each subject received a copy of this document.

The interview itself began with the researcher reading a short statement to each subject:

As a student-athlete, I would like you to tell me about a recent time in which you thought about what it is like to have Attention Deficit Hyperactivity Disorder.

After this question, the majority of those interviewed asked if they should answer with regards to athletics. The interviewer encouraged them to answer however they wished. While some displayed initial confusion over the question, all subjects were able to effectively and efficiently describe their experiences as a student-athlete with ADHD as the interview progressed.

Using the tape-recorded interviews, the researcher transcribed each of them verbatim, and in their entirety. Following this transcription, each subject was provided a copy of the interview and asked to review it for any possible identifying information. Each subject was also provided the opportunity to clarify, modify, or delete any of the material that appeared in the transcript. No identifying statements were pointed out by the respective subjects, and none chose to alter in any way the transcripts that were provided to them.

**Data Analysis: A Description of Phenomenological Reduction**

With completed interviews in hand, the research switches from a data generation mode to one of data analysis. "The movement from a collection of protocols to an accurate, clear, and informative structural description can," according to Polkinghorne (1989, p. 51), "be a complex and difficult process." For the most part, researchers agree
that analysis is a roughly six-step process (van Kaam, 1959; Giorgi, 1985; Polkinghorne, 1989).

**Level One:** This beginning stage entails recording the interview, as well as the transcription and repeated readings of the interview themselves.

**Level Two:** In this second stage, the researcher reads each interview, with the aim of, "discriminating 'meaning units' from within a psychological perspective and with a focus on the phenomenon being researched" (Giorgi, 1985, p. 10). Meaning units are defined by a shift in the subject's focus of attention.

**Level Three:** Here, those reduced statements or meaning units that do not seem inherent to or descriptive of the experience under investigation are eliminated. The interview is also reorganized topically. The subject's original words are mostly retained.

**Level Four:** This stage continues the movement from the concrete to the more abstract. Giorgi writes that this stage looks to transform, "the subject's everyday expressions into psychological language with an emphasis on the phenomenon being investigated" (1985, p. 17). Subject's original language is modified by the researcher's understanding of its psychological meaning. Some original language remains.

**Level Five:** After four stages of individual interview analysis, Level Five represents the first stage where all interviews will be brought together as a singular entity. Polkinghorne (1989, p. 54) writes, "Once the meaning units have been transformed into psychological language, the researcher works to synthesize and tie them together into a descriptive statement of essential, nonredundant psychological meanings." Whatever commonalities of experience that are shared by all subjects are then combined to form one
unified description. Those perceptions or meanings that are unique to individual subjects are eliminated after careful reflection at this stage.

**Level Six:** The last stage, Level Six moves to this final layer of abstraction, in which any remaining ties to situational aspects are eliminated and the analysis searches for the essential description of the experience in question. Whatever is arrived at in this stage represents the key finding of the phenomenological study. The finding should be, as Polkinghorne (1989, p. 55) describes it, “transsituational” or descriptive of the phenomenon in its most general terms.
Chapter Four

Data Analysis and Results

The experience of being a college student-athlete with ADHD is intricate and multifaceted. For those with the disorder, each must process this experience through their own eyes and internal schema. While individuals differ in how they view and interpret this undertaking, certain commonalities transcend the overall experience and phenomenologically bind together those student-athletes with the disorder. These shared aspects are the general themes that emerged from the current research, and they will be detailed in Chapter Five. This chapter, using sample text from one interview as a guide, will describe the data analysis process that was undertaken on each interview, and how it led to the identified themes.

The six interviews done as a requirement for this project were processed through a Six Level procedure. This procedure remained consistent throughout the research. The procedure can be seen as a process of reduction. Large volumes of data are condensed into smaller and denser units. In addition, units are reorganized to reflect common phenomenological structures. Each interview was audiotaped and then transcribed verbatim. The transcripts themselves, read several times by the researcher, comprised Level One. In order to more fully understand and integrate the subjective experiences that were described in these interviews, the researcher “sat with” the data over a period of time. Having interviews spread out over a period of 18 months provided ample time for this to occur.

With the Level One transcriptions completed, the researcher moves on to Level Two. At Level Two, the subject’s words are re-stated in such a manner as to be somewhat more
succinct than the original, while simultaneously retaining most of the subject’s original language. After several readings, the researcher mentally identified in each interview the points at which the subject’s focus of attention shifted or transitioned. This shift could occur after one sentence, or after several sentences. Each of these divisions in the text became a meaning unit. Often times, the exact words used by the subject are retained in quotes. These re-statements, or meaning units, that have been done in Level Two are numbered consecutively throughout the complete interview transcript. They are placed directly across from their originating position in the Level One transcript, which has been constructed into a single column format.

It should be noted that this process of determining meaning units is not an exact one. Separate researchers might and would identify different meaning units from the same interview text. However, as the phenomenological analysis proceeds to greater levels of abstraction, these differences in identified meaning units filter out and become less significant. The intent of identifying meaning units is to break the interviews down into manageable chunks of data, not to identify specific themes. That comes later in the analytical process.

The complete text of all interviews and the analysis on Levels One through Four can be found in appendices A through F. Analysis on Levels One through Four was performed separately for each interview. Analysis for Level Five (the Fundamental Description of college student-athletes’ experience of living with ADHD) and for Level Six (the Essential Description of college student-athletes’ experience of living with ADHD) are presented at the end of this chapter.
While this chapter should provide the reader with a basic understanding of the analytical processes that are undertaken in the phenomenological analysis, this summary chapter of results cannot adequately impress upon the reader the richness of the total material that is found within the interviews. To more fully understand the complexities and the depth of this experience, and also to assess the validity of the phenomenological reduction performed in Levels Five and Six, the reader is encouraged to review the full texts of the interviews.

Shifting attention back to Levels One and Two, an example of these initial two stages of the analysis follows. The excerpt is taken from Cindy’s interview, which can be found in its entirety in Appendix F. In review, Level One is the interview transcript on the left side of the page, while Level Two comprises the numbered meaning units on the right side.
Interview Text

So what else can you tell me about living with ADHD?

Living with ADHD. I think that my parents definitely had a lot harder time raising me than normal children. Because they would tell me to do something, and I'd be like, "Why? Why should I do that?" And they would say, "Well, that's just the way that it is." And I would be like, "Why? Why is that a rule?" Sometimes they would just give up. In school, it would be like you only have five minutes to get between classes. I'm like, "Does it really matter if I'm five minutes or six minutes? Does it really matter if I come in thirty seconds late? Why is that tardy?" And they would just say, "It just is. You just have to deal with that." For me, it's hard to deal with arbitrary rules. Like say... tardies, for instance. I had like three hundred in my high school life. You have to be from Point A to Point B in this amount of time, otherwise you are tardy. Well, it takes different people different amounts of time to get there. And for me it is just so hard, with a place with so many distractions, to get from Point A to Point B. That's the story of my life. Especially in college, it's hard because you don't have anyone telling you to go, or being like, "You have to do this and this." You have to do it all for yourself. Which isn't that big of an adjustment for me because my parents decided when I was kind of young, like in middle school, like "Fine. If you don't want to go to school, then you don't have to go to school. But you have to deal with the consequences."

161. S. remarks, "I think that my parents definitely had a harder time raising me than normal children."

162. S. would question the rules set up by her parents. Says S. of her questions, "Sometimes they would just give up."

163. S. also questioned some of the rules at school, especially those that dealt with her being tardy. "For me, it's hard to deal with arbitrary rules," she says. S. notes that she had 300 tardies in her high school career.

164. S. believes that it takes different people varying amounts of time to get from one place to another. "For me it is just so hard, with a place with so many distractions, to get from Point A to Point B," says S.

165. This is particularly difficult for S. in college because, "you don't have anyone telling you to go, or being like, 'You have to do this and this,'" comments S. In college, "You have to do it all yourself."

166. However, this has not been that big of an adjustment for S. because her parents told her that she had to deal with the consequences of her own missing school.
So they stopped waking me up, and they stopped doing whatever. So, if I wanted to go, then I had to get up, wake myself up on my own, and go to school and talk to my teachers. My parents were like, “Fine. If you want to work at Burger King for the rest of your life, then go right ahead.” So I had to learn how to self-discipline myself. Which is kind of hard.

But you have?

I’ve gotten better. I wouldn’t say that I have total self-discipline. But I definitely can self-talk. I’ll be like, “Okay, I have to get up. This is really important. I need to go to it.” I can focus myself enough to get there. Or like, I’ll write reminders around my room so that I don’t forget. But I definitely don’t have the discipline to be like, “Okay, I have a chapter to read by this date. I’m gonna read five pages everyday.” I can never do that. But I can sit down three days a week and read thirty pages. It’s just that I can’t do things on a daily basis. Like little by little. Which is what makes life easy, but it makes it hard for me. I guess in relationships, with family and stuff, and with coaches and athletes, it’s a little harder to deal with relationships, just because you tend to say whatever comes to your mind without censoring it. When I was younger I just blurted out whatever I thought. Teachers and coaches and parents, they don’t exactly like that. So, as you go through life you have to build in like an extra thick censor. So like, it comes into your head and you’re like, “If I say that, the coach is probably gonna bench me.” So, I had to learn how to deal with that. And referees, too. That was hard for me.

167. S. had to wake herself up on her own, and talk to her teachers when she did miss class. She says, “So I had to learn how to self-discipline myself. Which is kind of hard.”

168. S. believes that she has gotten better, but that she does not have “total self-discipline.” Says S., “I definitely can self-talk.”

169. Also, S. will write reminders around her room so that she does not forget important dates and times.

170. S. has difficulty working on her assignments each day, but will instead read large sections a couple of days per week. Says S., “It’s just that I can’t do things on a daily basis. Little by little, which is what makes life easy, but makes it hard for me.”

171. ADHD also makes other aspects of S.’s life more difficult. “I guess in relationships... it’s a little harder to deal with relationships, just because you tend to say whatever comes to your mind without censoring it.” When S. was younger, she tended to blurt out whatever she thought.

172. To deal with this, S. has had to, “build in like an extra thick censor.” This has helped her to deal with coaches and referees.
Although the above excerpt is a short passage, it provides a good example of the types of themes that emerged during this analysis. Cindy believes that her parents had a more difficult time raising her than they would have had she been a "normal" child. Her ADHD has made it difficult for her to be on time for classes, as she gets distracted quite easily. The disorder also impacts her academically, since it is challenging for her to sit down and read for long periods of time. Additionally, her impulsiveness has gotten her into trouble in the past, as she has a tendency to say whatever comes to her mind. This has caused her some relationship difficulties with teachers, referees, and coaches. To curb this impulsiveness, she has learned how to self-talk and monitor her own behaviors.

After transcribing the interview (Level One) and breaking it down into meaning units (Level Two), the researcher proceeded to Level Three. At this level, the meaning units are formed into a narrative description. When devising this narrative, the language in the meaning units was left essentially intact. The changes that were made were done to promote the flow of the subject's story. If an issue or theme was brought up throughout the interview, it was re-grouped into one portion of the narrative. Frequently, the subject's original language remains at this level in the form of direct quotes. The subject's description of living with ADHD continues to be situated in her/his concrete experience.

Two additional transformations of the data occur at Level Three as this narrative is being constructed. First, each meaning unit is closely examined with regard to its relevance to the experience of living with ADHD. If the meaning unit did not appear to impart any information about the experience, it was eliminated or filtered out. This did not happen often, since most meaning units held some sort of significance, be it for that
specific individual or the subjects as a whole. When a subject repeated a statement or line of thought, this redundancy was noted and retained. The second transformation that took place at Level Three consisted of re-arranging meaning units into a chronologically and thematically consistent narrative. By doing so, this researcher initiated the process of explicitly identifying the main themes that were disclosed in each subject’s description of the experience.

An example of Cindy’s Level Three analysis is presented below (it appears in its entirety in Appendix F). Due to the above noted transformations that took place after Level Two, this excerpt does not exactly compare with the previous passage example from Levels One and Two. However, it corresponds roughly enough to provide for an example of this Level.
Level Three (excerpts)

S. is learning how to cope with ADHD. Through a process of “trial and error” and “screwing up a lot of times,” S. is getting better at dealing with the disorder. She will usually find someone in her classes to get the notes from, knowing that taking notes is difficult for her. S. has people help her to follow through on things that she has planned. Also, she will write reminders around her room so that she does not forget important dates and times. S. does not like going into tests unprepared, “so I just have to regulate myself sometimes.” When her friends might be going out, she will remind herself of the many things that she has to do. “You just kind of develop your own ways of dealing with things,” S. says. While S. believes that she has gotten better at regulating her own behavior, she admits that she does not have “total self-discipline.” However, S. says, “I can definitely self-talk.”

S. does not think that people recognize the traits of ADHD. Says S., “It’s so hard to explain to people who don’t understand what it’s like.” S. believes that people view ADHD as, “an excuse for being lazy,” and that others do not see it as being a, “serious disorder.” Instead, S. thinks that others see the disorder as a, “hoax, and that it’s no big deal.” For S., it is difficult trying to explain to others just what ADHD is like. Other people will tell S., “You’re just lazy. You don’t have ADHD. You’re not hyperactive. You can control yourself,” but she knows that they don’t understand her. S. thinks that people see ADHD as being over-diagnosed, and that if you display even the slightest bit of hyperactivity, then you are ADHD. “People totally have a misconception of it,” S. says of the disorder. According to S., even her closest friends do not understand what it is like to live with ADHD. They believe that if one does everything by the book, by the rules, then they will be fine. This makes S. wonder, “But what about people who don’t fit in the system?” S. believes that many teachers think that, “kids who have ADHD... are just slackers... the stupid kids.” Also, others will ask S. when she is going to grow out of her ADHD. Instead, S. plans to “grow out of school.”

In response to the misconceptions that others hold about ADHD, S. is developing her own beliefs about the disorder. S. knows that individuals with ADHD might not have high GPA’s and that they might skip class at times, but overall “they’re still good kids, and they deserve a chance.” While others might view those with the disorder as slackers, S. thinks, “they’re usually the brightest.” S. has a friend on the soccer team who she describes as, “non-ADHD... straight-brained.” This friend writes her notes, turns in all of her assignments, and goes to the weight room earlier than when she is supposed to be there. S. will at times ask herself, “God, why can’t I just be like that?” However, S. knows that this friend envies her because she can not go to class for a week and still get a better grade on the test. According to S., “I just think the world is made for people who are normal. And that we are starting to make adjustments for people who have a little bit out of the ordinary brains, but we are not even close yet. Especially in our school systems.” S. recognizes that she has challenges, by noting, “I guess since the rest of the world can do most of the things that I can’t do, normally, it just makes it that much harder.”
Level Four represents the final level of individual analysis that is undertaken prior to combining all of the interviews. At this stage, the researcher processed the material that was provided in Level Three, and formulated psychological understandings of this subjective data. As this process of refinement occurred, the data was subjected to greater and greater degrees of abstraction and increasing psychological language. Although psychological meanings were attached to each interview, the description at this level remains situated in many of the specific aspects of the student-athletes' experience of living with ADHD. However, the language of each subjects' description progresses towards a level of abstraction which will allow the specific portions of her/his experience to be compared and/or combined with the experiences of the other subjects.

Next follows an excerpt from the Level Four analysis of Cindy's interview. Once again, it roughly corresponds with the excerpts that have been previously incorporated in this chapter.
Level Four (excerpt)

S. does not believe that others fully understand what it is like for her to live with ADHD. By her own account, S. feels that others see ADHD as an excuse for being lazy, and that those with it are seen as stupid and unmotivated. For S., even those closest to her do not comprehend how difficult and challenging the disorder makes her life. S. does not feel like she fits into the system, and this in turn causes her trepidation. To counter these misconceptions that others hold, S. has developed her own beliefs and feelings about the disorder. S. feels that those with ADHD are usually the brightest students, but that current educational practices make it difficult for those with the disorder to succeed academically. She contends that if the system were changed to meet the needs of those with alternative ways of learning, that she and others like her would do better in school. S. states that by giving these students the accommodations they need, then they would find academic success. Interestingly though, S. has to this point chosen not to set up any of these accommodations through DSS. The pressure to be “normal” and to fit in with other students without the disorder is perhaps stronger than S.’s desire to self-disclose her ADHD and get the special attention that she needs to fully succeed in the classroom.

S. has begun to contemplate the future. She is considering going to law school because she enjoys debating and arguing her point. However, this goal is resulting in some apprehension for S. To do so would result in several more years of school, and S. worries about what impact this would have on her desire to start a family. S. also realizes that law school would mean a great deal of reading and writing, things that she struggles with due to her ADHD. She also understands that being a lawyer brings with it a great deal of paperwork, which is also not one of her strengths. As S. progresses with her collegiate education, this struggle will possibly intensify as she nears completion of her undergraduate studies.
At Level Five all interviews were combined to formulate a statement which reflected the fundamental aspects of a student-athletes’ experience of living with Attention Deficit Hyperactivity Disorder. As the thematic elements in each interview were revealed, they were compared to the themes that emerged from the other interviews. Those issues that were common across all interviews became the essential themes of the experience. This thematic identification process involves both implicit and explicit themes. For the themes that were of an implicit nature, passages of text are used as an example of where these more tacit elements revealed themselves.

Certain themes were not universal amongst subjects, although this should not diminish their importance at the individual level. The significance of these individual themes will be explored in the discussion of data that follows in the next chapter. For those themes which were consistent across all the interviews, the researcher combined them into a unified statement. This unified statement, also known as the Fundamental Description of student-athletes’ experience of living with ADHD, follows.
In living with Attention Deficit Hyperactivity Disorder, the college student-athlete with ADHD encounters significant academic challenges. Reading is often times difficult for S., as is focusing attention during classroom lectures. Due to these factors, S. often feels stress over her/his academic progress, and invariably begins to dislike much, if not all, of the educational process. As a student with a disability, S. is entitled to academic accommodations to help address these deficiencies. However, initiating contact with service providers causes internal conflict for S. While recognizing that this type of academic assistance would be of benefit to her/him, S. feels a sense of shame admitting to others that a problem exists. As a result, S. often times will attempt to go it alone in her/his academic pursuits.

Whether or not S. takes medication as a form of treatment for ADHD, issues surrounding this usage become part of the overall experience of living with the disorder. S. processes pharmacological treatment through a kind of psychological cost/benefit formula. If S. chooses to use medication, she/he does so knowing that there will be positives and negatives associated with this choice. On the plus side, S. realizes that medication will help her/him to sustain attention and limit distractibility and impulsivity, thus leading to better academic functioning. However, on the down side, S. realizes that such usage can result in undesirable side effects. Even if S. chooses not to use medication, it continues to be within her/his awareness. S., if unmedicated, will regularly question the correctness of this decision, and will speculate about what life would be like should she/he be taking medication.

S. will experience difficulty when attempting to balance the academic, athletic, and social aspects of her/his life. Although achieving such a balance would be difficult for any student-athlete, ADHD makes it that much more challenging for S. S. will feel overwhelmed at times striving to achieve this balance. Time management issues will become paramount. Since athletics will occupy a significant amount of S.’s daily life, less time will be available for academic and social endeavors. Therefore, S. must become an effective time manager or risk falling behind academically. Attempting to achieve this balance will cause S. stress. S. will potentially encounter difficulty when trying to integrate these three areas into a single, unitary self.

As S. contends with the disorder on a daily basis, S. struggles with being understood by those closest to her/him: friends, family, teammates, coaches, significant others. S. believes that those without the disorder cannot fully comprehend or appreciate how much of an impact ADHD has on their existence. Since S. does not feel understood by others, she/he experiences a lack of connected-ness to the people around them. S. worries that others will misattribute her/his characteristics brought on by ADHD to basic quirks or faults in personality.
Although S. excels in terms of athletic abilities and achievement, S. has difficulty matching the academic accomplishments of non-disabled cohorts. As a result, S. experiences pronounced feelings of unfairness at having to be the one to contend with ADHD. This dramatic difference between S.’s athletic and academic abilities contributes to these feelings of unfairness. Perhaps since S. is accustomed to success and “winning” athletically, she/he equates doing poorly academically with “losing.” S. continually compares herself/himself to peers without disabilities, especially with regard to academic performance. Since S. realizes that most other students do not have to commit nearly as much time or energy to their studies as she/he does, these feelings of unfairness compound.

At the core of this experience of living with ADHD as a student-athlete, S. confronts a belief of not being normal. Through this aforementioned process of comparison to non-disabled peers, S. has not only developed feelings of unfairness about having the disorder, but has also internalized the belief that she/he is abnormal or different from others. For S., academic difficulties, medication issues, and other previously discussed themes serve as reminders that the disorder is constantly present. These reminders contribute to and reinforce this belief of not being normal. Questions about normality lead to deeper concerns within S., concerns regarding her/his ability to love and be loved, and S.’s need to feel worthwhile, both to her/himself and to others.

For S., these academic challenges, medication issues, difficulties balancing, thoughts of not being understood, beliefs of unfairness, and concerns over not being normal have all had a negative impact upon the development of her/his self-concept. Despite these real or perceived drawbacks that have come as a result of living with ADHD, S. benefits greatly from her/his participation in athletics at the collegiate level. For S., athletics serve as an anchor point for self-esteem. Although S. must come to grips with an identity as a person with a disability, she/he also formulates an identity as a college athlete, which represents an elite group in terms of athletic skills. This athlete identity helps to solidify a sense of self that has been weakened due to living with ADHD.

In an effort to manage the disorder, S. engages in a process of self-monitoring and internal dialoguing. S. constantly checks her/his own actions, looking for over-activity, off-task behaviors, and impulsiveness. To counter these, S. will employ a system of self-talk, in which S. will remind her/himself to stay on task, to focus, and to limit behavioral restlessness. Concerned about social scrutiny and the display of outward signs of the disorder, S. will become self-conscious about her/his words and actions. However, for S., this self-talk and self-monitoring brings with it a sense of control over the disorder.
Level Six, the final level of analysis, differs significantly from the Fundamental Description of the experience in Level Five. Here, the researcher steps back from the Level Five description, in an effort to arrive at an account of the essential, unvarying structure of this experience as it appears in consciousness. This Level Six statement is arrived at through this previously mentioned data distillation process known as reduction. This reduction transforms the data from a concrete, situated description of the experience in question, and modifies it into a more generalized description of the phenomenon that cuts across a wide array of contextual, idiosyncratic factors.

At Level Six, the description is abstract. Subjects themselves would be unlikely to immediately describe their experience of living with ADHD in this way. However, subjects reading a Level Six description would be able, upon reflection, to see their own experience embedded in it. A Level Six description is a formulation of the researcher’s perception of the psychological structure of this experience, based on the use of the phenomenological analysis and deep immersion in the interviews. Level Six, the Essential Description of the student-athletes’ experience of living with ADHD, follows.
Level Six

**Essential Description of Student-Athletes' Experience of Living with Attention Deficit Hyperactivity Disorder (ADHD)**

In living with ADHD, a college student-athlete oscillates between two separate and seemingly dichotomous identities: that of athlete, and one as a person with a disability. From their athletic skills, this person gains a large measure of personal competence and adequacy. However for the student-athlete with ADHD, these academic difficulties lead to an aversion for parts, if not all, of the educational process.

Coming to grips with the disorder, this person experiences a sense of detachment from humanity, since she/he feels that others are not capable of understanding what their existence entails. Because of ADHD, questions about normality arise within the individual, which lead to concerns about overall self-worth and the ability of this person to love and be loved by others.

As this person weaves through an existence as both an athlete and a person with a disability, she/he alternates between external comparisons with others and internal examinations of self. When this lens of observation is turned inward, the person attempts to monitor and modify her/his own thoughts and behaviors. By doing so, this person seeks to gain a sense of control over something that has been, at least for them, seemingly intractable.
Chapter Five

Discussion

**General Themes: Division I College Student-Athlete's Experience of Living with Attention Deficit Hyperactivity Disorder**

By design, the six individual interviews generated a vast and complex set of data regarding the experience of being a college student-athlete with ADHD. In Levels One and Two, the interviews were transcribed and numbered into separate meaning units. At Level Three, these meaning units from the initial interview were reduced into a narrative description. This description retained much of the subject's original language, but was organized into a more coherent and logical account of living with the disorder. Topics that may have been touched on throughout the interview were organized and consolidated into one or successive paragraphs.

At Level Four, further reduction was undertaken, and psychological meanings were attached to these topics. Near the end of Chapter Four, Levels Five and Six combined the topics generated from all six subjects into one description that was consistent for all six interviewees. Through this process of distillation or the "boiling down" of the data, what emerged were categories, or the general themes experienced by all of these six student-athletes with ADHD.

These themes may be seen as seeds. From these seeds will hopefully grow our understanding of the experience of being a college student-athlete with this disorder. In order to better understand these themes, each will be looked at individually within this chapter. It is important to note that these themes should not be viewed as simple and discrete components of the experience as a whole. The entire experience is much more complex than a mere list of categories. They are identified and expanded upon only for
us to gain a better understanding of the experience. These eight identified themes are as follows: (1) academic challenges, (2) medication issues, (3) difficulty balancing, (4) lack of understanding by others, (5) a belief in the unfairness of having the disorder, (6) belief of not being normal, (7) buoyancy effect of sport, and (8) self-monitoring and internal dialogues. Many of these themes contain portions or elements of one another. However, each holds enough merit and substance to be viewed here as a “stand alone” category.

**Academic Challenges**

I don’t care for any class in college. Not one. Because, who cares? People care, that’s fine if they do, but me, I don’t care. I don’t need to fit some requirement. I don’t need to know that, I don’t know why I should be required to take it. That’s kind of the way that I look at my classes… I just don’t really like school. (Jesse)

In review, ADHD is marked by developmentally inappropriate levels of inattention, impulsivity, and/or hyperactivity. Also highly correlated with the disorder are one or more types of specific learning disabilities, most notably in the areas of reading decoding, reading comprehension, writing, and mathematics. In the collegiate environment, a tremendous emphasis is placed upon reading and the ability to focus attention during lectures and examinations. Thus, the student-athlete with ADHD is faced with some rather daunting academic hurdles.

Perhaps the most constant and pervasive theme that emerged from this analysis centered around the academic difficulties that were caused by ADHD. In a sense, then, it can perhaps be considered the central theme underlying the experience of being a college student-athlete with the disorder. These academic difficulties pose a very real challenge to student-athletes with ADHD and have a tangible effect on their lives: they struggle in
some or all of their classes, which leads to lower grades and grade point averages (GPA's). When the student's GPA is too low (usually lower than a 2.0 on a 4.0 scale) s/he will be placed on academic probation or suspended. A loss of academic eligibility can result in the forfeiture of athletic eligibility and the ability to compete in their sport.

Again using the analogy of an onion, these academic challenges represent the outer skin, or what can be visibly seen by those who have contact with these student-athletes, such as professors, counselors, coaches, and teammates. These academic difficulties fall on the outside, and represent the external portion of the experience. These struggles in the classroom might and usually do lead to deeper psychological and social impacts. In this analogy, these deeper impacts can be viewed as the layers of onion that lie below the external skin and reside closer to the core. The other themes that have been listed correlate to these deeper layers, and will be touched on in due course. For now, though, the immediate attention must focus on these academic difficulties.

This struggle with academics is very apparent with Linda, who succinctly describes what impact ADHD has on her studies:

It impacts my studying, and my focus, and how much extra time it takes me to do things. Like when I study for tests, I'll have all my notes. Then I have to re-write them. Then I have to write them again... I usually don't even read the whole chapter. I base it on lecture, and then I focus on those points... I never read the whole chapter. And some classes... the strictly lecture ones I really struggle with. Because it's really based on lecture and I can't sit there and listen the whole time. So that sucks.

With Linda, the problem becomes twofold. First, she has trouble sustaining her attention long enough to read the assigned chapters, so she does not complete all the required
reading. Second, because of these same attentional difficulties, she has trouble focusing on all the material that is covered in lectures. Therefore, she not only misses out on important information in the required readings, she also cannot process all that is covered in lectures because her attention span wanes. Because she has gaps such as these in both the assigned readings and the lectures, she struggles academically. To summarize this, Linda says, "So I’m sitting here with a 2.0 grade point average... That looks horrible to everybody, but I’m like, ‘That’s good, for me.’"

Mitch and Matt also cite reading difficulties as one of the biggest challenges they face. Due to their shifting levels of focus, each must read sentences over and over again in order to comprehend what they have read. This makes the process of reading extremely laborious for both of them. As Matt notes, "I am the slowest reader ever. It takes me hours to read a little thing." With so much emphasis placed on reading, each is constantly reminded of his disorder. The product of these reading struggles is a profound dislike for academics.

For Jesse as well, his ADHD is severe and persistent enough for him to dislike most, if not all of his college classes. By his own account, "you have to go through the schooling in order to stay eligible." In a sense, he does not view his college education as a way to increase his knowledge or better himself academically. Jesse views it simply as a trade-off. In order for him to compete in his sport, which he loves, he must endure the academic requirements that go along with it. He knows that if he does not stay academically eligible, then he cannot partake in his sport. Since Jesse is so motivated by wrestling, he does what he needs to do in the classroom to get by. As he says, "Because wrestling was the biggest thing to me... that’s why my grades didn’t just collapse on me."
Further evidence of these academic difficulties can be seen in his selection of a major course of study. Rather than carefully considering this choice and its future employment ramifications, he simply asked his advisor what the easiest majors were, and choose Sports, Health, Leisure, and Physical Studies from this list of easy majors. “To tell you what that is, I don’t even know,” Jesse remarks about his chosen academic emphasis.

Cindy and Jody are likewise affected academically by the disorder, but not to the degree noted by the others. Each of them achieves what could be considered decent grades, but both feel that they could be doing much better. Like many of the others interviewed, Cindy admits that she, “doesn’t read the entire book before the test.” Both believe that they could attain a 3.0 gpa or higher, but each recognizes that ADHD makes this a challenging goal. For Cindy, she is often content to take a lower grade because she knows that it will require a great deal more work to attain a higher mark. She admits that she does not have the “follow through” that is needed to earn an A grade. Jody, in just her second semester of college, did not do as well as she wanted to in her first semester of classes. She is attempting to improve upon her organizational skills, and believes this will help her attain a B average. While neither of these student-athletes expresses the degree of dislike for academics noted by the others interviewed, each is negatively affected by ADHD in the college classroom.

As a person with a disability, each of the student-athletes is entitled to accommodations and assistance through a campus program designed to help them academically. These accommodations can come in the form of extended test taking time, note takers, and less distracting places to take tests. The name of this program differs depending on which school they attend. For logistical ease, it will be referred to
as Disability Services for Students (DSS). While DSS is available to each and every one
of them, few have chosen to use its services. Matt admits that the accommodations he
receives have helped him a great deal, and remarks that without them, “I probably would
never have made it through college.” Jody often takes advantage of a quiet place to take
tests, knowing that she will be distracted by the noise generated by others in the regular
classroom.

The others, though, have opted not to utilize DSS. Linda admits that her decision to
not use the help available to her through DSS was, “really stupid.” Interestingly, while
both Jesse and Linda relied on accommodations when taking the Scholastic Aptitude Test
prior to college matriculation, neither has used DSS. Although she made an initial
appointment, Cindy did not attend this meeting with DSS, nor has she scheduled a
follow-up with them. In response to this she notes, “It’s really hard to ask for help.”
During his freshman year, Jesse asked an instructor for some accommodations when he
was struggling in her class. This TA told him that ADHD was “crap” and she refused to
allow him any special considerations. He went to DSS after this event, but when they
told him that he needed to tell his teachers about his disability, he chose not to. Due to
this one bad experience, he will not use DSS. Even though academics pose a challenge to
him he states, “I think I can tough it out, even if I’m getting a C or a D, instead of risk
having... somebody else do what she did.”

**Dealing With Medication Issues**

When I’m on it, it seems like it’s the best thing in the world, like, ‘Yes, everything
is falling into place!’ But as soon as I’m off, I’m like, ‘I do not want to take any
more.’ I’m always second guessing it. No this isn’t good, there hasn’t been any
studies. But as soon as I take it again, it's okay and kind of level again. It's kind of a hard line figuring out which one I like better. (Mitch)

Like other psychological impairments, ADHD can be viewed on a continuum. Some with the disorder are much more affected than others. This is evident in its impact upon academic functioning. While all those interviewed struggle in the classroom, it is to varying degrees and with mixed results. This continuum model can also be used when examining the next theme, the impact of medication. The ends of this continuum can be seen as, respectively, no medication usage at all to consistent, daily intake of medication as a form of treatment for the disorder. Between these two endpoints lies a myriad of different possibilities, from rare pharmacological usage to sporadic and inconsistent taking of medication.

All six of those interviewed have, at some point in their lives, taken a form of psychostimulant medication in order to treat her or his ADHD. Some have done so in the past, but stopped for a variety of reasons. Others continue to take the drug, be it regularly or irregularly. Nonetheless, each retains certain issues regarding their usage or non-usage of drugs to treat their ADHD. For Mitch, medication issues can be seen as the predominant theme regarding his experience of living with ADHD. The majority of his interview was spent talking about his usage of Dexedrine, what it does to him, and how he feels about it. For him, it has become a sort of existential dilemma. He struggles each morning with the question of whether or not he should take his medication. While Mitch knows that the drug helps him academically and athletically, he worries about the side effects and any possible long-term consequences of taking it. He asks himself, "Why should someone else try to regulate how I act? Why should I not be the person who I was
born?” This internal battle leads to inconsistent and sporadic usage of medication, and causes him significant stress.

Interestingly, the three females interviewed feel more positive about the role that medication plays in their lives, although each has ambivalent feelings. Linda attributes much of her success, both in the classroom and on the court, to medication:

...I’m on Ritalin, and if I don’t take Ritalin before practices or games, then it’s very hard for me to stay focused...I’m definitely not playing to my potential. Once I was finally on it...I’m thankful because there is no way that I’d be able to be as successful in college...So, of course, I’m gonna be taking it forever.

For Jody, it has become “routine” for her to take Adderall immediately after waking up each morning. She believes that it helps her to focus both in the classroom and while competing athletically. Jody refers to her medication as, “that little pill that does so much for me.” Cindy realizes that Adderall helps her to focus in the classroom, which benefits her academically. It also makes it easier to control some of her impulses, such as saying things out loud that she might later regret.

While these three acknowledge the benefits of medication, its usage comes with a cost. Jody worries about side effects, such as the impact it has on her appetite. On the drug, she must remind herself to eat, knowing that she will need the energy in her athletics. Linda must contend with the questions that others ask when they see her take the medication. She dislikes having to explain herself to them. Cindy, like Mitch, questions why she should have to take a drug just to “fit into what everyone thinks that I should be.” She also believes that Adderall has been the reason she has suffered several
concussions while playing her sport. Because of this issue, she no longer takes the medication during her athletic season.

While Matt and Jesse each have a history of medication usage, neither currently takes any drug to treat his ADHD. Matt, echoing this existential concern raised by both Mitch and Cindy, comments:

Well, it scares me when you hear people tell you that, when you are on Ritalin, that you do better... and that you're calmer, because at least in my mind I feel like it's changing who you are... You start to get really skeptical about taking something like that.

For Matt, the decision to discontinue taking medication was helped by the fact that Ritalin did not seem to help him focus or stay on task. He has not taken it in almost two years. However, despite these rather strong beliefs against the drug, he maintains his prescription for it, and even contemplates taking it again. So even though he is not currently using Ritalin, he continues to keep it in his awareness.

Jesse’s experience with medication, like the others, posed to him a rather enigmatic set of circumstances. When on Ritalin in high school, he attained grades higher than he ever had before. He quickly learned, though, that its costs far outweighed its benefits:

I knew when I took it. I could feel it running through me. And it just tingled in all the tips of my fingers and my skin and my hair... But it made me so irritable... I felt like somebody was controlling me and I didn’t like that.

Although he tried the drug on several later occasions, these negative side effects continued. Jesse has not taken the drug in “six or seven years.”
Whether or not they take a psychostimulant medication to treat their ADHD, those with the disorder must contend with the issues that are brought forth by this choice. It thus becomes a major theme surrounding the experience of living with the disorder. If they choose to use a drug, each must deal with the negative side effects that it causes, both physical and psychological. However, even if they choose not to use a medication, this decision also bears an impact. It leads to a continual game of “what if” within each of these individuals. What if I took the medication, would I do better academically? What if I took it, would it help me to perform better in athletics? Despite which choice is made, yes I take it versus no I do not, internal dissonance results from concern about the correctness of their decision.

**Difficulty Balancing**

...because my brain does like to wander a lot and between athletics and that takes up five hours of my day, and school takes up another four, I have to really prioritize and be very organized. (Jody)

One of the many traits that all fine athletes possess entails the ability to balance his or her body in the athletic environment. The volleyball player must rise to the net and adjust her body to an incoming ball. A wrestler needs to form a solid foundation, and resist his opponent’s efforts to take him down. The football player needs to meet an oncoming defender, and deflect him in such a way as to remove him from the play. All of these skills require a tremendous degree of balance. It can be considered one of the essential skills that an athlete must possess in order to be successful.

While balance on courts, fields, and mats comes naturally to these student-athletes, it does not come as easily to them in the classroom, nor in their overall lives. Besides the
academic demands that these student-athletes face, and the time requirements that go with them, each must also devote a significant amount of time to practicing, studying, and playing her or his sport. Additionally, in the college environment, social demands become an important part of each student’s life. These also require a commitment of time and energy. Combining, or balancing these three aspects of social, athletic, and academic demands is a major challenge for all student-athletes. For the student-athlete with ADHD, this task becomes even more difficult.

With Cindy, this effort to balance both school and sport results in her being, “overwhelmed at times.” She elaborates on this theme:

…but it makes it a lot harder for me to balance my schedule, especially here, because they demand so many parts of your life.

For the student-athlete with ADHD, life changes when they begin college. Academics become more challenging. Involvement and time spent in their sport increases dramatically. Social concerns take on a new and profound significance. Worlds that were once disparate and discrete become interwoven. Athletics permeates into nearly everything that they do. This change, as Cindy described, can be overwhelming. If they are taught or learn on their own how to prioritize and organize they can, like Jody, learn how to better balance their lives. If not, each is left to struggle, alone, with how to cope with these multiple demands.

Central to this theme of balancing is the issue of time. For the student-athlete with ADHD, time becomes a precious commodity. This is touched on by Linda:

I go to school all day. I have an hour to come home and eat lunch, then go to practice for three hours. By the time that I get home, shower, and eat dinner,
it’s 8:00 at night.

With such a schedule, few hours are left in the day for study time. Energy levels have been depleted after putting so much into classes and athletics. All student-athletes must become an effective time managers, or risk falling behind in their academic requirements. For the student-athlete with a disability such as ADHD, these time management issues become even more intense, and have an even greater importance attached to them.

A student-athlete with ADHD feels stress trying to balance her or his life. For Linda and Mitch and others on medication, this stress becomes more pronounced when they have not taken their medication. During their individual sport seasons, when practices lengthen and they miss classes due to travel, this stress builds to even greater levels. This precarious balancing act is noted by Jesse:

Now, I struggle during wrestling season. I have…my grades bury me during wrestling because I don’t keep up on reading or notes. Now that wrestling is over, for the year, I really try to get myself out of the hole. I’m buried. I’ve got a pretty deep hole right now, but I always do after wrestling. I just need to work real hard and get out.

Matt describes the situation as, “being pulled in a lot of different ways.” The student-athlete with ADHD is left trying to choose between these many demands. Do I focus on my sport, do I focus on my academics, or do I focus on my friends and social life? For Matt, this struggle is “mentally challenging, mentally wearying.”

As noted, the result of this continual balancing act ends up as a feeling of being overwhelmed, which in turn causes stress to the student-athlete with this disorder. Each is left engaged in a constant process of time triage. They must decide, hour by hour throughout the day, which of the many demands they face is the most pressing, the most
important. Since their athletic, academic, and social demands are so closely intertwined, to fail in one results in an impact on the others. Over time, this stress can have a debilitating effect. It can contribute to such things as academic failings, sub-par athletic performances, and/or interpersonal difficulties. Balancing the different aspects of their lives becomes an important theme for student-athletes with ADHD. Their ability to maintain this balance will probably help to determine their overall success or failure in the post-secondary setting.

Feelings of Not Being Understood

It's so hard to explain to people who don't understand what it's like. Even my boyfriend, he is like, “What are you going to do when you are older and you can't rely on Adderall? What are you going to do then? You're gonna have to grow out of this sometime.” Even my best friends are like, “Why can't you just sit down and take notes? Why can't you do that?” I just can't. It just makes life a little harder. (Cindy)

College student-athletes with ADHD battle with being understood. They believe that others without the disorder have no concept or grasp of just how difficult their lives are made by the disorder. Although these student-athletes with ADHD must work diligently to make academic progress, they do not feel as if others appreciate this effort. This lack of understanding extends from professors and instructors to coaches and teammates, as well as to those closest to them: best friends and even significant others in their lives.

Since they do not feel understood by others, those with the disorder suffer from a lack of connected-ness with the people around them. For them, ADHD becomes an island for which they are the only inhabitants. Surrounding this island is a sea of ignorance and
apathy, and the student-athlete with ADHD sees no way off the island. Despite the fact that college campuses are filled with students with ADHD, very few of those with the disorder are aware of or know others who have been diagnosed.

When Jesse attempted to be understood by one of his instructors, he and his disorder were castigated. Although he attempted to explain to this person that he had ADHD and that he needed some extra time on tests and other homework, he was rebuked and told that the disorder was “crap.” This action isolated him, and further reinforced his belief that others just do not understand him or the disorder. As a result, Jesse has never told another professor or instructor about his disorder. Nor has he sought out the help to which he is entitled. Although this has made school even more difficult for him, he remains on this island as a psychological castaway.

At the college level, coaches take on a significance that is unmatched by coaches at high school and lower levels. College coaches control many things: scholarships and financial assistance, playing time, and even status within the team. For Cindy, Mitch, and Linda, this lack of understanding has become pronounced in their relationships with their coaches. With Mitch this has turned into a major issue:

I don’t think the coaches really understand what it’s like to be the way I am. I’m not asking them for sympathy, just more of an open-mindedness...I don’t think that he can see why I think like that. I don’t even know if the coach knows that I was diagnosed or not. And if he was, he probably just kind of overlooked it and expected me to be a cookie-cutter, good all-American athlete, clean cut, expressionless, not think of yourself...and his mind is completely different than mine, so I don’t believe that I should be judged or ridiculed because my mind works completely different than
his. We could never really make an understanding. He could never really understand
why I did the things I did...you can never really stand on that common ground.

Cindy, when asked at the beginning of her interview to reflect upon a recent time in
which she thought about her disability, stated:

I guess the most recent would be, like my coach, for instance, not understanding me,
and my ADHD, and how it affects school...She doesn’t understand what I have, so
she thinks that because I had a rocky high school that I am a bad person.

This issue of the coach is so present in Cindy’s thoughts that it is the first thing that
comes to her mind when asked about the experience of living with the disorder.

With Linda, her relationship with the coaches has also become a major theme. She,
too, brings up her coach at the beginning of the interview. During her final, senior year, a
new coaching staff replaced the previous regime that had been in place for years. Linda
got along well with the former coaches because, “they recruited me and knew all about
me.” This was not the case with the present coaching staff. Linda “played horrible”
during her senior year, and attributes this to the new coaches and their refusal to learn
anything about her, such as her ADHD. Linda remains “very bitter” about their lack of
understanding.

For Matt, as is evident with Cindy in her comments at the beginning of this section,
this lack of understanding is displayed by a person very close to him in his personal life, a
significant other:

Even my girlfriend, I don’t think understands, truly understands the difficulties. She
has had the opportunity to read a lot of my papers, she sees my paper’s problems.

But, she proof reads them for me...but I don’t think that she fully understands...that’s
why I think people have a hard time truly grasping, understanding how difficult it is for me.

This lack of understanding also extends to Matt’s instructors. “Even teachers... I don’t think that they truly understand what it’s like,” he notes.

Jody also contends with this theme, often times from her sister and closest friends. Not comprehending how or to what extent ADHD affects her, they will tease her about taking her medication and acting “too hyper.” Jody can better deal with this lack of understanding because she is fortunate enough to know of several other people with the disorder. For her, it is “comforting” knowing that others have ADHD. However, she continues to feel misunderstood by those closest to her.

For student-athletes with the disorder, this lack of understanding by others has a profound effect. They feel that others make judgments not only about their disability, but also about them as individuals. They believe that other people view them as “stupid” or “lazy” or a host of other negative characteristics because of their struggles with ADHD. Since others in their lives do not understand the disorder, those with ADHD tend to believe that people attribute their faults and shortcomings to basic personality defects, not as a result of the disorder.

Belief in the Unfairness of Having the Disorder

Well, people are like, ‘You could get an A if you worked harder.’ I’m like, ‘Do you understand how much more work that is?’ I’d be staying up past midnight, every single night, just to do what you can do in an hour or two. I just get frustrated, and it’s not fair... So something that somebody else could study really quick takes me forever. It’s not fair. (Linda)
Closely related to the previous theme of not being understood lies the next issue, the belief in the unfairness of having the disorder of ADHD. College student-athletes with ADHD possess many positive traits, most notably perhaps being their athletic skills. Through a combination of inherent ability and much practice, they have developed their bodies and minds to the point where they have risen above their peers to become part of an elite group: college athletes. As competitors at the Division I level, the student-athletes interviewed for this study partake in sports at the most prestigious division in all of college sports.

Despite their athletic abilities and achievements, college student-athletes with ADHD have difficulty matching the academic accomplishments of their non-disabled peers. As noted in the first section of this chapter, those with the disorder struggle with the academic requirements of post-secondary education. They become keenly aware that because of ADHD, they do not have the same educational abilities that most of their classmates and teammates possess. Their athletic skills only seem to magnify the fact that while student-athletes with ADHD can outperform their non-disabled, non-sport compatriots in an athletic environment, they fall behind them in the classroom.

For some, like Linda, this theme has a profound influence upon their feelings, and they explicitly note that they consider it to be “not fair” that they must devote much more time to their studies than peers do. Matt also compares himself to classmates:

The biggest thing for me is that I get frustrated a lot. I just get mad. I put all this time into studying for a test, and I feel like I know the stuff, and I get a C. There’s kids on the team, or friends of mine from class, that say, ‘Man, I didn’t even study for the test,’ and they get A’s and B’s. It gets mentally challenging, you spend all
the time, and you know, it's really hard sometimes like that.

While Matt, like Linda, has labeled the end result of these events as frustration, at the core of this frustration resides this feeling of unfairness. He studies and puts in a great deal of time, only to see others score higher than he did despite spending much less time preparing.

Linda and Matt explicitly touch upon this theme of unfairness. In others interviewed, this theme can be teased out only by carefully examining the words behind the words, and by looking at what is left unsaid, the implicit. For Cindy, this theme also becomes evident when she talks about school:

...I guess since the rest of the world can do most of the things that I can't do, normally, it just makes it that much harder.

Jesse circumlocutes this issue as well when elaborating on taking classroom examinations:

There will be times where I know it, and then...I'll want to give it to the teacher, and be like, 'I still know it, I can tell them to you, but I just didn't have the time to write them down.'

The others interviewed also endure the frustration that results from academics, and specifically, having to work at them much more diligently than those without the disorder.

The issue of unfairness runs much deeper, though. What comes out as unhappiness or frustration over having to put more time into studying represents only the surface. Underneath lies a current of dissatisfaction with ADHD in general. These student-athletes with ADHD feel it is an injustice that they must be the ones to live with this
disorder. As noted earlier, the gulf between their athletic skills and their academic abilities only seems to strengthen this theme. They know that they can outperform non-athlete peers in sport settings, but the same cannot usually be said for the classroom. What results is this theme of unfairness of having to contend with the disorder because of the dramatic difference in accomplishments in the two areas.

**Belief of Not Being Normal**

...on the court, I don't mind being the center of attention, but in my personal life, I don't want to draw any attention to myself as different. Unless it's positive. This is negative. Why would I want to have people know about it? I don't like using special things to make me normal, just to be successful like everyone else in everyday life. (Linda)

As the themes and issues surrounding the experience of being a college student-athlete with ADHD have been peeled away, this analysis has progressed to deeper and deeper psychological levels. Starting from academic difficulties, and moving through medication issues, the lack of understanding by others, the difficulty that comes from balancing their lives, and this feeling of unfairness that they must be the ones to deal with the disorder, this investigation has moved from the external results of ADHD to the subjects' internal beliefs about having to live with it. At or near the core of this experience can be found the next theme: the belief of not being normal.

Those with ADHD must work harder in the classroom than non-disabled peers in order to progress. They must take medication in order to treat it, or if they choose not to each must deal with the thought that things might be better for them if they did. The student-athlete with ADHD must struggle with balancing the different parts of their lives:
academics, athletics, and social. He or she will wrangle with feelings of not being understood by those who do not have the disorder. And, each will harbor frustration and varying degrees of resentment over having been afflicted with ADHD. These themes, separate and distinct in their own rights, seem to combine and reinforce this belief of not being normal. It becomes the overriding, overarching theme in the experience of being a college student-athlete with the disorder.

Cindy, addressing this theme directly, states, “I just think that the world is made for people who are normal.” This concept of normality is again brought up by her at a later point in the interview when she admits, “I think that my parents definitely had a lot harder time raising me than normal children.” Matt, although he does not use the word “normal,” still touches upon this topic:

I don’t mind telling people that I have a learning disability, but I don’t want people to look at me differently, so I try not to as much as possible...I try to downplay it. I try to act like, ‘Yeah, I have it, but it’s not gonna stop me. It doesn’t bother me. I can still do all the things that you can do.’ In most senses, that is true. I can still do all the things that you can do. Sometimes, in certain situations, that isn’t always true.

Student-athletes with ADHD use different approaches in trying to deal with this theme of not feeling normal. Jody chooses to focus on the fact that the disorder is relatively common, and her belief that everyone is ADHD to a certain extent. Jesse states, “I never really felt like I had a problem. I didn’t think I was dumb because I had it, it’s just...I...just had trouble focusing.” He has decided to look at ADHD not as a disability,
but rather as a specific problem with sustaining attention. However, this theme of not being normal is raised later in the interview:

I didn’t want to tell any teacher about it. Because I didn’t want them to look at me differently from the normal student.

Mitch has developed a unique way to look at and deal with the disability, depending on whether or not he has taken medication. When asked what the experience of living with ADHD on a daily basis is like, he responds:

I definitely don’t consider it a curse. I almost think of it as a blessing in disguise. Because I can see the world in a couple of different fashions. I can think about different types of things when I’m on or off it, so it just makes it a little more... entertaining. Two me’s, I guess you could say. One with each perspective...I wouldn’t want to be completely pessimistic or anything about this so-called disability. You wouldn’t want to keep a negative mind frame because then you just keep beating yourself down... keep asking yourself why I’m not normal.

Mitch attempts to keep a positive attitude about the disability. With ADHD, he gets to experience the world in two different ways: medicated and unmedicated. Mitch attempts to embrace these disparate personalities within himself. He realizes that a negative mind set can and will result in self-criticism and questions about his own normality.

The themes previously discussed here have another effect on the student-athlete with ADHD: they serve as constant reminders that the disorder is still present. These reminders contribute to this belief of not feeling normal. For some, the medication becomes the key admonition. As Jody remarks:

I open the jar, swallow, you know...like if I didn’t have it I wouldn’t be doing that.
So, in that sense, that’s something that is kind of a daily reminder that I have it. It’s very routine... but yet, if I didn’t have this disorder I wouldn’t be waking up every morning, opening the jar, and swallowing a pill.

At other times, academic struggles highlight this daily remembrance. With Matt, his difficulty with spelling triggers these feelings. “It seems like every time I turn around, I’m reminded of it,” he shares. Mitch, when asked to clarify his earlier statements about being constantly reminded of his ADHD, succinctly states, “Now that you say it... yes... it does come up all the time.” Linda echoes this sentiment: “Yeah. It’s everyday.” Thus, part of the experience of being a college student-athlete with ADHD entails being frequently made aware that the disorder is still present on a constant, continual basis.

Being reminded of their ADHD reinforces this theme of not feeling normal.

**Buoyancy Effect of Sport**

Sports have always been like a releasing point. A place where I felt most comfortable. It took out that whole equation of where I struggled, that weakness. It’s my time to shine... I’ve been really lucky to have that ability to use... It was a great place where I got to get away from all that stuff. I knew that it was a place that I could go to and not have to worry about any of that... Sports are the reason I’m where I’m at right now. (Matt)

The aforementioned themes of the experience of being a college student-athlete with ADHD have so far been of a relatively negative nature. Put another way, these issues have focused on the adverse ways in which the disorder affects these individuals.

However, positive themes also emerged during the analysis of this experience. One of these themes surrounds the role of sport in the lives of those with ADHD. In stark
contrast to their difficulties in the classroom, athletic venues have served as an arena where these individuals excel above their peers. Sports for them have played the role of life preserver, a buoyant device to hold onto in a rough sea of academic struggles and general battles with self-concept. Sports have kept them afloat when their ADHD tried to pull them under.

Just as with the other themes, those interviewed vary widely in their discussion of this issue. Matt, as seen in the statement at the beginning of this section, explicitly describes how important sports have been for him. Athletics have become a safe haven, a place where he can “shine” brighter than his peers. The importance of sport is also addressed by Jesse. “I’ve had a dream since I was five to go to the Olympics,” he shares. In order to continue in his sport, he knows that he must stay academically eligible in college. Although he credits sport for his academic progress, it goes much deeper than this. Sports can also be given commendation for the development of overall self-worth, especially when this self-worth is constantly called into question because of ADHD.

Linda also pays tribute to her athletic competition: “What I was doing was positive. People were praising me, and not looking at me like, ‘Why do you take a pill?’” In describing the importance the importance of sport, though, Cindy goes much deeper than the others:

But what about the people who don’t fit in the system? I’ve seen so many people who don’t...if they don’t have sports, or they don’t have something to turn to, and maybe they do have the problems that I had, that just get lost and drop out of high school, and turn to drugs, and other stuff, because they can’t deal with it. They don’t have anywhere to turn to. I guess that’s kind of where soccer kind of regulated my life,
kept me on track...because I always had soccer to turn to.

Cindy can see what life might have been like had sport not been such an integral part of her life. She believes that without athletics, the stresses of living with ADHD might have caused her to not finish high school, or to turn to illicit drugs, or something worse. Sports have, as she said, “kept me on track.”

For others, like Mitch and Jody, the explicit laudations for sport do not appear in the interview, but they are there, lurking behind the words and phrases that are used to describe the experience of living with ADHD. Just days before his interview, Mitch had been notified by his coach that, for a variety of reasons, his athletic scholarship was being taken away and he was to be cut from the team. To illustrate the importance of sport to him, he comments:

So I’m not really shedding too much tears over what happened at all. I’m just kind of like, ‘Okay.’ There are other people out there that I have to deal with besides this guy, and other systems to try. I’ll just try to find one that I fit into. I’m sure that won’t be too hard.

Despite losing the opportunity to participate in athletics at his current college (as well as a full ride scholarship), Mitch plans to find another post-secondary setting where he can compete. Sports mean so much to him that he will do what is necessary to play, even though this entails finding another college that will give him a chance.

For those with ADHD, each must contend with being defined by the disorder. They become the tangible symbol of its traits that others look upon. They are the “hyper” kids, the “distractible” ones, those who cannot pay attention and are always on the move. They are the students who struggle in academics. However, for college student-athletes
with the disorder, they also possess abilities that help to define them in a much more positive light. They are “athletes,” and this distinction helps to build a self-concept that can be and has been eroded by their ADHD.

**Self-monitoring and Internal Dialogues**

...like the negative...feedback, like “Did you take your medication today?” You know, that just kind of...I guess makes me take a step back, and be like, okay, ‘Rewind. What did I just do for her to say that?’ And then, that kind of helps me...

But then in some situations where I’m not really comfortable with all the people around, and someone would say that to me, then I would take a step back and... try to analyze why they would say that. You know, was I doing this or was I doing that for them to say something like that to me? (Jody)

Another positive theme that emerges from this analysis is the degree and complexity to which those student-athletes with the disorder engage in self-monitoring and internal dialogues. From a very early age, people with ADHD are made aware of their behavior by those who interact with them. This feedback comes from many different sources: parents, teachers, coaches, and peers. Often times, it can be quite negative in nature.

Their shortcomings are repeatedly pointed out to them: You just don’t concentrate. You can’t stay on task. You have to stop acting so hyper. You need to quit acting out before you think about the consequences.

“Everybody gives me feedback,” Linda notes when asked to describe the role that others play in her life. Often times, this feedback is not positive. People will point out to her that she is not on task, or they will question her about some of her other behaviors. Usually, the questions that she receives have to do with why she takes Ritalin. “I don’t
like it,” she says with regard to these queries from others. To answer them, she often simply replies, “I’m ADD.” With these constant questions and feedback, the student-athlete with ADHD begins to turn inward, to engage in a process of self-analysis about how and why they act the way that they do.

What results, besides the obvious impact upon self-esteem, is something more positive. Those with ADHD develop an ability to analyze their own behavior, and conduct internal dialogues with themselves. Through these processes of self-monitoring and internal dialoguing, the student-athlete with the disorder can better deal with the lapses in attention, the distractibility, and the hyperactivity that inevitably occur as a result of living with ADHD. In the sport psychology literature, this is labeled self-talk.

With some of the student-athletes interviewed for this study, this self-talk occurs most frequently in the classroom. Jesse remarks:

Like my class for instance, Theater in Society. I’ll sit there, and two words out of the teacher’s mouth, the first part of class, and it’s like, forget this. It’s about old plays, and I’m thinking, “You don’t really want to be here.” And then a lot of times, I’ll be like, “Okay, I’m going to focus today.” I’ll listen to what he’s saying, within a minute I’ll be thinking about hunting and fishing. That’s mainly when I catch myself, is when I’m off in La La land, thinking about things and trying to focus, but I just don’t.

However, Jesse has also learned how to use this skill in other parts of his life. When he feels things building up, he simply reminds himself to, “relax a little bit.” While he admits difficulty in sustaining his attention, the mere awareness that he has gotten off task helps him try to re-focus.
For others interviewed, this process of self-talk usually takes place when competing in athletics. Matt admits, “I do a lot of self-talk.” He expands on this further:

Because there are times I have to sit there and go backwards and tell myself to just focus in on what you’re doing, think about it, relax, don’t get caught up… sometimes I’ve gotten caught up, you know sometimes things that shouldn’t be bothering me that I notice at times do bother me. I’ll be sitting there in the middle of a football game and I catch myself doing it, and I have to remind myself that the time is not right and that I need to focus. Then I just try to re-focus back in… When you understand that you do it, it’s a little easier to catch yourself.

Cindy also acknowledges, “I definitely can self-talk.” This helps her to better deal with referees. When she disagrees with an official’s call Cindy will tell herself, “Okay, anger management. Self-talk, now. I’m not angry about this. This is okay.” This process of self-talk helps the student-athlete with ADHD focus on her/his own athletic performance, and not be sidetracked by distracters or emotions that could negatively impact production.

Jody engages in this process of self-examination when in group situations. She asks herself:

“Oh my gosh, how am I acting?”… because you don’t see you the way other people see you… so that’s when, I try to calm myself… I concentrate a lot on, you know, not blurting something out if I don’t need to.

To counter this, Jody will tell herself to “snap out of it.” This allows her to “settle down” and not say something that she might later regret.
When asked how he sees his life playing out, living with the disorder on a daily basis, Mitch states, "I think it will just have to be a constant monitoring of myself, whether I want to or not." For him, as is the case for others with ADHD, this self-monitoring and self-talk has become ingrained into their everyday lives. It helps them to monitor and adjust how they are presently acting and thinking. By doing so, student-athletes with ADHD learn how to better function in their athletic, academic, and social environments.

**Summary**

In order to more fully understand the experience of living with ADHD as a college student-athlete, the aforementioned themes were identified and detailed. Each of these themes can be considered a portion of the overall experience. Each was evident, in varying degrees, in all of the interviews, and thus can be seen as parts that form a whole. However, as was noted at the beginning of this chapter, the creation of these distinct categories or themes creates a somewhat artificial atmosphere. These identified tenets of the experience simply help us to better understand what it must be like to be a student-athlete with the disorder. In actuality, these themes bleed over into one another, and each affects the others in ways much more complex than a simple list can describe. From a Gestalt viewpoint, the whole of the experience is greater than the sum of its parts.

While each of these themes was evident in the words and thoughts of the subjects, it should be clear that for most of those interviewed, one or more themes held a certain significance over the others. With Mitch, medication issues dominated the bulk of the interview. For Cindy and Linda, the lack of understanding by a pivotal person in their lives, a coach, served as the focal point. Although academic issues played a major role for each of those interviewed, these classroom struggles were especially evident for Jesse,
Linda, and Matt. This individual focus on one or more themes highlights the variability that occurred across subjects, and further supports the complexity of this experience as a whole.

During the course of this analysis, several themes emerged which were touched upon by some, but not all, of those interviewed. For instance, Matt, Jesse, and Mitch all noted that it has become easier for them to deal with ADHD as they have gotten older. As another example, Cindy, Jody, Linda and Matt all expressed concern over what impact the disorder will have upon them when they enter the workforce. Each of these themes is an important component of the overall experience for them. These issues will undoubtedly affect them, influencing each’s lived experience. However, since these themes were not consistent throughout all of the interviews, they cannot be considered essential components of the overall experience. This should not minimize their importance at the individual level, though.

Lastly, certain themes unique to each subject also arose during the phenomenological distillation process. The magnitude of these issues should also not be forgotten, as they were important enough for the individual subject to consider them a part of being a student-athlete with ADHD. Unlike any of the others, Linda had just finished her last year of athletic eligibility. Knowing that she would no longer be competing in her sport surfaced as an element of her lived experience. With Jesse, his “growing out” of the disorder and his calmer demeanor were having a negative impact upon his sport performance. Cindy was the only subject to experience concussions as a result of medication, which resulted in her not taking the drug during her athletic season. Mitch was alone in being the only subject to become academically ineligible, thus losing his
scholarship and his place on the team. Matt, as a result of having two parents who were educators, was unique in his acceptance of and eagerness for outside academic assistance. Lastly, Jody was unique in that she had only recently been diagnosed with the disorder. Therefore, her time spent evaluating the disability and its impact upon her lived experience was much shorter than the others interviewed. Again, while not significant to the group as a whole, the importance of these themes at the individual level cannot be understated. Since each student-athlete presents both general experiences and unique challenges, working with them requires attention and understanding of both.

**General Considerations and a Dialogue with the Literature**

Prior research has shed some light on individuals with ADHD in the postsecondary setting. However, to the best of this researcher's knowledge, none have focused specifically on student-athletes with this disorder. Therefore, the academic, athletic, and social fate of the college student-athlete with ADHD remains largely unknown. While this previous research can serve as a guide in interpreting the results of the present study, its utility is also limited. This section will attempt to clarify the current findings, and when appropriate, relate them back to the existing data in this field. Since the current study incorporates a novel set of criteria, the following discussion will focus on the present findings. When previous research will help to evaluate or elucidate the findings of this study, comparisons will be made to this pre-existing literature.

**Gender Differences**

For years, research has documented the tremendous discrepancy that exists between the number of males diagnosed with ADHD versus the number of females. Boys have received the diagnosis at a rate of 10:1 over girls in clinical populations and
approximately 3:1 for community-based samples (American Psychiatric Association, 1987: Arnold, 1996; Gaub & Carlson, 1997; Szatmari, 1989). Other research has focused on exhibited differences between girls with the disorder compared to boys. Investigators have suggested that females tend to cluster more in the inattentive subtype than do boys (Lahey & Carlson, 1991; Lahey, et al., 1994). A meta-analysis of eighteen different studies conducted by Gaub & Carlson (1997) has suggested that, compared to boys, girls with ADHD tend to have greater intellectual impairments, lower levels of hyperactivity, lower rates of conduct disorder, and higher rates of mood and anxiety disorders. However, gender differences were not found in impulsivity, academic performance, social functioning, or fine motor skills.

By using the qualitative research method of phenomenological analysis, the present study represents a departure from much of this previous research. Rather than focusing on quantitative differences between sexes, it instead endeavored to find the similarities or common themes that can describe the experience in both sexes. That is, how do college student-athletes with ADHD, regardless of sex, view this experience? Having an equal number of males and females as subjects in this study allowed for equal input from each group. It is important that research delineates any differences that might exist between males and females with this disorder. By doing so, we can gain a better understanding of the multi-faceted nature of this disorder, and how it impacts those with it. However, it remains equally as important that research identifies the similarities that exist amongst those with ADHD. Knowing how those with ADHD are alike will help us to better conceptualize the disorder as a whole. It will help those with ADHD realize that their challenges are the same challenges faced by others who have it. Understanding the
common themes that exist in those with ADHD might also assist in the development of appropriate interventions and treatments.

Since the present phenomenological study focused on commonalities in general and not specific gender differences (i.e., intellectual impairments, levels of hyperactivity, rates of mood and conduct disorder), much of this previous research is quite limited in its applicability to the current findings.

**Academic Difficulties**

Research has noted that, due to the nature of ADHD symptoms, academic environments will pose particular difficulties to those with the disorder (Mannuzza, et al., 1991). Numerous studies have investigated the academic difficulties of those with ADHD, and they have revealed significantly lower grades, more failed or repeated grades, and fewer years of education completed when those with ADHD are compared to non-disabled peers (Biederman, et al., 1994; Hechtman, 1991; Hechtman, Weiss, & Perlman, 1984; Lambert, 1988; Mannuzza, et al., 1991; Slomkowski, Klein, & Mannuzza, 1995; Wilson & Marcotte, 1996).

At the college level, research has indicated that for those with the disorder, the characteristics of ADHD continue to impact academic progress in a negative way (Heiligenstein, et al., 1999; Wender, 1995; Richard, 1992). The findings of the present study corroborate this earlier research. All of the subjects noted academic difficulties, albeit to varying degrees. Mitch, for instance, struggled to the point of being placed on academic suspension and thus lost his scholarship. Others, like Jody and Cindy, maintained higher GPA's but noted that ADHD was making it difficult to attain their academic goals.
Richard (1992) has stated that for students with ADHD heading to college, they must:

1. Understand ADHD and its personal impacts upon them.
2. Understand and use their best learning styles and strengths.
3. Understand their rights and become effective self-advocates.
4. Develop strategies for social interactions.
5. Learn to use effective learning strategies.
7. Develop a realistic sense of personal competence and confidence.
8. Know and use university and community services that provide counseling, health and academic accommodations.

Of the subjects in this study, their ability to incorporate these principles into their daily lives appeared widely mixed. Slowly, most are beginning to understand the disorder and how it impacts them. Several are coming to understand their best learning styles and strengths, and are utilizing these in their academic pursuits. An example of this can be seen in the theme of self-monitoring and internal dialoguing. However, few have become self-advocates. Instead, most have chosen to remain relatively silent about their disability. Social interactions are helped by contact with teammates and other athletes.

Time management continues to be a difficult task, highlighted by the theme of the trouble they have balancing the different aspects of their lives. Personal competence and confidence also vary considerably between subjects, as is evident in the theme of not feeling normal. Lastly, few have taken advantage of the university and community services (e.g. DSS) that are available to them. Overall, this suggests that these subjects preferred not to bring their disability into any public domain.
Commenting on research that they have done with college students with ADHD, Heiligentstein, et al. (1999) have stated:

Our findings further refine this concept by underscoring that most college students with ADHD appear to have few problems outside academics (p. 190).

While the current research lends some support to these findings, it would appear that college student-athletes with this disorder do encounter some problems not related to academic issues. These would include the identified themes that had a more psychological component: feelings of not being understood, beliefs of not being normal, issues surrounding medication, thoughts of the unfairness of having the disorder, and difficulty balancing.

Richards, Rosen, and Ramirez (1999) commented:

Overall, more awareness is needed in diagnosing and treating ADHD in college students in order to assist them in an academic environment...The important issue is that college students with ADHD may not be receiving the appropriate assistance needed to alleviate academic difficulties (p. 304).

Clearly, more awareness is needed in the diagnosis and treatment of this disorder in college students. This study supports their contention that many of these individuals are not receiving the assistance that is needed for them to mitigate academic difficulties. However, the findings of the present research also suggest that student-athletes with ADHD are not seeking out or receiving the support they need for optimal psychological functioning as well.
Comorbidities

Research has suggested that as many as two thirds of elementary school-age children with ADHD who are referred for clinical evaluation have at least one other diagnosable psychiatric disorder (Arnold & Jensen, 1995; Nottelman & Jensen, 1995). Cantwell (1996) remarked that comorbidity complicates the prognosis and management of those with ADHD, and that the assessment and treatment of any comorbid disorder is often equally as important as assessing and treating ADHD. Emphasizing the importance of this issue, Michael Schwarz, a professor of psychiatry at Case Western Reserve University, has stated, “Comorbidity is the rule. It’s very hard to get a pure sample of ADHD.” (“Adult ADHD”, 2002, p. 4).

As noted in Chapter Two of this research, learning disabilities represent one of the most common comorbid disorders affiliated with ADHD. Researchers have recognized for years that a strong relationship between learning disabilities and ADHD does indeed exist (Mendelson, Johnson, & Stewart, 1971; Huessy & Cohen, 1976; Cantwell & Satterfield, 1978; Shaywitz & Shaywitz, 1991). Percentages of those with ADHD who also display learning disabilities have varied considerably from study to study, depending on what definition of LD is used (Silver, 1981; August & Holmes, 1984; Semrud & Clikeman, et al., 1992; Zentall, 1993). However, most studies report that between 23 and 30 % of those with ADHD will experience significant learning problems (Lerner & Lerner, 1991).

Three of the six subjects in the current study have been previously identified as learning disabled, in addition to their documented ADHD. Each received special education assistance in a public school setting. This is not meant to imply that the other
three did not qualify as students with LD, they simply were never tested for it. Based on their noted academic difficulties, it is very possible that some or all of these three individuals would have qualified as students with LD had they been assessed. Nonetheless, the present findings are very much in line with previous studies which have noted a high correlation between ADHD and LD.

Several other conditions have also been found to accompany ADHD in certain individuals, and these include anxiety disorder, bipolar disorder, conduct disorder, depression, obsessive-compulsive disorder, oppositional defiant disorder, certain personality disorders, posttraumatic stress disorder, and substance abuse, to name a few (Hallowell & Ratey, 1994). None of the subjects in this study noted any previous diagnosis of these or any other psychiatric disorders. Again, this is not meant to imply that these conditions do not exist within some or all of the sample. It remains a possibility that comorbid disorders have been identified earlier, or that at some point in the future one or more might surface. It is also possible that their strong athletic identity mitigated against the development and emergence of any other comorbid psychiatric disorders. Further investigation of this sample would be needed to determine the presence of such comorbidities.

**Older Populations with ADHD**

Children and adolescents have long been the focus of most research into ADHD. Adult populations, ignored for many years, are slowly being incorporated into the subject pools of research studies. Still, as noted by Knight & Rappaport (1999) the degree to which ADHD symptoms will persist into adult life is unknown for an individual patient. Partly in response to this deficit in the literature regarding adults with the disorder, the
present study attempted to add to the slowly growing knowledge base in this area with regard to young adults.

The research that has been done with adult populations has suggested that between 30-70% of those with a childhood diagnosis of ADHD will continue to experience symptoms of the disorder into adult life (Weiss et al., 1985; Mannuzza et al., 1993; Hill & Schoener, 1996). Cantwell (1985) has described three potential outcomes for those with the disorder: a “developmental delay” outcome in about 30% of subjects in which sometime in young adult life the individual no longer displays any functionally impairing ADD symptoms, a “continual display” outcome in which about 40% of child subjects continue to have functionally impairing symptoms of ADHD into adult life, and the last outcome of “developmental decay,” which occurs in about 30% of subjects in which not only is there a continual display of core ADD symptoms, but there is the development of more serious psychopathology such as alcoholism, substance abuse, and anti-social personality disorder.

In the present study, all of the subjects appear to be somewhere in this “continual display” category. Each and every one continues to be functionally impaired to a certain extent by the disorder. Therefore the “developmental delay” group would not accurately describe them, although since they are young adults it is possible that further maturation may have an effect. It remains a possibility that a more serious psychopathology (in addition to the ADHD) could arise for any of this study’s subjects, thus placing them in this “developmental decay” column. The question must then be asked: Why were there no subjects within this “developmental delay” group, those who no longer display any functionally impairing symptoms of ADHD?
Several of those interviewed noted that it has become easier for them to live with the disorder as they have gotten older. As Jesse stated he has, “maybe grow(n) out of it just a little, or just got better at not being... ADHD as much.” The possibility exists that at a point in the future some of the subjects will no longer deal with any impacts from ADHD, thereby moving them into this “developmental delay” group. However, again using Jesse as an example, the other possibility is that those with the disorder simply get better at dealing with its impacts. Even though living with ADHD has become easier for them, they still continue to be affected by it, and would continue to fall under the “continual display” heading.

In review, the findings of this study appear to be in line with what previous research has found, research which has suggested that a sizable percentage of those with ADHD will continue to deal its impacts well into adult life. It should be noted that aspects of the academic environment itself challenge those with ADHD. Depending on one’s adult employment, family situation, support systems, etc., the challenge may increase or decrease situationally after college.

**Treatments**

Treatments for ADHD vary widely, and range from dietary modifications, to counseling and psychotherapy, to pharmacological interventions. By far, the most common form of treatment entails the prescribing of medication to address the impacts of the disorder. Interestingly, all six subjects in the current study have a history of medication usage as a way to treat their ADHD. Presently, Jody, Mitch, Linda, and Cindy take a psychostimulant drug on a daily or near daily basis. Jesse took Ritalin for a short period of time, but discontinued due to adverse side effects from it. Matt has been a
non-responder to Ritalin, and no longer takes it. He does, however, maintain his
prescription for it.

Medication issues emerged as a prominent theme in this analysis of college student-
athletes with ADHD. For those who did take a drug, many issues surfaced about their
doing so. This included such things as concern over appetite suppression and the
inability to gain weight, questions about negative effects from long-term usage, difficulty
maintaining prescriptions while at college, insomnia caused by the drugs, comments from
peers about medication usage, the waning effects of the drugs late in the day, and whether
or not to compete in their sport while medicated. Even with the two subjects who did not
currently take medication, some issues on this topic were still present. These included
thoughts about resuming drug treatments and questions over whether taking them again
would be beneficial.

To date, research has not carefully examined the role medication plays or the impact
that it has on the lives of older students with ADHD. Therefore, in the present study on
college student-athletes with the disorder, not enough literature exists to help in the
interpretation of the current findings. These results suggest that medication issues
comprise a core component of the experience. Much more research is needed to shed
further light into this area.

Apart from medication, research has also investigated other forms of treatment for
ADHD. These studies have focused on the role of parents (Pisterman, et al., 1992; Horn,
et al., 1990; Barkley, et al., 1992), teachers (Armstrong, 1996; Pfiffner, 1996; National
Education Association, 1998; Flick, 1998), and biofeedback (Lee, 1991). Behavioral
therapies in conjunction with drug treatments have also been investigated, and these have
suggested that combining the two can be an effective treatment program for ADHD (Carlson, et al., 1992; Ialongo, et al., 1993; Bonn, 1999; Kolko, 1999).

Several of the subjects in this study noted the positive impact that parents and teachers have had on their lives. Matt, for instance, credits his mother with helping him find a college which could address his academic challenges. His parents also initiated tutoring at an early age to improve his reading and writing skills. Surprisingly, though, none of the six subjects revealed any previous contact with mental health practitioners to help them better understand and deal with their ADHD. Despite the availability of such services at both the public school and postsecondary setting, none of those interviewed described receiving assistance of this type.

Breggin (2000, 1998) has long advocated that other forms of treatment, besides pharmacological, should be implemented before resorting to drug interventions. The present findings could possibly be used to support his contention that psychostimulants are prescribed too readily, and without the implementation of other treatment approaches. The emergence of several themes in this analysis (beliefs of not being normal, feelings of not being understood, difficulty balancing, thoughts of unfairness of having to deal with the disorder) suggests that college student-athletes with ADHD could benefit from some form of counseling, be it at the individual level or a group setting. Pharmacological interventions, while effective for some in treating the symptoms of the disorder, do not directly impact these deeper psychological issues. Indeed, as evidenced by the results of this analysis, medication itself can become a psychological struggle for some.

Again, more research is needed in this area to clarify and expand upon the current findings. This research could focus on the effectiveness of counseling and psychotherapy.
for older populations with ADHD, and what factors are keeping them from seeking out such services.

**ADHD and Motor Skills**

Research has consistently noted motor problems in children with ADHD (McMahon & Greenberg, 1977; Hoy, et al., 1978; Shaywitz & Shaywitz, 1984; Hartsough & Lambert, 1985; Szatmari, Offord, & Boyle, 1989; Barkley, DuPaul, & McMurray, 1990; Moffitt, 1990; Beyer, 1994; Sergeant, 1995). However, despite the proliferation of research in this area, some investigators have stated that much remains unknown about the sequencing and generating of complex motor skills in children with ADHD (Barkley, 1997; Harvey & Reid, 1997).

Literature on individuals with ADHD who possess well-developed motor skills is difficult to locate. While there may be some in existence, it has not yet come to the attention of this researcher. Therefore, this dearth of data presents a challenge when attempting to find out more about this unique group of individuals. College student-athletes with ADHD pose a rather interesting enigma. They do not fit well into the findings of this previously noted research on ADHD and motor skills. They are proficient enough in motor skills to become part of a rather elite group, Division I student-athletes. By doing so, they are at odds with the abundance of research which has demonstrated motor skill deficits in those with the disorder.

Again, research is needed in this area to answer several key questions. Do those with ADHD who also possess superior motor skills comprise a special sub-set of the ADHD group as a whole? Or, are they simply indicative of a normal distribution of skills and abilities throughout the ADHD population? The present research does not, nor did it
attempt to, answer these questions. Its purpose was to simply find out more about the experience of living with ADHD, while focusing on a group that in terms of motor skills appears to be at odds with the research that has been done in this area.

**ADHD and Sport**

Just as has been the case with motor skills, relatively little research has been undertaken looking at ADHD and sport. As observed by Alexander (1990, p. 106), “Despite the prevalence of ADHD and the thousands of articles published on diagnosis and treatment, one aspect of ADHD that has received little attention is how to help these young people excel in athletic programs.” This gap in research knowledge continues to exist despite the recognition by many that more and more competitive athletes will be diagnosed with the disorder (Hickey & Fricker, 1999; Grzegorek, 1996). Slowly, the database in this area is beginning to build.

Children and adolescents with ADHD have long been the subjects for most research, and that trend continues for work in this area. It has been suggested by some investigators that physical activity and sports can be beneficial in the management and treatment of ADHD (Higdon, 1999; Putnam & Copans, 1998; Tantillo, 1998). Other researchers have looked at the participation of younger populations with ADHD in athletic summer camps. Most of these studies have focused on the development and building of sports skills and sportsmanship for those with the disorder (Guettal & Potter, 2000; Hupp & Reitman, 1999; Pelham & Gnagy, 1998). These studies have noted significant positive effects in both the teaching of athletic skills and in the acquisition of social skills. Other literature has focused on coaches, and how they can better deal with
and teach young athletes with ADHD (Kamm, 1999; Grzegorek, 1996; Colgan & Baird, 1995).

While the literature is slowly accumulating in this area, it has for the most part centered on younger populations with the disorder. Little empirical knowledge exists with regard to the role of sport in older ADHD subjects. The emergence of the theme labeled “the Buoyancy Effect of Sport” in this study suggests that sports do indeed play a major role in the lives of college student-athletes with the disorder. In order to participate in their sport, student-athletes with ADHD must maintain a specific minimum grade point average. In this way, athletics serve as an academic motivator. Since sport is so vitally important to these individuals, they have devoted significant time and energy into their academic pursuits.

However, as is evident from the interview dialogues in this analysis, the impact of sport participation goes much deeper than this. Using the words of those interviewed for this study, athletics have given them the opportunity “to shine,” which takes on special significance considering the challenges that are presented to them with ADHD. Sports have “kept me on track,” and although these are the words of Cindy, they could have just as easily been uttered by any of the other subjects. In this sense, sports have served as a vital building block for self-concept, even a structuring of identity itself. Knowing the immense value that a positive self-esteem holds, the impact that sport has had on the lives of student-athletes with ADHD should not be underestimated.

Although little literature exists in the area of ADHD and sport, some researchers have focused on the role that medication plays in athletes. Pelham, et al. (1990) investigated the relationship between Ritalin and baseball playing in children with ADHD. Their
results suggested that it may be helpful to have children with the disorder take a stimulant medication before a sports activity. Hickey & Fricker (1999) have postulated that it appears stimulant medications in sport convey an advantage in terms of improved attention, concentration, and fine motor coordination, with less clear effects on gross motor coordination and balance.

Medication issues did surface as a theme during the current analysis. Of the four subjects who were currently taking a stimulant drug, three believed that their athletic performance was improved while under the effects of medication. One preferred to compete without a “drug-altered mind,” and has also experienced negative side effects (concussions) as a result of medication usage during her sport. Hickey & Fricker (1999) have stated that further studies are needed to evaluate stimulants in athletes with ADHD. The current findings suggest that this area does need additional investigation, as medication issues were revealed as a major theme in the student-athlete’s experience of living with ADHD.

In a very general way, the findings of this study support some of this aforementioned research. Sports and physical activity seem to have been beneficial to the student-athlete with ADHD in terms of managing and treating their disorder. Athletics appear to have helped them develop social skills and principles of sportsmanship. Also, these results corroborate earlier recommendations that more research needs to be done in the area of stimulant medication and athletes. Once again, more research is needed to further our understanding of the role that sports have played and do play in lives of older individuals with ADHD. The present study suggests that athletics occupy an extremely important place in the lives of college student-athletes with this disorder.
The existing literature can serve as a guide in helping to understand the findings of this analysis. However, its use is limited. Due to the nature and scope of the present study, it moves into an area that has been untouched by other investigators. The themes that emerged suggest that the experience of living with ADHD as a college student-athlete is a complex one, involving an interplay between multiple dynamics. These themes have been identified and labeled in order to foster discussion on them, and to relate them back to this existing literature. As noted previously, the overall experience of being a college student-athlete with ADHD is much more intricate than a simple list of discrete themes. These themes affect and influence one another immensely, and to varying degrees between subjects. Nonetheless, they frame the experience, and help to promote our understanding of the experience. The implications of the current findings will be explored in the following chapter.
Chapter Six

Implications

Although research into children with ADHD has been prolific, much remains undiscovered about older populations with the disorder. The current investigation into college student-athletes with ADHD has partially cracked open a door that thus far has been relatively sealed. Since little is known about the experience for this group, those with it have often been left to fend for themselves in their attempts to understand ADHD and how it impacts them in their daily lives. However, these individuals do not live in a vacuum. They are surrounded by schoolmates and teammates, coaches and instructors, family and friends, counselors and advisors.

While it may seem to the student-athlete with ADHD that no one can fully understand their plight, which has been noted as a theme in this analysis, there are people who are willing and able to help. The following chapter will explore some of the possible implications of this study's findings. Hopefully, this research will serve as a source of information not only for those working with this population, but also to people who simply wish to gain a better understanding of this experience. A discussion on the need for future research will close out this section.

Implications for Caregivers

Few of the subjects in the present study had ever been asked to talk about their experiences living with ADHD. With the individuals unsure of where to begin or what to discuss, most of the interviews began rather tentatively. However, as each interview session progressed, the subjects seemed more and more comfortable telling about their lives with the disorder. In a way, then, the interviews became a sort of quasi-counseling
session; these meetings included an engaging participant, an active listener, and a topic upon which to reflect. What emerged from these sessions, after the phenomenological process had been employed, were the general themes associated with the experience of living with ADHD as a college student-athlete.

These themes varied widely in terms of nature and scope. Some, like academic challenges, form the external portion of the experience. These difficulties result in a tangible effect on academic progress. Other themes go deeper, and represent a more internal, or psychological component of this experience. This would include the identified themes of medication issues, beliefs of not being normal, thoughts of not being understood, difficulty balancing, and beliefs in the unfairness of having the disorder. The results from this analysis have implications for those who work or have contact with this population, be they academic advisors, mental health practitioners, instructors, or coaches.

Academic Advisors

Since academic eligibility serves as a prerequisite for athletic eligibility, the academic progress of college student-athletes takes on important significance. If they do not maintain a specific minimum grade point average, or make certain progress towards a degree, the student-athlete cannot compete in her or his sport. To help student-athletes in such areas as the scheduling of classes, choosing a major, and fulfilling degree requirements, Division I colleges and universities have developed academic advising centers specifically for those students who also take part in athletics. Staffing these centers are academic advisors, individuals who work with student-athletes on these aforementioned topics.
Participation in academic advising is required. As a result, each college student-athlete will spend a significant amount of time in contact with their academic advisor. Advisors play an important role in the lives of all students, not just student-athletes. Besides helping them choose majors and schedule classes, they often serve as the first resource that students turn to when academic challenges or difficulties arise.

For student-athletes with disabilities, such as ADHD, the academic advisor can be of even greater importance to them as they attempt to meet their academic requirements.

Just as they have been identified in earlier research, academic difficulties emerged as a general theme in this analysis of living with ADHD as a student-athlete. These academic difficulties present a challenge to the student-athlete with ADHD. Reading is often times difficult and laborious. Focusing attention during lectures in order to process presented material can be a challenge. Trying to filter out distractions while taking tests represents another major battle. However, ADHD (and other disorders) will also present challenges to the academic advisors who work with these individuals.

According to Mangrum & Strichart (2000), college students with learning disabilities or ADHD need careful and ongoing academic advisement because:

1. They frequently enroll in courses that are too difficult for them
2. They tend to enroll in the wrong courses
3. They often misperceive the progress they are making in courses
4. They rarely seek out services they need to overcome academic and social difficulties
5. They frequently are overwhelmed by the registration process
6. They tend to accept poor advice from well-intentioned peers.
In order to most effectively assist these student-athletes with disabilities, academic advisors must understand that a great deal of research, including the present study, has recognized the academic challenges faced by those with learning disabilities such as ADHD. Advisors need to be familiar with the tendencies listed by Mangrum and Strichart (2000). They should be knowledgeable of the characteristics of disorders such as ADHD, and understand the academic needs of those with it. They must also understand how to capitalize on the academic strengths of the person with a disability while addressing their academic deficiencies. As an example, the choice of a major course of study for the student-athlete with ADHD takes on extra significance. Advisors are in an excellent position to assist in this decision. Majors that best fit the strengths of the SA with ADHD should be investigated more closely than those which do not.

Difficulty balancing also emerged as a theme during this analysis. Student-athletes with ADHD noted that “balancing” the academic, athletic, and social aspects of their lives was a challenging task. At the core of this topic was the issue of time, or the lack thereof. Advisors can help in this area by scheduling a study skills class early in the academic career of the SA with ADHD. Study skills classes provide such things as note taking strategies, tips on time management, organization, test taking skills, and scheduling. If more advanced sections are available after this introductory course, they should be considered. Advisors can also work individually with SA’s with ADHD on how to become better time managers.

Additionally, since time management issues take on added significance, advisors may want to recommend to the student-athlete with ADHD that fewer credits be taken each semester. With fewer classes, she/he will be able to focus more completely on the
courses that are being taken. However, as a student-athlete, strict credit accumulation guidelines are in place, both at the conference and the NCAA level. Advisors need to remain cognizant of these regulations, and ensure that the student-athlete with a disability is making satisfactory progress towards a degree.

Since advisors are often the first to become aware of difficulties that a student-athlete might be experiencing, they are in an excellent position to recommend, and if need be refer, the SA to appropriate campus resources. One such resource would be Disability Services for Students (DSS), or its campus equivalent. In the current study, few of those interviewed utilized the assistance that was available to them through DSS. Advisors can serve as a potential link between the SA with ADHD and DSS. To do so, it would best serve advisors to be familiar with the staff and the policies of DSS. Knowing this information, advisors will be better able to facilitate this referral process. DSS offers many services that can help those with disabilities in their academic pursuits. Connecting the student-athlete with ADHD to DSS could potentially have a positive impact upon their academic and personal growth. Advisors should recognize that for some student-athletes with a disability, stigma issues arise surrounding DSS support.

The importance of college academic advisors may very well be magnified in the near future. According to Jean Cornwall (personal communication, February 13, 2002), the principal advisor in the University of Montana’s Athlete Academic Advising Center, she is seeing greater and greater numbers of athletes with learning disabilities, including ADHD. In a discussion about the current research, Ms. Cornwall agreed with the identified themes, and has seen evidence of them in her contact with student-athletes with ADHD.
From her viewpoint “in the trenches,” Ms. Cornwall also noted some other issues that she sees in her work with student-athletes with disabilities. Due to confidentiality concerns, she is not able to work closely with DSS if a given student-athlete is receiving assistance from both herself and DSS. This results in disjointed services, since neither party is fully aware of what the other is doing. Other issues that she has encountered include student-athletes’ denial of a disability, lack of self-advocacy in college due to being “taken care of” in high school, and variable levels of personal understanding of their own disability, such as being familiar with specific learning styles and what works best for them academically.

Academic advisors represent, in many ways, a first line of support to student-athletes with disabilities such as ADHD. The findings from the current research suggest that student-athletes with ADHD struggle both academically and in balancing the different aspects of their lives. Therefore, academic advisors are in an excellent position to provide assistance to those athletes on their caseloads who have disabilities. However, if the advisor feels unqualified or unable to assist the SA with ADHD, another resource to turn to might be the helping professionals within the field of mental health. Many of the themes that arose during this analysis revolved around adjustment issues and general self-concept. These themes suggested that the student-athlete with ADHD could benefit from some form of counseling to address these topics. The present research has implications for mental health practitioners who might be working with student-athletes with ADHD, be it in a campus, public, or private setting.
Individual Counseling for Student-Athletes with ADHD

As previously noted, several of the themes that emerged from this research were of a psychological nature. These included medication issues, difficulty balancing, concerns over not being understood, thoughts about the unfairness of having the disorder, and beliefs of not being normal. For the student-athlete with ADHD dealing with the identified themes in this research, two broad choices exist. One option involves attempting to cope with these issues on her or his own, without assistance from others. If the subjects of this study are fairly indicative of the total population of student-athletes with ADHD, this represents a popular choice. None of the individuals interviewed in this research noted any recent contact with a helping professional.

The alternative approach to “going it alone” would be to enlist the help of a qualified mental health practitioner. Counseling has been defined as a relationship between a trained helper and a person seeking help in which both the skills of the helper and the atmosphere that he or she creates help people learn to relate with themselves and others in more growth-producing ways (Cavanagh, 1982). For the SA with ADHD wishing to gain a better insight into their disability and these identified themes, individual counseling could very well be of assistance.

At the post-secondary setting, Mangrum & Strichart (2000, p. 2-3) have noted that counseling, “offers students with LD/ADD a sounding board for their feelings and provides an opportunity for them to develop self-understanding and more effective peer relationships. The major goals are to help college students with LD/ADD reduce anxiety, increase self-confidence and socialization, learn life skills, understand their disability, become better organized, and achieve a sense of normalcy.” Interestingly, the goals of
counseling identified by the above authors in many ways parallel the themes identified in the present analysis.

Results from this research have implications for mental health providers who might engage in individual therapy with a student-athlete with ADHD. The identified themes should give the therapist an initial understanding of what this experience is like, and what issues are present for the client with ADHD who also happens to be a student-athlete.

The theme of medication issues could be effectively addressed in individual counseling. To do so, the therapist should possess a firm understanding of the medications currently in use to treat ADHD and their pharmacological properties. This does not imply that the counselor has to agree with the use of medication as a form of treatment. Rather, since drugs are so ubiquitous in the management of ADHD, the counselor needs to be aware of what is being prescribed, what their mechanisms of action are, and issues encountered by those who choose pharmacological treatment of ADHD.

The therapist might want to explore a psychoeducational approach when helping the student-athlete address these medication issues. As an example, since several of the subjects raised the concern of side effects from drug treatments, the counselor could review with the client current research, and if appropriate assign readings in this area. In this scenario, the therapist would assume a more directive role in the therapy. By including the client in such a way, the therapist empowers her/him to make informed choices and become an even more active participant in the therapeutic process. Again, to do so would require a current, accurate understanding of the literature that is out on this topic.
A similar psychoeducational style could be incorporated when addressing this theme of "difficulty balancing." Since the core of this issue concerns time, the counselor could help the client identify priorities, then develop a plan to meet these goals. Again, a more directive style would be necessary, should the therapist choose this route. However, if the practitioner was not comfortable with this psychoeducational format, she/he would still be able to work within a structure that was more conducive to her/his own strengths.

The other identified themes from this study would also be amenable to individual therapy. Beliefs in the unfairness of having the disorder, thoughts of not being understood, and feelings of not being normal could all be addressed in one on one work. The themes that emerged during this analysis can give the therapist a head start on better understanding, and subsequently helping, a student-athlete client with ADHD. In many ways, these themes tie into self-concept issues. Part of the therapist's job would then be to challenge faulty assumptions held by the client, help them to identify personal strengths, and assist them in the fortification of their self-esteem.

Two themes that arose from the current research could serve as the starting point for this discussion of personal strengths. Self-monitoring/internal dialoguing and the buoyancy effect of sport both emerged from this phenomenological reduction. Student-athletes with ADHD have used each of these to help them cope with their disorder. The therapist, knowing that these themes are present, can help illuminate them to their clients. Self-monitoring helps the person with ADHD govern their own behavior, and re-focus when attention is lost. Through awareness and discussion, the therapist may help the client foster and further develop this skill. The positive role that athletics plays in their lives can also be explored. Despite the challenges they face, these individuals possess
athletic abilities that few others have. Participation in sport provides some very positive benefits, and the counselor can help to clarify these advantages for the client with ADHD.

Cheryl van den Burg, a psychologist at Counseling and Psychological Services at the University of Montana, has had a great deal of experience working with college students, and student-athletes, with ADHD. Comparing the findings of the present study to her own work with this population, Dr. Vandenberg has seen evidence of the themes that were developed here (personal communication, March 1, 2002). She notes that in many ways student-athletes that she sees in therapy differ little from non-athlete students with ADHD.

**Group Counseling for Student-Athletes with ADHD**

Besides individual therapy, another counseling option that exists for the student-athlete with ADHD would be group work. Indeed, the results from this research suggest that this type of format would be very appropriate to deal with the themes that were revealed. Yalom (1985) has divided the therapeutic group experience into eleven primary factors: instillation of hope, universality, imparting of information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors. Most, if not all, of these factors would play a role in any group comprised of student-athletes with ADHD.

The therapist and the group experience itself would help to instill hope in the participants. By being with other student-athletes with the disorder, each would realize that she/he is not alone in their dealings with the disorder. The group would also help to impart information, this being done by both the therapist and the members. Altruistic
behaviors could be developed, as members learn how to help one another. Likewise could be said of socializing techniques, imitative behaviors, interpersonal learning, and group cohesiveness. Again, the themes that were revealed from this research will give the interested group therapist a better understanding of common issues experienced by this population. These themes can serve as starting points, if necessary, for the group process.

The primary challenge for the therapist interested in facilitating this type of group will be in the area of recruitment. These individuals have displayed a hesitancy to use resources that are available to them, such as DSS or mental health services. It is this researcher’s belief that most therapists will have difficulty finding enough individuals to fill such group. Broadening the scope of the group, to possibly include any student with a disability, might help complete the ranks. However, doing so would probably change the group dynamics. To run a group of this nature, the therapist will undoubtedly need to engage in active recruitment and advertisement. Contacts in the athletic department and/or the athlete academic center might be of assistance when trying to develop this type of group.

Implications for Instructors

Student-athletes with ADHD struggle academically, and they have difficulty balancing the academic, athletic, and social components of their lives. The aforementioned were themes that emerged from this analysis, and they have implications for instructors and professors who might encounter a student-athlete with ADHD in their classroom.
First and foremost, teachers need to encourage students with disabilities to disclose their situation. Once made aware of the disability, instructors can begin to provide needed assistance. This support might come in the form of specific accommodations, such as oral testing, extra time on assignments, or quiet places to take tests. Recognizing the travel and time requirements that are a part of sport competition, instructors may want to be flexible with the academic demands that are placed upon the student-athlete with ADHD. Doing so will help to address this issue of balancing. Also, instructors are in an excellent position to advocate for the usage of campus resources, such as DSS.

Other themes that emerged from this investigation can also have implications for instructors. By being compassionate and open, teachers can send the message that they are willing to make the effort to understand what this experience is like for the SA with ADHD. Additionally, letting the student know that the instructor has had experience working with others with disabilities might address the theme of “not feeling normal.”

Implications for Coaches

The old coaches...recruited me and knew all about me. I was comfortable with it, and they talked to me, and I was successful because that’s how they told me...to do things. They showed me. And then these new coaches came in. They didn’t recruit me. They didn’t do any research on me. They didn’t know who I was. I don’t think they cared...I don’t think they know that I have ADD. So I wasn’t successful with them at all. (Linda).

Linda’s words make it readily apparent that coaches can have a positive, or in this case an extremely negative, influence upon student-athletes with ADHD. Because the new coaches did not take the time to learn about Linda or her disorder, their relationship
suffered. She played "horribly" during her senior year, as did the team. A review of the interview transcripts for Cindy and Mitch will reveal similar strains in the coach/player relationship.

The findings from this study have implications for coaches. In many ways, these implications are the same as they are for instructors. Coaches can address the theme of academic struggles by making sure that the student-athlete with ADHD is receiving good academic advising, as well as the support she/he needs to be successful in the classroom (e.g., DSS). Knowing that the SA with ADHD has difficulty balancing the multiple demands in their lives, coaches can strive for consistencies in practice times and other athletic commitments. Coaches can also make efforts to understand what this experience is like. This can be done by talking with the SA about their disability, and by staying abreast of the developments in this area, such as the current research.

The present findings have direct implications for coaches who might have a student-athlete with ADHD on the team roster. As is evident in the words of several of this study's subjects, college coaches play a prominent role in the lives of their student-athletes. For athletic mentors, not taking the time to learn about their student-athletes with ADHD or any other significant challenge, can result in deleterious effects upon player/coach relationships and can negatively influence team success. With more and more emphasis placed upon winning at the collegiate level, the importance of this coach/player relationship becomes even more magnified.

**Need for Further Research**

Despite the prolific amount of research that has been, and continues to be done, in the area of ADHD, much more investigation is needed on this topic. Slowly, the database is
building with regard to adults with this disorder. However, few empirical studies have been done focusing on student-athletes with ADHD. The present study represented an attempt to address this shortcoming in the literature. The findings from this research have yielded a set of themes that surround the experience of living with ADHD as a college student-athlete. However, like most research, it has generated more questions than it has answered. This section will attempt to itemize these unresolved issues, and provide some possible directions for future research.

All of the subjects in the present investigation noted academic difficulties as a result of ADHD. These findings corresponded closely with other research, which has long noted the impact of ADHD upon academic functioning (e.g., Heiligenstein, et al., 1999; Richard, 1992; Mannuzza, et al., 1991). Heiligenstein et al. (1999) have suggested that their findings provided some evidence for the validity of an academically impaired but adaptive and high functioning subtype of ADHD. While the current research would seem to support these authors’ contention of a separate subtype of the disorder, much more investigation is needed to determine the validity of this “academically impaired but adaptive and high functioning” subtype. Also, since research has so widely recognized that academic deficits result from ADHD, new investigations are now needed to identify and evaluate methods which will help to ameliorate these academic deficiencies.

By design, the current research focused specifically upon the experiences of college student-athletes with ADHD. One could hypothesize that the themes that emerged from this research (sans “the buoyancy effect of sport”) would have been similar had non-athlete college students with the disorder been interviewed. However, such a hypothesis would be made without the support of previous research. Therefore, investigations are
needed to determine whether or not student-athletes with ADHD differ significantly from non-athlete peers with the disorder.

As discussed earlier, research has long noted a correlation between motor impairments and ADHD (McMahon & Greenberg, 1977; Hoy, et al., 1978; Shaywitz & Shaywitz, 1984; Hartsough & Lambert, 1985; Szatmari, Offord, & Boyle, 1989; Barkley, DuPaul, & McMurray, 1990; Moffitt, 1990; Beyer, 1994; Sergeant, 1995; Barkley, 1997; Harvey & Reid, 1997). Obviously, those interviewed for this study possess rather remarkable athletic abilities. This puts them at odds with the previous research, and suggests that, in some ways, they are different than non-athlete peers. Further studies could possibly shed light on whether significant differences exist between these two groups, and if so, in what areas.

Few of the subjects in the current study utilized resources that were available to them, such as DSS or counseling services. Even though many of them recognized that this type of assistance might be of benefit to them, most still chose not to seek outside support. Further investigations are needed to determine the factors that contribute to this resistance.

Finally, the treatment picture for those with ADHD has long been dominated by pharmacological interventions. All of the subjects in this study were either taking medication as a form of treatment, or had a history of such usage. Since medication issues surfaced as a theme from this analysis, further studies could specifically investigate the role that medication plays in the lives of college students with ADHD. Additionally, despite the staggering number of individuals who are prescribed psychostimulants to treat ADHD, few studies have looked at the effects of this usage in a
longitudinal fashion. Several of the subjects in the present study noted some concerns over potential long-term effects of medication. Much research remains to be done in this area.

Although pharmacological interventions dominate the treatment scene for ADHD, other treatment approaches do exist. More investigation is needed into the efficacy of non-drug treatments for adult populations. The themes that emerged from this research suggested that counseling and psychotherapy could be of benefit to student-athletes with ADHD. Further research is needed to verify this assumption, and to determine if certain therapy types (cognitive, behavioral, cognitive-behavioral, psychoanalytic, humanistic, etc.) are better suited for this population.

In summary, much research remains to be done on college students with ADHD, be they athletes or non-athletes. While the present qualitative research has identified the major themes of this experience, it has generated an even longer list of unanswered questions. Further qualitative and quantitative investigations are needed in order to better understand this group, and the experience of living with ADHD. Since the number of individuals affected by this disorder is so high, researchers will undoubtedly continue their efforts to learn more about ADHD. It remains this researcher's hope that at least a portion of this future research will be devoted to college student-athletes with the disorder.
Chapter Seven
Summary and Conclusions

In Chapter One, this analysis began with an introduction to a young man named Jared Tomich. Diagnosed with Attention Deficit Hyperactivity Disorder from an early age, Jared struggled with the effects of the disorder, and its subsequent impact upon his academic performance. Years of special education, coupled with his own inner drive, helped him progress through the educational system. Although high school was difficult for him, Jared pushed onward. His dream was to play college football, and to do so he needed to attain the necessary grade point average (GPA) and Scholastic Aptitude Test scores required for admission.

Jared met these criteria, and was admitted into the University of Nebraska. However, ADHD continued to impact him in many ways, especially academically. Reading proved to be a constant challenge, magnified by the sheer volume that he was required to do as a college student. Jared hovered just slightly above the minimum required GPA, but he persevered. Failure in the classroom would bring with it another penalty that he was not willing to accept: the loss of athletic eligibility and the opportunity to compete in sport. Eventually Jared earned his degree and has since progressed to the National Football League.

Jared’s story, chronicled in a popular sports magazine six years ago, provided an anecdotal glimpse into one college student-athlete’s lived experience with ADHD. However, while informative, the article generated a host of unanswered questions. Was Jared’s lived experience with the disorder similar to that of other college student-athletes with ADHD? Were the themes he detailed, such as academic struggles and concerns
about medication, shared by those in similar circumstances? Despite the fact that millions have been diagnosed with ADHD, and that those who work with college populations have witnessed a tremendous increase in the number of student-athletes with disabilities such as ADHD, relatively little is known about this group. Researchers have for years focused upon younger subjects with this disorder, virtually ignoring older, adult counterparts.

The importance of learning more about older populations with ADHD should not be underestimated. For the college student-athlete with the disorder, scant research exists to serve as a guide in helping them live with ADHD on a daily basis. Since so little is known about this experience, those who work and interact with student-athletes with ADHD (e.g. instructors, coaches, friends, teammates, family) have limited understanding of what this experience may be like. Therefore, those who wish to provide assistance have little capacity to do so.

This study represented an attempt learn more about this segment of population by focusing upon the subjective experience of college student-athletes with ADHD. Using the phenomenological method, the researcher interviewed six student-athletes to obtain individual accounts of their experience of living with this disorder. After these interviews were recorded and transcribed, the data was subjected to the process of phenomenological analysis in an effort to derive an essential description of this experience.

At completion of the phenomenological analysis, what emerged was a set of themes, consistent across subjects, and therefore “representative” for these college student-athletes with ADHD. These themes can, in a sense, be seen as the spokes of a wheel:
emanating from a “hub,” touching and overlapping at times, yet also divergent and independent from one another. A student-athlete with ADHD encounters academic challenges. Reading poses difficulty, as does focusing attention during lectures and examinations. Issues surrounding medication usage also arise, whether or not the person currently takes a drug as a form of treatment for the disorder. The student-athlete with ADHD experiences difficulty attempting to balance the academic, athletic, and social components of her/his life. Time management issues become paramount. This person also struggles with the issue of not feeling understood by even those closest to her or him.

The student-athlete with the disorder encounters feelings of unfairness about having to live with ADHD. The dramatic contrast between their athletic and academic abilities compounds these feeling of unfairness. Through a process of comparison to others, this person confronts daily a belief of not being normal. Academic difficulties, medication issues, and other themes serve as constant reminders that the disorder is still present. Questions about normality lead to deeper concerns regarding this person’s ability to love and be loved, and to feel worthwhile.

Participation in athletics provides the student-athlete with ADHD an anchor point for the development of self-concept. While this person struggles with an identity as a person with a disability, she/he also formulates an identity as an athlete. The “athlete identity” probably helps to solidify a self-esteem that has been weakened due to living with ADHD. Lastly, the student-athlete with ADHD engages in a process of self-monitoring and internal dialoguing in an effort to manage the disorder. By doing so, this person attempts to bring a sense of control to living with ADHD.
The experience of living with ADHD as a college student-athlete incorporates both external comparisons with others, and internal examinations of self. Shifting back and forth between an identity as an individual with a disability, and one based on that of successful athlete, this person navigates through a complex world that is made even more enigmatic by the disorder itself.
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Jody, Levels 1 & 2: 4.20.00

As a student-athlete here at the University, I would like you to tell me about a recent time in which you reflected on what's it like to have Attention Deficit Hyperactivity Disorder.

Just a specific...?

Just a recent time where you found yourself thinking about it.

Um, during testing, sort of like, the nerves, and like, the anxiety of actually taking this test and knowing that, I had to do well on it, and almost thinking too much. And that was one reason, my testing skills. That's why I went to go get tested for this disorder.

Um hmm. And that was a recent time?

Right, just like a month ago.

A month ago. Tell me some more about that.

Um, during that actual particular test, I didn’t take advantage of having unlimited time. And with that, you spend more...ah, time, focusing on how much time you have left and how many questions you have left, and if you know the material, then actually focusing on the test more or less on time and trying to cram and get everything finished in the allotted time.

Um hmm. And you found yourself thinking about the disorder?

Right, in the sense that, “Gosh, I have the privilege of taking advantage of this

1. S. thought about her ADHD recently while taking a test. She noticed her “nerves” and the pressure of having to do well on it. She was, “almost thinking too much.”

2. S. originally went to go get tested for ADHD because of her testing skills.

3. S. did not take advantage of the accommodation of unlimited time when she took this recent test.

4. Because of this, S. found herself, “focusing on how much time you have left, how many questions you have left...then actually focusing on the test...” itself.
service (DSS) and I didn’t,” so...that was running through my head.

Uh huh. And...

And, well another time with actually thinking about the disorder is...I don’t think of my medication, like, when I take it in the morning, like I depend on this to get through the day. But, I can tell a difference in class when I don’t take it. In the sense that...like, I’m just kind of daydreaming, and not really focused. So, ah, my 8 o’clock class...is kind of early and I was running late and I didn’t take it, and, it’s a speech class, and just sitting there listening to people you’re like, it’s very easy...even if you don’t need medicine, to wander and I could definitely tell.

So, you became aware of it...

Right, then I was just kind of like, “Snap out of it,” or I’m just like, really rambunctious in a group, I find myself a lot, reminding myself or having people make remarks like, “Did you forget to take your medicine today?” Just like, and then even when other people bring it to my attention that I’m acting...I don’t know, more outgoing or happy, which they would probably think would be hyper, then I’m like okay, and then I’ll withdraw myself from the group or people, and then settle down. So, that is a big way that, I’m always like, “Oh, you have ADHD.” You know, when other people bring it to my attention.

So, other people that know you well can tell...

Yeah, like my roommate. She always kids me. She’s like, “Did you take your

5. S. thought to herself, “I have the privilege of taking advantage of this service (DSS) and I didn’t.”

6. S. was also reminded of her ADHD during a recent time in which she forgot to take her medication. “My 8 o’clock class...is kind of early and I was running late, and I didn’t take it.”

7. S. can tell a difference in class when she has not taken her medication. “It’s...very easy...to wander.”

8. When she is rambunctious in a group, others will ask S., “Did you forget to take your medicine today?”

9. S. will, “withdraw myself from the group or people, and then settle down,” when others bring up how active she is.

10. S. is often reminded of her own ADHD because other people bring it to her attention.

11. S.’s roommate will kid her and ask, “Did you take your medicine today?”
medicine today?” Or if I’m bouncing around after school, or whatever.

And they’ll...how does that feel to have other people draw attention to it, or to notice?

Well, that’s ah...it’s... um, sometimes it’s like they’re kidding, but I take it as...you know, I’ll laugh and, but then I will be like, “Oh my gosh, how am I acting?” because...you don’t see you the way other people see you...so that’s when, I try to calm myself I guess, so...it makes me more aware of how I’m acting in the group setting. And it tends like...you always act different, you know, with like parents around I’ll act more civil and, but with my girlfriend’s and stuff, I’ll just goof around, and...so...

And not think about it as much.

Right. But when I have to be prim and proper, I concentrate a lot on, you know, not blurting something out if I don’t need to.

Um hmm. And so with the exam, the day that you were taking the exam and found yourself thinking about it, what were some of the things with that?

Um...one thing that I noticed that really gets me too is that, well it’s a pretty big lecture room. And, other people finish faster than I do, and they’ll like, when you’re done with your test you’re allowed to take your test to the professor and walk out. I’m always looking around like, “Am I the last one done?” Like, okay, that person is on the last page and I’m on the third to last page

12. When others ask if she has taken her medication, S. will ask herself how she is acting. She is unsure because, “you don’t see you the way other people see you.”

13. S. wonders how she is acting in group settings. “With like parents around I’ll act more civil, but with my girlfriend’s...I’ll just goof around.”

14. S. will, “concentrate a lot on not blurting something out if I don’t need to.”

15. S. often looks around at other students when she is taking tests, and asks herself, “Am I the last one done?”
and...it's like I'm more aware of my surrounding then actually focusing on the test in those situations, and that's why, I think, like sometimes, at DSS, depending on the class, um...having my own quiet room...that's like the only thing that I need to focus on. And, I'm not aware of my peers or...pages being turned, or the time, so...but I definitely concentrate (laughs) on other people. Like walking past you and turning their test in, and then, you realizing that you only have...ten minutes left to finish two pages, or whatever, so...

16. In these situations, S. is “more aware of my surroundings than actually focusing on the test.”

17. The quiet room in DSS allows S. to focus on the test, instead of on her peers, the turning of test pages, or the time.

18. S., “definitely concentrates on other people” when she takes tests in her regular classroom. Then she realizes, “that you only have ten minutes left to finish two pages.”

And then how do you arrive at the decision...of where you are going to take a test?

Um...like if I’m gonna take it in the classroom or at DSS?

Um hmm.

Um...with math, I always have trouble with math, so I'd always take all my tests there. With some of my other classes...um, with music for instance, last semester I took them at DSS just because the listening portion...like that was a huge portion of the test and I really wanted to tune in to...hearing the music. Um, but with...like my Comm 110 class, my Interpersonal class, if I know the material and I'm confident in the material, then I feel like I'll be okay taking the test with everyone else. But if I'm hesitant, or if there's like certain sections that...like the music section or with math, I'm just...bad...so, I feel like I need more time on that then I'll take it there.

19. S. has trouble with math, so she takes all of her math tests at DSS.

20. For other classes, “If I know the material and I’m confident in the material, then I feel like I’ll be okay taking the test with everyone else.”

21. S. says if she is hesitant or if there are sections on the test that she knows will be difficult, she takes the test at DSS.

So, it's something you spend...you put some thought into it?
Right. Going over the review... and then I can kind of tell from there. I can always... see, kind of I guess, forecast how I’m gonna do on the test... so, and if it means that I need a quiet place to take it the better I’ll do, then... or more time... then I’ll take advantage of that.

Kind of, in general, how does it feel to... live and deal with the disorder on a daily basis?

I don’t really... think... I don’t really think about it everyday, I guess. I mean, it’s become routine to wake up in the morning and take my medicine and... go on with my daily routine, and sometimes though... I’ll remember that, um... well I guess not remember, but, if I have a lot of work to be done, or if I really need to focus... then, like right before practice or kind of before dinner I’ll take half of it again and that... I guess, just triggers me that, “Okay, tonight you’re gonna sit down and focus, turn the radio and the TV off.” I guess more or less with school... I think about it. But when people bring it to my attention then I become very aware and... like self-conscious about... Oh my gosh, you know, ‘cause I always used to kid around, I mean... it’s only been like a year that I’ve known that I had it. So, like a couple of my guy friends in high school are just... nuts, and you could tell that they were on Ritalin or Adderall, and we would always tease them and then when I became one I was like, "Okay, keep your mouth shut." But, I don’t think about it, like everyday. Just more or less with school.

Um hmm. So, you know some other people, in high school you said, with the disorder?

22. S. believes that after going over the review for the test she can, “forecast how I’m gonna do on the test.” If she needs a quiet place or more time, she takes it at DSS.

23. When asked about living with the disorder S. says, “I don’t really think about it everyday.”

24. For S., “it’s become routine to wake up in the morning and take my medicine.”

25. S. will take another half dosage right before practice or dinner if she has to focus later in the day.

26. S. becomes, “very aware and... self-conscious” when others bring up her ADHD or her behavior.

27. S. had two guy friends in high school who were ADHD, and she and her friends would tease them. However, “when I became one I was like, ‘Okay, keep your mouth shut.’”
Right. And then my father was diagnosed with ADD when my parents got divorced. So, he didn’t know, he had it until he was in his forties so...and my doctor said that more and more people are finding out later in life that they have the disorder then...you know people, like, elementary kids. Because that’s usually when they’re like, “Oh, your kid’s loud in class. They have ADD or ADHD so...”

And you are one of those later ones?

Right. I mean I was just eighteen years old when I found out. And that was because I did so poorly on my SAT’s, and just like, testing all through school. One thing, particularly in my Chemistry class in high school, I could verbally, like spit out answers. You know, this is this formula, this is that, but when I saw it I freaked out, and then I just...totally re-judged what I wrote down and, so I did poorly, in the sense that I...if I could have verbal tests all through high school I probably would have been a Dean’s List student.

How did you end up doing in high school?

Um, I was average. I graduated with a 2.7. So, I didn’t really apply myself as much as I could have, I don’t think. And when I decided that I needed to it was too late (laughs), so...

You said that...you’ll kind of make a decision at times in the afternoon if you need to take another dosage or half dosage?

Um...more or less...I decide, I don’t do that everyday. Probably don’t even do it once a week, just...I know when exam

28. S.’s father was diagnosed ADHD when her parents got divorced. He was in his forties at this point.

29. S. was just eighteen when she found out that she had ADHD.

30. S. did poorly on her SAT’s and other tests in high school.

31. S. could verbally spit out answers but she had difficulty taking written tests.

32. S. says, “If I could have verbal tests all through high school I probably would have been a Dean’s List student.”

33. S. graduated high school with a 2.7 grade point average. She notes, “I didn’t really apply myself as much as I could have.”
time comes I probably will just...I don’t know if it’s mental that I’m like, “Okay, you took some more medicine now you can go do whatever school work you need to do” or if actually...you know it sends that reaction to my brain “focus.” So, I know when important things are coming up that’s when I decide to do that. Like, if I have a huge paper due or a huge test, then I decide.

Do you ever find yourself thinking about the disorder in relation to your athletic competition?

Um, sometimes. In...like one race I wouldn’t have taken my medicine and then I wonder if I would have ran better because of...you know taking it. And then the next time I’ll take it and if I perform better then I’m like, “Okay, that’s because I took it.” But I think...that...I personally think more...or more cons...consc...if I can say the word...conscience of, um, you know like this is when I need to warm up, and I’m not just so busy, like, yelling for everyone else and...I’m more aware of myself when I know that I’ve taken my medicine.

Okay, and you’re more aware of yourself?

In...like this is what I need to do to prepare myself for my race. This is...when I need to warm up, this is how long I need to warm up, and I feel that if I don’t know that I didn’t take it or if I didn’t take it then...I’m more inclined to go have a conversation with someone then actually focus on...the fact that I will be running in an hour, I guess. Be a social butterfly, actually talk, I guess.

34. S. does not take an afternoon dosage of medication very often. “I know when important things are coming up that’s when I decide to do that...like...a huge paper due or a huge test,” she says.

35. In those races where she didn’t take her medication, S. wonders if she would have run better had she taken it.

36. S. is more conscious of when she needs to warm up for her race when she has taken her medication.

37. S. is, “more aware of myself when I know that I’ve taken my medicine.”

38. If S. has not taken her medication, “I’m more inclined to go have a conversation with someone then actually focus on...running in an hour.”
Um hmm. So sometimes you might take a dosage before a competition?

Right. Lately, the last...this whole season, I’ve taken it every race. Like in indoor and cross (country) there were times when I wouldn’t...just because it’d be Saturday morning, and when I first started taking the medication...sometimes I wouldn’t take it on weekends. Just because...you know...I was kinda just getting used to it, and the doctor was saying these are the side effects, and some of my friends would take it all during the summer because they are not in school. So, they don’t need to focus, or what not, so...but I think that I’ll continue...taking it all the time, just because...just because.

Just because...

I don’t think that the summer’s necessarily...especially in this point of our life being college kids a lot of people do take summer school and with jobs and that sort of thing. I guess you don’t want to be out of line, if you want to call it that.

And then you will, athletically, notice a difference, do you think?

I don’t think, actually, like the way that I perform it makes a difference. Maybe it does ‘cause running is such a mental sport, but I feel like if maybe I was...if our sport required more skill, like basketball or something, or something like an object that we had to play with it might, but...I mean, mentally I think that is part of the preparation for getting ready for a race. And that might help, but I don’t feel like if I take it then...you know, I’ll run twenty seconds faster, so...

40. When she first started taking the medication, S., “wouldn’t take it on weekends...just because I was kinda just getting used to it,” and because the doctor told her about possible side effects.

41. Of her medication, S. thinks that, “I’ll continue taking it all the time.”

42. S. plans on taking her medication even during the summer because, “I guess you don’t want to be out of line, if you want to call it that.”

43. S. says, “I don’t think, actually, like the way that I perform it makes a difference.”

44. However, S. continues, “Maybe it does ‘cause running is such a mental sport.”

45. With medication, S. notes, “I don’t feel like if I take it then...I’ll run twenty seconds faster.” She thinks medication might help if her sport required more skill, like basketball.
Maybe, it sounds like more in the preparation, it helps you more in the preparation.

Right, just knowing what I have to do, like actually making that mental list in my head. Where other times, you know, those items on the list could just floating around everywhere, this way they’re more in order.

And, that maybe leads to more confidence?

Right, knowing that I’m organized and that I’ve prepared myself the best that I could for that race. Then definitely, I think that I could perform better, because, I mean, for example, if you don’t warm up properly… you’re like, “Oh my gosh, I didn’t get a good warmup!” when you get to the line and you’re just like freaking out because you didn’t get to stretch enough or this or that, and then, you just carry that on, you know ninety percent of the time, into your race. Few people who have the disorder or don’t… I mean professional runners probably couldn’t turn off the mental switch and be like, “Okay, just relax, it’s race time, you can do it no matter what.” Like I don’t think a lot of people could probably do that, so… especially me, I know that I would freak out if I didn’t have enough time to stretch or do strides, or what not.

Running distance then, maybe even more important?

Right, I definitely think so. Um, with… I know, with that organized format of preparing for my race… and then going out and running anywhere from ten to twenty minutes, depending on what race that I’m running. That kind of gives you...  

46. Medication allows S. to, “make that mental list in my head,” whereas when she is not medicated, “those items on the list could be just floating around everywhere.”

47. “Knowing that I’m organized and that I’ve prepared myself the best that I could for the race,” helps give S. confidence.

48. If S. has not gotten a good warmup or stretched out well, she will “carry that on… ninety percent of the time” into her race.

49. S. believes that even professional runners without the disorder would have difficulty running well if they were worried about their warmup.

50. S. prefers the, “organized format of preparing for my race” that comes from medication and a good warmup.
a lot of time... if you did do something wrong, to dwell on that in your race. Like, you have anywhere from eight to twenty laps to be like, "Oh my gosh, I didn’t do this and this and this," while you’re racing instead of focusing actually on the race, so that’s why... I think lately, that I’ve been taking it just kind of, I guess, as a... little insurance thing.

It makes you feel better?

Right.

So, you don’t necessarily think about it everyday?

Nope, um, even, like I said it’s just become routine to like, wake up... okay, take it, and then... sometimes the only thing that I could think that I think about is... some of the side effects of actually taking Adderall. Like, your loss of appetite and this and that, and like sometime, you know, I wake up at eight every morning, eat my bowl of cereal, take my medicine, drink my glass of orange juice, and then I’ll come home at like eleven for my break for lunch and... or twelve, and I’m like, “Gosh, I’m not hungry.” You know? But then I have to tell myself, “You need to eat because you’re gonna be running eight miles this afternoon.” But, my stomach is like, “you’re not hungry,” and that’s one of the main side effects. So, I always try to stuff something in my face.

Um hmm. Um hmm.

But a lot of times I’m not, so... then I notice as the day goes on... um, like my one to two o’clock class, like I’ve taken my medicine at eight and I can... that’s another reason why sometimes I know

51. Running distance gives S. much time to think about how she warmed up, and she will dwell on what she did wrong, “instead of focusing actually on the race.”

52. S. has been taking her medication lately, “as a little insurance thing.”

53. It has become “routine” for S. to wake up and take her medication.

54. S. does think about, “some of the side effects of actually taking Adderall, like... loss of appetite.”

55. When S. tries to eat lunch, she often times is not hungry. She then tells herself, “You need to eat because you’re gonna be running eight miles this afternoon.”

56. Because of this, S. “always tries to stuff something in my face.”
that I’m gonna need to take another half, because my one to two o’clock class. Sometimes I’m just like, sitting there, like, “Are you kidding, this is a fifty minute class but it feels like five hours.” So, that’s kind of like my down time of the day, is after lunch and... where I don’t really want to be at school, so... that’s another reason. That’s before practice.

But again, something you might take or might not just depending?

Yeah, just depending on how I feel or what I know still lies ahead in the day. ‘Cause that’s about the time where I can kind of... tell if I’m tired, or if my brain’s not 100% focused on whatever I’m doing, is like between that one to three span, where it seems like everything just starts shut down.

Yeah. How did it feel to ... since it’s just been about a year... to get that diagnosis. Can you talk about that?

Um...

Finding out that there was something there?

When I was... a junior in high school, my Econ teacher, who’s wife is a psychologist, told me just from me being in his Econ class, which was only three juniors and then the rest... it was a senior class, and he would always... I don’t think it was really kidding, more or less like, “Julie, I think you have ADD or ADHD.” And I’d be like, “Oh, you know, what’s that, whatever, that’s for kids who just... you know... jump up in class and scream and yell.” From that I just like really didn’t think about it, and

57. S. can feel the effects of her morning dosage wearing off in her one o’clock class. It is her, “down time of the day.”

58. S. will often take an afternoon dosage to deal with this.

59. Taking this afternoon dosage for S. depends on, “how I feel or what I know still lies ahead in the day.”

60. When she was a junior in high school, S.’s Economics teacher told her that he thought she had ADHD.
then our assistant track coach... who is...head of the disability services at one of our elementary schools, was like, “maybe you should get tested” after I told her that, and she had given my mom...a couple of names of doctors, and then when we saw how poorly I had done on my SAT’s, we just went to go see the doctor just to talk to him. And, I just kind of briefed him of...you know, during every test, or, you know, between that span after lunch every day I just don’t feel like doing anything, and unmotivated, and um...so then we decided to do this like six hour test that took forever. And...um...it was very, very...much...of busy work, it seemed like, just like, “Why am I doing this?” You know, look at a computer screen and every time a white thing flashes, hit the space bar. It was like, “Are you joking?” From that they could just tell my attention span right there. “Cause, actually I think it was an “X” that blinked a different color and you had to hit it, and sometimes, you know, you’d think it would blink twice and hit it twice, and that went on for fifteen minutes. I was just like, “Jiminy Christmas, this is boring!” So, and especially if something doesn’t interest me I lose focus very easily. And so after all these tests were over, and what not, then he went ahead and said, “This is...you know...what you need...especially starting a new stage in your life, college is huge, and you’re not gonna have people there to be like, ‘did you do this and did you do that.’” So, that was kind of a reassurance. I don’t really think that I felt bad about myself, knowing that I had this, because it is pretty common, and, I think that everyone has a little bit of it in them. Um...but knowing that I’m going to college, going far away, I’m not gonna

61. S. did not think about it again until her assistant track coach told her, “Maybe you should get tested.”

62. After she saw how poorly she had done on her SAT, S. and her mom went and talked to a doctor about it.

63. As part of the diagnostic inventory, S. took “this six hour test that took forever...and it was very much...busy work.”

64. S. had to look at a computer screen and respond to certain stimuli, and “from that they could just tell my attention span right there.”

65. S. says, “If something doesn’t interest me I lose focus very easily.”

66. The doctor told S. college would be a new stage in her life, and that the diagnosis and medication would help her to deal with it.

67. Of her ADHD, S. says, “I don’t really think that I felt bad about myself, knowing that I had this, because it’s pretty common, and I think that everyone has a little bit of it in them.”
have my parents there, and... um... knowing that I’m gonna be privileged to have all these services. I think that was kind of comforting to know, that, okay, this is what I want to do in college, and I can have these people to help me.

And how has the transition been?

It hasn’t been... as... bad as a lot of people, or at least my other friends that have only been in college for a year have thought or said it was, um... I think that academic wise... having the services in DSS has helped a lot, and then, I think my medication had helped, ‘cause I was actually trying to think back at high school and how I... just academically and how my study habits were, and I could say that they’re totally different. So...

Now compared to then?

Right.

Positively?

Um hmm. I mean school, and studying... I’d be the biggest procrastinator there was and put it off as long as I could. And now, especially with running being a huge part of my life, and part of my day, I have to really balance school and running so, more organized... definitely.

So, someone that knew you pretty well, a teacher...

And as a coach...

And as a coach...
Was kind of the kick in the butt to go...and I think that she saw how, you know, how I was with school, I was average, and I think that she thought that I had the potential to do better than I was. And this might help, finding these things out, so...and she's really close to my mom, too, so...

And how about the feeling when they put a name to it?

Um, when the doctor told me I was...not really like...blown away, but you kind of like, wanted to swallow hard, like "gulp" you know...and he talked to my mom, and then he talked to me, then to the both of us, talked to my dad, and blah blah blah, um....like at first I guess I was kind of like, "Geez, what's gonna go along with this?" Like I thought of it negatively, but then when he told me all that things that I could...I guess, take advantage of with this...then that was a little more comforting.

What were some of those things, do you remember?

Um, he had this, like huge report that he had to write out, but, ah, just like with school in general...um, like getting help and extended time with my test was a big thing that I was thankful for and then, um...he was just briefing me on my medication, what not, and...um...I tried to take a look at how that would...tie into my social life. With like my friends and family and how I would act...you know at work, or what not, and...um...I really didn't notice a difference at first. 'Cause I started taking the medication in the summer, and...but...once I started school and I moved out here at the end of July I could tell that I was more calm, I guess, is the

74. The coach that referred S. for ADHD testing, "thought that I had the potential to do better than I was."

75. S. was not "blown away" when she received the diagnosis of ADHD, but it made her, "swallow hard."

76. S. wondered what would go along with the diagnosis. At first she, "thought of it negatively," but when the doctor told her of the services and accommodations she would receive, "then that was a little more comforting."

77. S. has been thankful of the extra assistance and the extended test taking time that has come with the diagnosis.

78. S. wondered how taking medication, "would tie into my social life."

79. S. began taking her medication in the summer before her first year in college. "I really didn’t notice a difference at first," she says of it.

80. S. could tell a difference with the medication when school started, in that she was now, "more calm."
word. And my sister definitely could tell
the difference because she had been
away from me. And then moving here
and living with her for a month and a
half, she was like, “My gosh...” you
know, so... she was the first one
that... could see signs of me being a
better person.

Um hmm.

And by a “better person” I mean, more
focused on, when people are talking to
me, and actually being like, a good
listener, and that kind of stuff, and not
being like, “I have this to do, and this to
do,” because I noticed with my dad
talking the other day I was so short with
him. I noticed that I have the patience to
deal with people even if I don’t really
care to talk to them, I will. Usually I’d
just snap, and be like, “whatever,” you
know? I definitely have more patience.

So, positive kinds of things associated
with the change?

Right.

How do you see things kind of playing
out in the future?

Um, I think for the next four years
schooling wise...?

Yeah, just kind of in general.

Well, the doctor at first was like, “You
know, you’re not gonna always be
dependent on this. People do grow out
of this.” And this and that. And I was
kind of like, “Okay.” I wasn’t really
thinking, being just eighteen. Um, but
when I’m thirty and in the workforce,
you know, my mom was just telling me
that her co-worker, when it was cold out,

81. S.’s sister could tell the difference
after S. started taking the medication.
S. states, “She was the first one that
could see signs of me being a better
person.”

82. By a “better person,” S. means more
focused on other people and a better
listener.

83. With medication, S. has “the
patience to deal with people even if I
don’t really care to talk to them.”

84. The doctor told S, “You’re not
gonna always be dependent on this.
People do grow out of this.”

85. S. wonders how ADHD will affect
her when, “I’m thirty and in the
workforce.”
she was like, "Don’t put your medicine outside because when it gets below this temperature it really doesn’t have the effectiveness." Because one of her coworkers has it and he left it in his car, and would take it on his lunch break, and um…but, with school, I think that I will still take advantage of the things offered to me, and I’ll keep taking the medication. I don’t know, maybe even when I get a career. I mean, it’s not like people think you’re funny or different because you have this. So, um, and I don’t know, how you’ll know if you grow out of it. So, I guess that’s something that I could ask my doctor what the studies are for that, because that is kind of an unanswered question. Cause everyone’s different, so, but I think definitely…school I’ll also take advantage of the services and taking my medication and that kind of stuff.

It sounds like it has been very helpful for you to have other people that apparently know you well enough to be able to give you some feedback as far as how you are doing or how they see you doing. Is that accurate?

I’d say that is very true. Um, when my sister was like talking to my mom, when my mom would come out here, because I came out before my mom did to help me get ready for school. And Cindy had said, “I think for (S.) this is really helping her.”

Cindy is your sister?

Right. My older sister. Um, and that was just kind of like, okay maybe I’ll be this better person, I guess. And I guess be more patient with people and not just snap at…you know the snap of a finger or something. And I think even, like the

86. A co-worker of S.’s mom has ADHD, and recently left his medication in the car. This person found out that the medication loses effectiveness when it gets cold.

87. With school S. says, “I think that I will still take advantage of the things offered to me, and I’ll keep taking the medication.”

88. S. thinks she will still take the medication when she gets a career. “It’s not like people think you’re funny or different because you have this.”

89. S. wonders how she will know that she has grown out of the disorder, if this happens to her.

90. S.’s sister thinks the medication, “is really helping her.”

91. S. believes that now she will be “more patient” with people and not “just snap at the snap of a finger.”
negative, I don’t know if I want to call it negative, feedback, like, “Did you take your medicine today?” You know, that just kind of... I guess makes me take a step back, and be like, okay, “Rewind. What did I just do for her to say that?” For Cindy to say that. And then, that kind of helps me... my sister actually just said to me not too long ago that, you know, don’t take it to heart when... cause I kind of got upset... because I was like, “Okay, I’m sick of you guys saying that.” Just because in one day it seemed like... you know, my sister said it and my roommate said it. It’s like, “What have I done to do that?” And I kind of got upset at my sister, and she’s like, “We’re just kidding.” She’s like, “Don’t take it to heart when I say that all the time. You know, that’s part of you. I’ve known you for eighteen years and... you know, you’re just goofy. You’re outgoing.” And I kind of snapped at her. I was like, okay, “That’s really bothering me now that you are saying that. Do you want me to say... something and just nitpick at you?” It seems like that’s always something that people can pick at if they know that. And she’s like, “Just because... you know, you’re a little more lively and outgoing, not necessarily rambunctious and hyper, that’s not a bad thing.” And she kind of kept reassuring me of that. But then in some situations where I’m not really comfortable with all the people around, and someone would say that to me, then I would take a step back and... try to analyze why they would say that. You know, was I doing this or was I doing that for them to say something like that to me? That’s where, I think, positively and negatively, it has helped.

Because that’s not really very specific if someone says that to you?

92. When people ask her, “Did you take your medicine today?” S. will ask herself what she just did for someone to ask her that.

93. S.’s sister recently told her not to, “take it to heart” when she asks if S. has taken her medication.

94. In one day, both the sister and the roommate of S. asked if she had taken her medication.

95. After this, S. told her sister, “That’s really bothering me now that you are saying that.” S. then asked, “Do you want me to... just nitpick at you?”

96. S.’s sister reassured her that S. was just, “a little more lively and outgoing, not necessarily rambunctious and hyper.”

97. When S. is in a situation where she is not comfortable with all the people there, and someone will ask this question, she will “step back and try to analyze why they would say that.”
Right, I mean, I could say that to someone who was being loud at a party or something like that. "Did you take your medicine today?" I might not even know the person, you know, maybe they did have the disorder or maybe they didn't. It's very general.

It doesn't really tell them what they were doing that the person noticed.

Right. And after awhile it gets old.

Yeah, and that's something...you noticed that a couple of people said it within a close enough time frame where you noticed.

Right, and I was like, "I did take it today! What am I doing that would spark you to say that?" And then that also, like that comment, makes me think sometimes, "Oh my gosh, am I becoming dependent on this? Does this really do what it's supposed to do, and triggered to do?" And that's one thing that's ah...I think a lot of things are mental, so I try not to dwell, like if I didn't take it today that's because I'm acting the way that I am. I don't try to think about it like that. And then you see people who don't have ADD or ADHD that, like want Ritalin or Adderall. I'm just like, "Whoa!" People, I guess, like drinking on it, and that just is a totally other world, and...I am kind of...curious of what that world is because it doesn't affect me like that. So, that's like another way that I can think about me personally having the disorder...um...like my sister's...this is one of those (laughs)...my sister's boyfriend's roommate's girlfriend...is ADD. And he...her boyfriend is, um...always like, "Let me have a Ritalin

98. S. could ask this question to anybody, such as a person being loud at a party, but they might or might not have the disorder.

99. For S., "after awhile it gets old" when people ask her if she has taken her medication.

100. S. will ask others, "What am I doing that would spark you to say that?" when they ask if she has taken it.

101. This question also makes S. wonder, "Am I becoming dependent on this?"

102. S. tries not to think about if the way she is acting could be due to whether or not she has taken her medication.

103. S. knows of others without ADHD who like to drink alcohol and take Ritalin or Adderall because it causes a unique high. She says, "I am curious of what that world is because it doesn't affect me like that."
or an Adderall." Then he'll go to the bars. And it'll be like, you know, he's on this high and in this totally different world. And if I would have a glass of wine and have it, I'm like, "Okay, I don't see what you're..." It doesn't affect me like that. And then that's when I kind of think...okay, is it not affecting me because I have it? Does it...I guess it's doing its job if I'm not affected the way that other people that don't have the disorder and take the medication are. So, I guess...that's like one in a gazillion that...that's happened, that I've seen someone that I know has taken Ritalin or Adderall and drank on it or whatever, and been in his own little world.

Yeah.

But that particular instance I was like, "Gosh, I'm never affected like that when I have alcohol." So...

Just something that drew your attention?

Right. Right. It didn't make me feel like, "Oh my goodness!" It was just like a small thought in my head. But yet I was still thinking about having the disorder, even though it wasn't a long thought, it was just in my head.

Right. So overall how would you say the experience is of living with ADHD?

I don't really think that...it's as big as like, you know, most disabilities. But, it's still a part of me now that, like I have to remind myself sometimes. I mean, it's...I guess you could say...well, it is a part of me because I

104. A person that S. knows will get Ritalin from his girlfriend who has ADHD. When he drinks after taking it, "he's on this high and in this totally different world," according to S.

105. When S. has a glass of wine, she wonders why the medication does not affect her this way. "I guess it's doing it's job if I'm not affected the way that other people that don't have the disorder and take the medication are," S. notes.

106. This instance caused S. to think about having the disorder, although she did not think about it too much.

107. S. does not see ADHD as being, "as big as...most disabilities."
have to think, everyday, to take my medicine. Even though it’s routine, but yet, I open the jar, swallow, you know...like if I didn’t have it I wouldn’t be doing that. So, in that sense, that’s something that is kind of a daily reminder that I have it. I mean it’s...I don’t really know how to explain it. It’s very routine, and I don’t think, “Oh, I’m taking this so I’ll focus today.” You know? But yet, if I didn’t have this disorder I wouldn’t be waking up every morning, opening the jar, and swallowing a pill. So, or...in the afternoons when I know that I have a ton of academic work to be done, I wouldn’t be taking another dose. So, um...and like, just...I have to get my prescription. I just call my mom and I was like, “You need to send me my prescription.” Because this is another weird rule, I don’t know if you know this, being from Indiana, I can’t get my prescription filled here. It’s a Class II drug. So my mom has to send me the prescription, and my doctor’s know, and then I can go and get it filled, or she’ll just actually send me the drug in the mail. So, that’s kind of a weird rule.

Yes.

Um, every...I usually get it for two months at a time prescribed...but like every time that I come close to being out, that’s like another little reminder, you know? Another thing that if I didn’t have this problem I wouldn’t be spending the money to get it, and so...um...my, the girl...that I was talking about, my sister’s boyfriend’s roommate’s girlfriend, um...she doesn’t put it on her insurance because if you do that it goes on your, like record for permanent. And if you wanted to be a pilot that couldn’t focus?

108. S. says that ADHD is part of who she is. Taking medication, “is kind of a daily reminder that I have it.”

109. Taking her medication has become “routine” for S. When she takes it she is not thinking to herself that she is doing it in order to focus.

110. S. cannot get her prescription filled locally. She either has to have her mother send some more through the mail, or have her doctor handle it.

111. When S. comes close to running out of her medication, that also serves as, “another little reminder” of her ADHD.

112. A friend of S.’s who has ADHD does not declare it on insurance forms because it goes on one’s permanent record. Says S., “who would want a pilot that couldn’t focus?”
pilot, they can’t hire a pilot because, who would want a pilot that couldn’t focus? You know? So she pays for the drug out of her own pocket, because it goes on your permanent record. Some jobs you can’t have this disorder and get hired, so...but I don’t want to be a pilot, so I’ll let the insurance pay for it (laughs). But that’s like another...when she told me that I was like, “Gosh, you know it can affect you in other ways.” And that just kind of made me think, okay, what do I want to do with my life? But, I think being a personal trainer you can have ADD. But that was another instance where I kind of thought about that for awhile, like, “What do I want to do in ten years? Will this affect what I want to do?” So...

Are there other things that serve as little reminders?

The days that I don’t take it, lets just say that I had forgotten, I have a tendency to, you know, kind of...if I do something I’ll dwell on the fact that I didn’t take my medicine. Or, like in athletics, I didn’t perform well because I didn’t take it, and my thoughts were wandering in every which direction, and that’s why I didn’t run well. Or that’s why I didn’t do well on this test or that assignment. I think when I do bad, I think that’s a place where I can put blame, I guess you could say. If I know that I didn’t take that little pill that does so much for me.

Right.

I guess instead of blaming me I’ll blame the disorder, or blame not taking my medicine. It’s the easy way out.

How does that feel?

113. This friend that S. has pays for her medication out of her own pocket to avoid there being a record of it.

114. Finding out that ADHD can affect your employment later on made S. think, “Okay, what do I want to do with my life,” and “Will this affect what I want to do?”

115. S. would like to become a personal trainer, so she does not think that ADHD will interfere with this goal.

116. S. will, “dwell on the fact that I didn’t take my medicine” when she forgets her daily dosage.

117. S. says of forgetting to take her medication, “I think when I do bad, I think that’s a place where I can put blame.”

118. S. calls Adderall, “that little pill that does so much for me.”

119. Instead of blaming herself S. will blame not taking her medication. She says, “It’s the easy way out.”
Um, I guess that's like another reminder of... not, if I didn't have the disorder I wouldn't have a place to put blame, and I would just be more hard on myself. So...

At least you wouldn't have the disorder to blame.

Right, or not be able to blame not taking my medicine, or because if I didn't have it then I probably wouldn't even know what Adderall is... and, the fact that I could go and take advantage of all the services given to this disorder so...

So just... it kind of sounds like little things might just pop up during the day...

Right. But I don't dwell on them. I'll just, you know, kind of in one ear, stay around for a couple of seconds, then out the other. But then, those little thoughts you kind of wonder, or in class once in awhile I'll be like, "I wonder if that person has it?" You know, if they act like you, or just blurt things out, or... but maybe they're just outgoing people, and loud and obnoxious.

You kind of touched on coming in contact with other people that might either have this disorder or could have the disorder.

When I look at, especially my two really good guy friends in high school, I think that there's totally different degrees and levels of the disorder. I don't think I'm anywhere near the two of them. They are just so obnoxious at times, that I'm like, "Goodness, I would never see myself acting like that." But, you don't

120. If she couldn't do this, S. would, "just be more hard on myself."

121. While she has thoughts like these, S. does not dwell on them for long.

122. S. will ask herself, "I wonder if that person has it?" when she sees someone else act up or blurt things out in class.

123. Thinking back to her two friends in high school who had ADHD, S. thinks, "that there's totally different degrees and levels of the disorder." She does not think that she is as affected as they are.
see you like other people see you, so... I probably perceive them differently than their parents or other friends of ours. So, but I think... it’s comforting to know that you’re not the only one. Like in my group of friends, you know five out of my thirty closest friends probably have it, so...

Identified?

Yeah. And I’m sure that a lot of them have it and don’t know it. So, yeah, I know that two of my closest guy friends and two of my closest... no, not closest, but good girl friends... take Ritalin and Adderall for it. So...

Do you ever chat, or talk about it, share stories?

Not really. Um, one of my girlfriends who is on Adderall, ah, lost a significant amount of weight when taking the medicine. And, that was like the hot topic around our group of friends, like for awhile, cause a lot of people didn’t know that she... was ADHD. And they’re like, “She’s anorexic, or she’s bulimic.” You know, like that’s where the rumor mill starts, which really... she, ah, her appetite was just suppressed. So she lost a considerable amount of weight. That was kind of like the gossip mill right there, but I don’t think we sit around and have ADHD meetings, you know? But I think that... they all have the same thoughts sometimes, like when having to take their medicine, schooling, and that kind of stuff.

But not necessarily something that you specifically talk about?

Right. No, I don’t think so.

124. S. knows that she does not see herself the way others see her, but still does not think she acts like either of them.

125. Of being acquainted with others who have the disorder, S. says, “it’s comforting to know the you’re not the only one.”

126. S. believes that some of her friends might have ADHD and not even know it.

127. S. has four friends who take medication for their ADHD.

128. One of these friends lost a significant amount of weight due to her appetite being suppressed with the medication.

129. S. and her other friends with the disorder don’t, “sit around and... have ADHD meetings.”

130. However, S. thinks that, “they all have the same thoughts sometimes, like when having to take their medicine, schooling, and that stuff.”
You just kind of think that they are probably dealing with the same things

Right. And only one other of them was an athlete, and...being a basketball player I think it probably helped him on the court. It just seems like you have to be more focused, um, actually having an object, and you know, shooting, and that kind of stuff. You just like, your mind is driven and you have this object that you have to put in a certain place. That takes a lot of focus, so I think that really helped him on the court. But with running, I think that... if I was still playing soccer, then that might make a difference in my athletics. Not just like the preparation that it does now, but on the field. I think that might really make a difference, um, because I played soccer all through high school until my senior year. And, um, it seems like you can goof around a lot more, like in practice and that kind of stuff, and I think I probably might have taken it a little more seriously.

In track you’re talking about?

In...no, in soccer, cause you have so many like... you know if it’s a water break or if the coach is talking or something like that. I think that I would have been more aware of, let’s say, the coach is talking and not be, you know, gossiping with a friend or doing this drill right, that type of thing. Like, actually on the field. ‘Cause with running it’s more, it’s more just the preparation. Which can then carry over into your race, but... I think that actually “hands on” sports it probably helps a lot more.

So, just based on the nature of the sport...?

131. Only one of S.’s friends with ADHD also played a sport, which was basketball. According to S., “It just seems like you have to be more focused, actually having an object...that you have to put in a certain place.”

132. S. does not think that running takes as much focus. She played soccer in high school and liked it because, “you can goof around a lot more, like in practice and that kind of stuff.”

133. S. believes she would have, “been more aware of...the coach talking and not be...gossiping with a friend or doing this drill right,” if she played one of the “hands on” sports.

134. S. says with running, “it’s more just the preparation.”
Right. That's my personal opinion, from what I've seen. That might be totally irrelevant, but...

Definitely differences in sports depending on what the activity is.

Right. I mean in running you just hear a gun and then go. You're not shooting a free throw or kicking a corner kick, or something like that.

So, it sounds like you have definitely come into contact with several other people with the disorder, it's not like you've been on an island as far as being the only one.

Right. And I think that's kind of helped, just comfort wise, knowing that other people...because if I wouldn't have known I think I would have become very self-aware and self-conscious of, you know, letting people know, or that type of thing. I would have been very secretive, and very aware of the way that I act. And probably not been who I have been for the last eighteen years. I would have been very withdrawn, I think.

Which would not be you?

No, not at all. Very outgoing and ... very comfortable around people, and I think if...I would have been the first case of this I probably would have been like, "Okay, this is how you're supposed to act because you're on this medicine and you're supposed to be so focused." Like not even know how to have a good time.

It sounds like you might find yourself thinking about it even more.

Right. Yeah.

135. According to S., “in running you just hear a gun and then go.”

136. Knowing others with the disorder has been helpful to S. If she had not known anyone else, she “would have been very secretive, and very aware of the way that I act.”

137. “I would have been very withdrawn,” notes S. if she had thought she was alone with the disorder.

138. S. considers herself to be, “very outgoing and very comfortable around people.” If she had been the first person with the disorder, she thinks she would have been so focused on acting properly that she would, “not even know how to have a good time.”
Well, that’s wonderful. You’ve really been able to verbalize what the experience has been like for you. Anything else that you think might apply to the whole experience of living with the disorder?

The only thing that I can elaborate on would be how I said like, organization...like in running, with the preparation and that. That would be a side. And then with school and managing time and what not, um...I find myself to be very clean and organized now. My room in my house is spotless. If you would go to my house a year ago, my mom was doing...like I had someone to pick up after me, and I had someone to say, “Did you do your homework today?” You know, that type of thing. And I would never clean the house or help out. But my apartment is like, you could eat off the floor I keep it so clean. My...I have become very, very anal retentive. My clothes are color coordinated in my closet, and...that just wasn’t me before. I would just throw things in my room, that kind of thing. I’ve become my sister, and that’s kind of scary, that’s how my sister is. Actually, we’ve swapped. My sister’s house is the biggest mess now. But, it’s like...if I eat dinner I’ll wash the dishes right afterwards and not leave them in the sink. Where I would finish dinner and leave the dishes on the table. Like I wouldn’t really...I don’t know if you’d call it pick up after yourself. I’d depend on other people, and now I’ve become more independent, and more anal retentive because I need everything to be...perfect. The magazines on the coffee table have to be in line. I don’t...

139. S. now finds herself, “to be very clean and organized.” Before she would never help to clean, but now her room is very tidy, and “you could eat off the floor I keep it so clean.”

140. S. has become, “very, very anal retentive.” Her clothes in the closet are color coordinated and after she eats she will do the dishes immediately afterwards.

141. S.’s sister used to be this way as well. S. says now they have exchanged traits, in that now S. is very clean and organized and her sister’s house is now very messy.

142. S. says, “I need everything to be perfect.” The magazines on her coffee table need to be in line and the remote controls all need to be in one place.
like them when they’re all scattered, and...the remotes have to be...it’s like...um...things that were totally not me. I like to make my bed every morning now, when before I would jump out of bed and go to school and not make my bed. And then just jump back in the next night. But now, I like getting into a made bed. Weird things like that.

That sounds like a pretty major shift.

Yeah. Very.

What do you think has gone on there?

I don’t know if it’s because I’m by myself now and I know that no one’s around to pick up after me, or to tell me to do my homework. Now I have a “to do” list everyday. And, if I have a meeting or something important it’s on that list, even if it’s mail a package. I just have that every day and I cross it off and prioritize assignments. I always have like short-term, long-term, where I do it like two to three weeks at a time. What assignments need to be done. In high school I would do my homework during the passing period. I’ve become very different in my organization skills. And that’s kind of how my dad is, he’s kind of scatter-brained too. If you’d see his desk, it’s just kind of clutter. But, every once in awhile he’ll be like, “Okay, I can’t take this.” Then he’ll clean it up, but then a week or two later it’s scattered again. He kind of goes through those modes where...like...I think that’s probably a common thing for people with the disorder. You get really busy starting to do all these things, and then you’re like, “Whoa, I’m doing too many things at once!” Then you have to clean everything up, and that’s when you put your things into priority order.

143. S. is now doing, “things that were totally not me.” For instance, she will now make the bed every morning because she likes getting into a made bed.

144. S. is not sure how this shift has occurred. She thinks it might be because no one is around to pick up after her.

145. Now S. remarks, “I have a ‘to do’ list everyday.” This list includes academic assignments that are due in the short-term and long-term.

146. S. comments, “I’ve become very different in my organization skills.”

147. S. says her father is, “kind of scatter-brained too.” His desk is very cluttered, but eventually he cleans it, only to find it cluttered again a week later.

148. Regarding this cycle of cleanliness followed by clutter, S. thinks, “that’s probably a common thing for people with the disorder.”

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That’s something that I have kind of noticed. That’s not me (laughs). Well it used to not be me, but now it is me, totally me. I’m sure my mom will be very shocked when she comes in three weeks and sees how clean my apartment is and how clean my room is. Usually I had running clothes all over the floor, and...just a mess. A very cluttered life. Now, I’m much more organized.

You think that is part of the experience of living with the disorder?

Definitely. Yeah, that’s totally something...that I could say because you have to be...because my brain does like to wander a lot and between athletics and that takes up five hours of my day, and school takes up another four, I have to really prioritize and be very organized. Especially because I don’t have my mom or dad, you know, “Julie, did you do your homework?” I don’t have them. They don’t call me every night and remind me that I have a meeting with my coach, or...so...I think that’s definitely part of living with the disorder.

Fall semester your grades were...?

So so.

Didn’t do as well as you wanted to?

Right. I thought that I would have done better, but then, when I got those grades I was at home and...um...I knew what I needed to do this semester, um...differently to get the grades that I wanted to get. I think that living situations and habitat around you, like being in the dorms last semester and my own place this semester. I think that part of that organization skills is respecting

149. Now that she picks up after herself S. says, “I’m sure my mom will be very shocked when she comes in three weeks and sees how clean my apartment is and how clean my room is.”

150. Athletics and academics take up a large portion of S.’s day. Because of this, S. believes, “I have to really prioritize and be very organized.”

151. Since she does not have her mom or dad around to remind her to do things, S. knows she must be more organized.

152. Fall semester, S. did not do as well academically as she hoped. Now, S. knows what she needs to do to get the grades she wants.
the fact that I'm living with someone else, too. My two roommates that I've had don't have the disorder, and um... it's not like you don't want them to look down on you like, "Oh, (S.) left all this around because she has ADHD." I don't think that, but like, just respecting them. That's another thing, and I know it's bad to say that I didn't respect my family and our house, but I lived a lot messier life and a more cluttered life. I think in the dorms, I never wanted to be there, so my study habits weren't great. But now that I have a desk in my room or my kitchen table, I think that definitely makes a difference too. Just like mentally, I can relax and not have to worry about people running up and down the halls and that kind of stuff. So, I don't know how that would tie in with other people but I know that made a difference with me.

You see yourself doing better academically, or achieving higher and getting closer to your goals?

Right.

What do you have as academic goals?
What do you think you are capable of?

I definitely... can do better than I did last semester. I know that. Graduate with above a 3.0, or higher than that. My sister, for instance, had horrible study habits, and when she came to college she kind of turned over a new leaf. I think that she was in the boat that I was. Not having the disorder, but realizing that people aren't gonna be there to tell you what to do and remind you. But she was a worse student than I was in high school, and she's graduating on the Dean's List.

153. S. did not really enjoy living in the dorms. "I never wanted to be there, so my study habits weren't great," she says of the dorm.

154. S. does not want her roommates to say, "Oh, S. left all this around because she has ADHD."

155. Now that S. is living off campus in an apartment, she feels like this is more conducive to better studying. "Mentally, I can relax and not have to worry about people running up and down the halls."

156. S. would like to graduate college with a 3.0 or higher. She would like to be like her sister who was not a great student in high school but who, "turned over a new leaf" in college and is graduating on the Dean's List.
Wow! That's impressive

Yeah. She's doing very well. So... I better do that too. At least... not graduating high school on the honor roll kind of hurt my self-esteem, because I knew that I had the potential, and if I would have had the dedication and the work ethic then I could have gotten it done. And that was one thing when I graduated high school that I made a goal. I'm very determined to do that.

157. Not graduating on the honor roll in high school hurt S.'s self-esteem. She says, “I knew I had the potential, and if I would have had the dedication and the work ethic then I could have gotten it done.”

158. S. has a goal of graduating college on the Dean’s List. “I’m very determined to do that,” S. says.
When S. was a junior in high school, her Economics teacher told her that she thought she had ADHD. S. did not think about it again until her assistant track coach told her that she should think about getting tested for it. This coach told S. that she, “had the potential to do better.” When S. took the Scholastic Aptitude Test, she did not do very well. After getting the results back, S. and her mother decided to talk to a doctor about why S. had difficulty taking this test and others. S. had always done “poorly” on tests in high school and if things do not interest her she will, “lose focus very easily.” S.’s father, who is in his forties, had also been diagnosed with ADHD at the same time that her parents were getting divorced.

As part of the diagnostic inventory, S. took a series of tests that lasted six hours. S. describes this battery of tests as “busy work.” S. had to look at a computer screen and respond to certain stimuli. She says from these results, “they could just tell my attention span right there.” When S. received the diagnosis of ADHD, she was not “blown away,” but it did cause her concern. S. wondered what would go along with the diagnosis, and she at first, “thought of it negatively.” When the doctor told her about the services and accommodations that would go along with the disorder, S. said then it became “a little more comforting.” S. finished high school with a 2.7 grade point average, but does not think that she applied herself as much as she could have. She thinks that if she had had the opportunity to take verbal tests all through high school, “I probably would have been a Dean’s List student.” S. had two male friends in high school who had previously been diagnosed with ADHD. She and her friends would tease them about it, but when S. received her diagnosis of it, she had to tell herself, “Okay, keep your mouth shut.”

The doctor who diagnosed S. with ADHD told her that college would be a new stage in her life, and that the diagnosis and medication would help her to deal with it. Regarding the medication, the doctor told her that she would not always be “dependent” on it and that “people do grow out of this.” Going to college a long way from home has been “difficult” for S., but it has been comforting knowing that she has services and people available to help her.

S. does not see ADHD as being, “as big as most disabilities.” Being diagnosed with it, “hasn’t been as bad as a lot of people said it was,” she says. Now that she has been diagnosed with it, S. believes that she will be more patient with people and not snap at them over small events. S. thinks that she will be a, “better person” in that now it will be easier for her to focus on people and listen to what they are saying. Regarding her ADHD, S. says, “I don’t really think that I felt bad about myself, knowing that I had this, because it’s pretty common, and I think that everyone has a little bit of it in them.”

S. began taking medication in the summer before her first year in college. She did not notice any differences at first. Her sister was the first one to notice the positive impact that the medication was having on S. When she first started taking Adderall, S. would not take it on the weekends because she was getting used to it and was concerned about, “possible side effects.” Now, it has become “routine” for her to take the medication every morning. S. calls Adderall, “that little pill that does so much for me.” S. says she
is, “more aware of myself” when she has taken it. S. now has the patience to deal with people even when she does not really care to talk with them. Medication allows S. to, “make that mental list in my head.” Before medication, “those items on the list could be just floating around everywhere.” Regarding medication, S. thinks that she will, “continue taking it all the time” because she does not want to, “get out of line.”

Once she started classes in college, S. could tell a difference with the medication. She described herself as, “more calm.” She takes her medication each morning, but she does forget at times. S. has an 8 o’clock class every morning, and when she is running late, she can forget to take it. S. can tell a difference in class when she has not taken her medication because, “it’s very easy to wander.” By the time she reaches her one o’clock class, S. can notice the effects of the medication wearing off. S. describes this as her, “down time of the day.” At times, she will take an afternoon dosage to deal with this, but says she does not do this very often. She does so, “when important things are coming up…like a huge paper or a huge test.” On some occasions, S. will take a half dosage right before track practice or dinner if she has to focus later in the day.

Athletically, S. takes her medication, “as a little insurance thing.” For the outdoor track season, she has taken it before every race. She did not always take it before every race during the indoor season. In those races where she did not take it, S. wondered if she, “would have run better had she taken it.” S. believes that a good warmup is the key to running her best. She prefers the “organized format” that comes from medication and a good warmup. When S. does not get a good warmup or does not stretch out well, she will, “carry that on” into her race. Running distance gives S. a great deal of time to think about how she warmed up, and she will dwell on what she did wrong, “instead of focusing on the race.” If she has taken Adderall, S. is more conscious of when she needs to warmup for her race. When she did not take it, S. was more inclined to go have a conversation with someone then actually “focus on running in an hour.” Knowing that she is organized and that she has prepared as well as she can for a race gives S. confidence when running. While she knows that it helps her prepare for the race, S. is not sure what impact medication has during a race. S. says, “I don’t think…the way that I perform it makes a difference.” She continues, “I don’t feel like if I take it then I’ll run twenty seconds faster.” However, S. also notes that it may have an impact because, “running is such a mental sport.” S. believes that ADHD would impact her more if she played one of the “hands on” sports. She believes that you need to be more focused when the sport has, “an object that you have to put in a certain place.” In running, S. believes the focus is on the preparation, and that all you have to do is, “hear a gun and go.”

For S., taking medication is a “daily reminder” that she has ADHD. While taking her medication has become “routine,” when she takes it she is not thinking to herself that she is doing so in order to focus. S. is reminded again of her disability when she comes close to running out of her medication. Since Adderall is a controlled substance, she cannot get it locally and must have her mother or doctor send more. S. is also concerned about “some of the side effects” of taking her medication, such as loss of appetite. When she tries to eat lunch, often times she is not hungry. Because of this, she “always tries to stuff something in my face” since she knows that her sport requires special energy demands.
S. will “dwell on the fact” when she forgets to take her medication. When she does not perform up to her expectations, she sees not taking her Adderall as, “a place where I can put blame.” She says this gives her, “an easy way out.” If she did not do this, S. thinks she would be harder on herself. However, this makes her wonder if she is becoming dependent on the medication. S. says while she has thoughts like these, she does not dwell on them for long.

S. knows of some people without ADHD who like to drink alcohol after having taken Ritalin or Adderall. S. has heard that doing so leads to a, “unique high.” S. is curious about this, because she knows that when she has a glass of wine with dinner it does not affect her this way. She thinks the medication must be “doing it’s job” since she is not affected the way these people are.

S. is often reminded of her ADHD by others. When she is outgoing or rambunctious in a group, people will ask her, “Did you take your medicine today?” This makes S. ask herself what she might have done for someone to say that to her. For S., “it gets old” when people ask her this. She is unsure how she might have been acting because, “you don’t see you the way other people see you.” S. often wonders how she is acting in group settings. With parents around she will try to act more “civil,” but with girlfriends she will just “goof around.” S. will, “concentrate a lot on not blurting something out” if she can help it. When others bring up how active she is, often times she will withdraw herself from the group until she can “settle down.” Recently S.’s sister and her roommate each asked her in the same day if she had taken her medication. S. told her sister that question bothered her, and asked her how she would like it if others “nitpicked” her about something. The sister reassured S. not to “take it to heart,” and told her that she was just being a little more lively and outgoing.

Not graduating high school on the honor roll hurt S.’s “self-esteem.” She knew that she had the potential to do this, but at the time did not have the dedication or the work ethic. When it comes to school and studying, S. admits that she is, “the biggest procrastinator.” S. would like to graduate college with a 3.0 grade point average, or higher. She compares herself to her sister, who was not a great student in high school but who “turned over a new leaf” when she got to college. S.’s sister will graduate on the university’s Dean’s List, and S. has that as one of her goals. She is, “very determined to do that.” Fall semester, S. did not do as well as she wanted to. She now has an understanding of what she needs to do to reach her academic goals. S. lived in the dormitory during Fall semester, but she did not enjoy it. Since she did not want to be there, “my study habits weren’t great.” Now S. is living in an apartment off campus. She feels that this environment is more conducive to better studying because she can, “relax and not have to worry about people running up and down the halls. Comparing her study habits in high school to her study habits in college, S. believes they are, “totally different.” With athletics taking up a large portion of her time, S. has to, “really balance school and running.”

S. takes advantage of the assistance that is available to her through Disability Services for Students (DSS). She has been “thankful” of the quiet room, the extra assistance, and
the extended test taking time that has been made available to her through DSS. "Having the services in DSS has helped a lot and...my medication has helped a lot," she notes. S. does not take all of her tests at DSS. If she knows the material and is confident in her understanding of it, she usually chooses to take the test in her regular classroom and with her classmates. After going over the review for the test, she can "forecast" how she is going to do. If S. feels like she needs more time or a quiet place, she will take the test at DSS. If there are specific sections on the test that she knows will be difficult, she again will take the test at DSS. S. has trouble with math, so she will take all of her math exams at DSS. Taking a test at DSS allows S. to focus on the test, instead of other things like her peers, the noise made from others turning pages of their tests, or the time left on the clock. When she does take exams in her regular classroom, S. admits that she "definitely concentrates on other students." Then she will realize often times that she only has a few minutes left to finish a significant portion of the test. S. will look around and ask herself, "Am I the last one done?"

S. was reminded once again of her ADHD while taking a recent test. She had chosen not to use the assistance of DSS. Because of this, S. found herself focusing more on her surroundings than on taking the test. She thought to herself, "I have the privilege of taking advantage of [DSS] and I didn’t." Since she did not have the benefit of unlimited time, S. focused more on the clock and how much of the test she had left, instead of focusing on the test questions themselves. S. became aware of her "nerves" and the pressure of doing well on this test. She decided that she was, "almost thinking too much." With school in general, S. plans on continuing to use the services provided through DSS when she needs them, and she intends to keep taking medication.

S. has noticed a drastic shift in herself since the diagnosis of ADHD. She has become, "very, very anal retentive." Now she finds herself doing things that were, "totally not me." She makes her bed every morning, her clothes in the closet are color coordinated, she does dishes immediately after eating, the magazines on her coffee table must be neatly organized, the remote controls all need to be in the same place, her room is very tidy, and "you could eat off the floor I keep it so clean." S. is not sure how this shift has occurred, but she thinks that it is because no one is around to pick up after her now. Since she does not have her mom or dad around to do things, S. knows she must be more organized. She also does not want her roommate to tell others that their house is dirty because S. has ADHD. S. thinks her mom will be "very shocked" when she comes to visit and sees how clean the apartment is. S.'s sister used to be very clean and organized as well, but S. says they have exchanged traits because her sister is now messy and unorganized. S. describes her father as "scatter-brained," which is how S. used to see herself. He will let his desk get very cluttered, but eventually he cleans it, only to find it cluttered again very soon. S. sees this as a "common thing for people with the disorder." Academically, S. has become, "very different in my organization skills." She now has a "to do" list everyday, with short-term and long-term due dates for assignments and tests. Since her athletic schedule takes up a great deal of time, S. has to "really prioritize and be very organized" to meet her academic requirements.
S. does know others who have been diagnosed with ADHD. Four of her friends in high school had been diagnosed before she was, and all of them take medication for the disorder. One of these friends lost a significant amount of weight due to her appetite being suppressed with the medication. S. also believes that some of her friends might have ADHD and not even know it. Of being acquainted with others who have the disorder, S. says, “it’s comforting to know that you’re not the only one.” If she had not known anyone else with the disorder, S. says she would have been, “very secretive, and very aware of the way that I act.” She believes that she would be very “withdrawn” if she thought that she was alone with the disorder. Comparing herself to others with the disorder, S. thinks that there are, “totally different degrees and levels of the disorder.” She does not see herself being nearly as affected as others. However, she is unsure of this because she knows that she does not see herself the way others see her. Although S. and some of her friends have been diagnosed with the disorder, they do not “sit around and have ADHD meetings.” However, S. thinks that, “they all have the same thoughts sometimes, like when to take their medicine, schooling, and that stuff.” When S. sees someone else act up or blurt something out in class, she will often ask herself, “I wonder if that person has it?”

In the longer term, S. wonders how ADHD will affect her when she is older and in the workforce. S.’s doctor told her that it is possible she will grow out of the disorder, but S. wonders how she will know if this happens to her. Recently, a friend of S.’s with the disorder told her she does not claim her medication on insurance forms because this goes on your permanent record. This friend pays for her medication out of her own pocket to avoid there being a record of the disorder. Finding out that ADHD can affect your employment later on made S. wonder what she wanted to do with her life and if having ADHD would affect that. Since S. would like to become a personal trainer, she does not think that the disorder will interfere with this goal. S. says she will continue to take the medication when she gets a career because, “It’s not like people think you’re funny or different because you have this.”
While S. knew that she did not do well on tests in high school and that she lost focus very easily when working on things that did not interest her, it did not occur to her that she might have a disability. It was not until one of her teachers and one of her coaches both brought up the possibility of ADHD did she begin to consider whether or not she had the disorder. When S. got her results back from the Scholastic Aptitude Test, which were low, it prompted her and her mother to further investigate ADHD. Since her father had also recently been identified as ADHD, it became easier for S. to accept that she too might also have the disorder. The results from the ADHD evaluation S. underwent made it clear that she did indeed have the disorder. S. was concerned when she was told that she had it, but it did not cause her a great deal of worry. When the doctor told her all the services and options that would now be available to her, S. found it easier to accept.

S. does not see ADHD as being as serious as other disabilities. In order to somewhat rationalize being diagnosed with the disorder, S. focuses on the fact that many people are diagnosed with it and that everyone has at least some of its characteristics. S. used to tease two of her friends who had previously been diagnosed with ADHD, but once she was diagnosed with it S. was forced to look at, and subsequently stop, doing so. S. even sees having ADHD as a positive impact on her life. She thinks that she will be a better person, now that it is easier for her to focus on others and listen to what they are saying. Instead of focusing on the negatives associated with ADHD, S. has instead chosen to look at the positives that might come with the diagnosis.

Medication has been very beneficial for S. Taking her Adderall every day has become routine, and S. recognizes and accepts this as part of her treatment regimen. While her physician told her that some people grow out of the need to take medication on a daily basis, S. believes that she will probably have to take it the rest of her life. S. knows that the medication helps her focus and be more calm. Although she knows that the medication helps her, S. at times forgets to take her morning dosage. Since inattentiveness is a key feature of the disorder, this is understandable. Yet, perhaps “forgetting” to take the medication symbolizes an internal powerplay of sorts between knowing that the medication helps but not wanting to give it supreme responsibility and credit for treatment.

Taking her ADHD medication gives S. confidence when it comes to competing in her sport. While she was originally inconsistent in her taking of Adderall before competitions, S. now takes it regularly before athletic events. She does not believe that it helps her physically, but rather that it assists in her mental preparation to compete. If she did not take the medication, S. thinks that she would blame not doing so for her failure to perform at expected athletic levels. However, knowing that she needs to take it before every competition causes S. to wonder if she if becoming dependent on the medication. S. worries about becoming addicted to Adderall. A friend of S.’s who had been previously diagnosed with ADHD lost a significant amount of weight due to the medication. S. is concerned about the side effects of Adderall, particularly this weight
loss issue. Because of this, she actively attempts to eat something during meal times, even when she is not hungry.

S. is reminded of her ADHD on a daily basis when she takes her medication. She is also made aware of her disability by others. When S. behaves in an outgoing or boisterous manner, some people will ask her if she has taken her medication. Such questions lead to introspection on S.'s part. She will attempt to analyze how she was behaving and what she was doing in order to understand why someone would ask her this. These questions cause S. to withdraw somewhat from social interaction, and make her self-conscious of her own behavior. S. will monitor herself when in the presence of those with whom she is less comfortable interacting, such as the parents of friends or those she does not know well. S. wonders how she is acting in those situations where someone brings up her behavior, because she realizes that she does not see herself the way that others see her.

S. maintains some fairly specific academic goals. She did not do as well as she wanted to in high school, and this affected her self-esteem. S. is intent on doing better in college. She would like to graduate with a 3.0 grade point average or higher, and she believes that she can accomplish this. In many ways, S. compares herself to her older sister, who also attends the same college. Her sister did not do that well academically in high school, but did extremely well in college. S. believes that she can do the same thing. She knows that with athletics she will have to budget her time and energy wisely. S. has taken advantage of the services and accommodations that are available to her through Disability Services for Students (DSS). Since she does not consider ADHD to be that big of a deal and because she knows that it is quite common, S. is not very concerned about others knowing that she has the disorder. This has helped her to connect with DSS.

While S. takes many of her tests in a quiet room at DSS, she also continues to take some exams in her regular classroom with the rest of her classmates. S. knows what her academic strengths and weaknesses are, and uses this knowledge in the decision making process of where to take a particular test. Prior to a test, she will attempt to predict or forecast how she will do. If she knows that there will be specific sections that will be difficult, or if she thinks that it will take her more time to complete, S. will take the test at DSS. The decision of where to take a test is a difficult one for S. She would prefer to take them in her regular classroom, but knows that doing so makes it difficult to attain higher scores and grades. S. knows that when she takes exams with her classmates she tends to focus on extraneous stimuli instead of the test, such as noises made by others, how many others have turned in their tests, or the time left on the clock. She is concerned about being the last one done with her test.

S. has noticed a very drastic shift in her personality since being diagnosed with ADHD, and she is somewhat confused about how and why this shift has occurred. While before the diagnosis she saw herself as messy and disorganized, S. now describes herself as anal retentive. She has become very clean and organized, and these traits now transcend into all aspects of her life. S. remains uncertain as to the cause for this change,
and since it is such a dramatic shift from the way that she used to be, she has questions about how her core characteristics could change so significantly.

Knowing others with the disorder has been a very positive influence on S. Since several close friends in high school and her own father also have ADHD, she has been able to draw on some aspects of universality in dealing with and accepting her own diagnosis. Comparing herself to others with the disorder, S. believes that she is not as significantly affected. S. believes that there are multitudes of levels and degrees of severity for ADHD, and that the impact of her own ADHD is low. Instead of focusing on how few people have the disorder, S. has chosen instead to concentrate on the notion that ADHD is quite common in occurrence and that she is fortunate because her degree of severity is much less than others.
Mitch, Levels 1 & 2: 4.26.00

As a student athlete here at the University, I would like you to tell me about a recent time in which you thought about what it is like to have Attention Deficit Hyperactivity Disorder.

I personally never really thought of it as being a disability. I never really thought of it during games, practices... the only time I ever really actually...it actually came to me is when others actually reminded me that I had it. It just became so second nature to live with it, and not give it any second thoughts.

So, you wouldn’t become aware of it until other people would make you aware of it?

Yeah. Exactly (laughs). Yeah.

What was that like, or what is it like when somebody might make you aware of it?

Uh..it’s... it’s really hard to explain.

Okay. Can you give me an example or something where that might have happened?

Just pretty much coaches saying, “Did you remember to take your pills this morning?” “Did you go see the doctor?” “Are you keeping up in school?” Just feeling like... not second rate but like a child that needs to be watched over. Just from my peers and superiors, I guess you could call them.

1. With regard to his ADHD, S., “never really thought of it as being a disability.”

2. Having ADHD has become so second nature to S. that he only thinks about it, “when others actually reminded me that I had it.”

3. Coaches asked S. such things as, “Did you remember to take your pills this morning?”, “Did you go see the doctor?”, and “Are you keeping up in school?”

4. These questions made S. feel, “like a child that needs to be watched over.”
Um hmm. But no occasions that you can think of where you just found yourself thinking about it without someone reminding you?

The only time I actually think about it is... where I actually notice it is when I am trying to read or study, or do something on my own and not interacting with another person.

Um hmm. Can you tell me some more about that?

Let's say that I'm reading a book. I have to like stop every few sentences and then maybe even... like read two sentences, three sentences, and then I have to read over them two, three, four times, and almost say it out loud to myself what it is saying and try to make sense of it because... yeah, you cannot pay attention or cannot even remember what it is you just read.

So you find yourself...

Without having to actually like verbalize it out loud or verbalize it in your head. And, yeah, just repetition pretty much, just ingrain it. Once it's in it's no problem, just getting it there is difficult.

Getting it in is difficult. And so you'll notice having the disorder when you have to do that, read something over and over?

Yeah. Even simple things like listening to music. It's completely different. Like when you're medicated and when you're not, just the things that you pick up on, the lyrics and the instruments, the music. It's completely different when you're tuned in compared to when you're not.

5. S. thinks about and notices his ADHD only when trying to read or study, or when doing things on his own.

6. When reading, S. can read two or three sentences, but then he must read them over again, “two, three, four times, and almost say it out loud to myself... and try to make sense out of it.”

7. S. cannot pay attention at times to what he has read, and he often cannot remember what it is that he just read.

8. S. relies on, “repetition” so that he can “ingrain” what he has read. He says, “Once it’s in it’s no problem, just getting it there is difficult.”

9. S. says that even simple things, like listening to music, are “completely different” depending on whether he has taken medication or not. “It’s completely different when you’re tuned in compared to when you’re not.
Tell me some more about that.

When you’re not... I don’t know what you want me to say... medicated?

Wherever you want to go.

Okay, when you’re not medicated it feels like the music is just like a background noise that’s drowning out things in the background. Because you mind never actually can stay on track with it, can never follow through a complete song. You’re eyes are always wandering, your thoughts are always elsewhere. So music is actually like background filler noise to block things out. But when medicated or actually consciously trying to concentrate on it, it’s what I would expect other people to actually get out of it. Like it would be the same for me as it would be for everyone else listening to it, because... yeah.

Is one better than the other? Is one way more enjoyable than the other?

It’s hard to say. Whatever situation you’re in, it’s just... really hard to verbalize what I’m trying to... ah... feel.

No, you’re doing a good job of trying to put it into words. So that’s maybe another area where you’ll notice or be aware of the disorder, when you realize that there are differences in how you hear music?

Um hmm. Like it sounds the same to me but I just feel and get something completely different out of it when I’m on medication or when I’m not.

You can focus on it easier when you’re on the medication?

10. When not medicated, S. feels like music is just background noise because he cannot focus completely on the song. “Your eyes are always wandering, your thoughts are always elsewhere,” he say.

11. Under medication, S. hears music the way he expects others without ADHD to hear it.

12. S. does not think that one way of listening is better than the other, but that it’s, “really hard to verbalize what I’m trying to feel.”

13. S. feels and gets something completely different out of music depending on if he is on his medication or not.
Yeah, um hmm.

Do you find that to be true in anything else?

Yeah. Like I have an easier time talking to people, collecting my thoughts, when I’m actually on it. When I’m not on it I second guess what I’m about to say numbers of times before I even get it out. It’s like, “Ah, is that what I’m supposed to be saying?” But when I’m on it, it flows clearly, it all makes sense then. I’m not scared that it’s like completely random and off topic. Because I’m making connections in my mind that someone probably has no idea what I’m thinking about. I can keep on the same track with others when medicated.

Is there some nervousness, maybe, is that what you’re saying? If you’re not medicated and you’re trying to follow along with people’s conversation.

Yeah. Yeah. Following along and actually...like if I’m being lectured or talked to by a person when I’m not on medication I have to give it my 100% attention to watch them. Cause when I would be looking at someone, I’m always looking off behind to see what is going on behind them, what’s going on around me, looking at everything but the person and missing complete sentences and the point of the whole story. Unless I want that to happen I have to give it my 100% attention.

So it’s something you really have to work at?

Yeah.

14. S. has an easier time talking to others and collecting his thoughts when he is on medication. Everything, “flows clearly, it all makes sense.” He can, “keep on the same track with others when medicated.”

15. When not on medication, he will “second guess what I’m about to say numbers of times before I even get it out.”

16. S. worries if his responses to others will be random and off the topic of what is being discussed. When not medicated, he is, “making connections in my mind that someone probably has no idea what I’m thinking about.”

17. S. needs to give others his “100% attention” when they are talking for lecturing to him. If he does not, he will miss complete sentences and the point of their whole story.

18. S. finds himself, “looking off behind to see what is going on behind them, what’s going on around me, listening to other sounds in my head, looking at everyone but the person.”
And you find it easier to do that if you’ve taken your medication?

Yeah, because I don’t like to have to piece together a conversation and try to interpret what they were saying after the fact. But if I am medicated it comes out all clear the first time.

And so then just another time where you notice the disability?

Yes.

Any others? Any other things like that, you mentioned the music and maybe in conversations with others, where you notice it?

Energy levels while playing sports.

Um hmm. Tell me some more about that.

Uh, nonmedicated it’s... like stamina is lost much easier, interest in the game is almost... there’s almost none. The only real reason it’s fun to play sports, when nonmedicated, is just to have a physical release ‘cause there is so much energy and things going on, you just need something physical to focus on. Put everything into one, if you can understand what I’m trying to say. It’s kind of...

I think, but tell me some more about that if you can, “put it all into one.” That is a really nice analogy. I think I know what you mean, but I want to know how you envision that.

Ah... well putting random thoughts into physical action that can be accomplished. ‘Cause basketball is real good for that ‘cause there is absolutely

19. If unmedicated, S. will have to, “piece together a conversation and try to interpret what they are saying after the fact.”

20. S. also notices a difference in his energy level while playing sports. Nonmedicated, his stamina is lost much easier and he has almost no interest in the game.

21. Sports do serve as a “physical release” for S. when he is nonmedicated.
no limit on the court what you can do or how you can play, so I think it’s a real good sport for me to have been playing. Because it’s complete individuality within a system. Sometimes you can show too much individuality, which sometimes can get you shot down or questioned.

So, not a good thing. Kind of a fine line in there? To clarify it for myself regarding when you have taken medication or not taken medication in the sporting environment, tell me some more about those differences.

Okay, on medication, I subscribe (sic) to Dexedrine, so that is just... it’s in the same family as speed, just a low level amphetamine. So it’s obviously... it gives you much more energy while it’s being released into your system and while you’re playing. You take your medication an hour, hour and a half before practice, you actually feel like, I don’t know... teeming with this energy, just you kind of have to get it out because you are so focused. And it’s, I don’t know, imperative that you get this out. Everything just kind of falls into place and everything that you should be doing is a priority and you get everything done. You can follow orders much easier. The energy levels never really stop. As long as you keep yourself hydrated you can keep going.

It’s a constant energy source. Is that a good thing or is that tough to handle?

I think it’s a good thing to feel full of energy, but there is good and bad to it as well. Because when you’re not taking it your body is a little slowed down. It’s kind of in its natural rhythm. Then I’m

22. S. enjoys playing basketball because it is, “complete individuality within a system.”

23. S. also thinks that sometimes you can show too much individuality, which sometimes, “can get you shot down or questioned.”

24. S. takes Dexedrine for his ADHD, which he says is, “in the same family as speed.”

25. After he has taken it, S. says that his body is, “teeming with this energy” and that it is, “imperative that you get this out.”

26. S. notes that, “everything just kind of falls into place” after he has taken his medication. The energy levels never really stop as long as he stays hydrated.

27. S. says that his body is, “a little slowed down” when not on his medication and that it is in its, “natural state.”
Able to eat properly, sleep properly, and any other normal activity. But when I'm on medication there is no chance of sleep, eating becomes a chore, which is a real bad thing in the sports world. Because you cannot put on weight at all. Just trying to keep hydrated is hard enough when you're medicated because it dries you out a whole lot.

So there is a downside as well, or some cons to the pros for taking the medication.

Yeah. When I'm on it seems like it's the best thing in the world, like, "Yes, everything is falling into place!" But as soon as I'm off, I'm like, "I do not want to take any more." I'm always second guessing it. No this isn't good, there hasn't been any studies. But as soon as I take it again it's okay and kind of level again. It's kind of a hard line figuring out which one I like better.

It sounds like it. So, is that just kind of a constant dialogue then that you have with yourself?

Yeah, it's like, "This morning am I going to get up and take my medication or not? Do I have any responsibilities today or not?"

Um hum. And those will play into you deciding if you are going to take it. Tell me some about that in general, if you could.

Okay, well when the medication is wearing off there is one thing...it's...I don't know what it is...because it's all coming out of your system and your body is coming down from, I don't know what you would call it, a high or you're stimulated. And then it's just gone.

28. S. can eat and sleep properly when not medicated.
29. When taking Dexedrine, "there is no chance of sleep" for S. and, "eating becomes a chore."
30. Not eating makes it difficult for S. to put on weight, which does not help him in his sport.
31. S. says that, "trying to keep hydrated is hard enough when you're medicated because it dries you out."
32. S. finds himself second guessing his use of medication. When he is taking it, "it's the best thing in the world," but when the effects wear off, he tells himself, "I do not want to take any more."
33. S. is concerned about the lack of studies regarding long term stimulant usage.
34. When he gets up in the morning, S. asks himself, "Am I going to take my medication or not?"
35. S. has a difficult time when his medication is wearing off.
You get really really agitated, almost angry at the smallest things. It's not... confusing, but everything's just not sitting well with you for an hour or two after that. You either want to take another one or just battle it out.

Tell me some more about that battle.

Ah, like when that time hits if the medication is timed right, and that hit happens in practice or in a game, the game just totally goes to hell, you could say.

Because you are the wearing off stage?

Yeah, like you are doing well, then one mistake or one negative thought and you’re just kicking yourself in the ass. You’re just getting really uptight. “Why am I here? What is this all for? What am I doing?” Your body is feeling uncomfortable, so therefore your mind is not completely focused on what it should be. But that happens mainly with the Ritalin because, it just doesn’t last as long, personally, as the Dexedrine.

You’ve taken both?

Yeah.

And have found that the Dexedrine suits you better?

It’s just because I’m not having to deal with so many pills. I don’t like having to take one and a half to two at 8 am, then going back when it’s wearing down at 1 pm to take another one or two to get me through the afternoon session of school. The Dexedrine seems to last 12 to 16 hours pretty sustained, but the Ritalin is just ups and downs, ups and downs.
The Dexedrine you can take at 8 in the morning and have that last effectively...

Yeah, just until probably dinner time or so.

So, in a typical scenario that would bring you through the day and practice. But if you had an evening game you would...

If you take another you’re not going to sleep that night (laughs).

At what time might you take a second one, if you took one?

Like games or things where I knew that to perform, had to be there 100%, if you take another one say an hour before that you’re full of energy, just like in the morning. But then you almost have to talk yourself down, just kind of lie down and say, “relax” when you want to go to bed. Focus on breathing and relaxing because you are so just wanting to get up and do productive things, so to say.

It sounds kind of confusing, internally, knowing that taking another pill later in the day will help you, but also realizing that it will probably affect your appetite and your ability to go to sleep.

It’s not always advised that you take another one, but sometimes...yeah, you’re feeling fine and you say, “Oh, another will make me feel fine this evening before the game.” There is really no way of rationing out how small of a dose you get. You either take one or none. There are no half tablets the way Dexedrine are put into capsules.

44. If S. takes a dose of Dexedrine around dinner time, he is “not going to sleep that night.”

45. When S. takes a dose late in the day, he becomes “full of energy, just like in the morning.”

46. To go to sleep though, S. must tell himself to “relax” and he must focus on breathing and relaxing.

47. S. says that there is no way of rationing out how small of a dosage you take with Dexedrine. “You either take one or none. There are no half tablets...” like there are with Ritalin.
It's all or none then?

Yeah.

Is that accurate to say that it could be confusing or conflicting to know that taking one will help, but that it is going to have implications later in the day?

Yeah, definitely you could say that. Some days you take a break from it, and some days not. Like, "Yes, this weekend I have no school or basketball so I'm not going to take any medication." I'll get to sleep and I'll get to eat. Try to be regular.

But if there is something on your schedule...

Um hum, that requires a lot of attention, like a couple of hours of reading or another practice that I have to go to. Yeah, I'll take it.

What is your schedule like of taking the medication? Is it totally variable, depending on various factors?

It all just factors on my personal motivation. That may be the case for all others with this same disorder, or just for myself. But, if I feel motivated to do something and take it, then I'll take it. Sometimes I don't. Sometimes I take it for two weeks straight and be feeling really great and productive, then just completely stop for a week. Then it all has to build up, or just...

Tell me about that process. What do you think happens in that change from taking it consistently to not taking it?

48. S. takes a break from his medication some days when he has no school or basketball. On these occasions, "I'll get to sleep and I'll get to eat. Try to be regular."

49. If there is something on his schedule, S. will take his medication.

50. S. says that taking his mediation depends on his "personal motivation."

51. S. will, "take it for two weeks straight and be feeling really great and productive, then just completely stop for a week."
Is it not a drug that builds up in your system. Doesn’t it have a cumulative effect?

Not from what I understand. It has a pretty short half life, so it gets broken down in your system fairly quickly.

Because I’ve always been pretty paranoid. I’ve read into it and it says that if you are taking it over a long period of time, and then you go off it your body will suffer some withdrawals, you’ll be kind of irritable, tired, hungry, you know, mood swing fluctuations. So I really don’t want to be on it for too long because it’s not always that pleasant to be in that frame of mind. That maybe what’s happening, when I’m not taking it I might be thinking irrationally. It’s pretty confusing (laughs).

It sounds like it. Just some unknowns? Is that right? Is that accurate to say that because you might not know what the long term effects are you are not sure about taking the medication?

Um hmm. I have not seen any research that actually shows any long term studies on children that have been on the medication for long enough. Because it didn’t come out that long ago, maybe ten or fifteen years ago, this type of treatment. Wasn’t it? Like they started giving kids the medication then, but I have not seen any follow ups to where the kids are at with their health. Like what the medication does to your health system and your body in general. That’s the only thing that I’m concerned about. I don’t want something to be built up, or like one day they take all the Ritalin and Dexedrine off the shelves because it’s bad for you."

52. S. wonders if Dexedrine builds up in his system and has a cumulative effect.

53. S. has, “always been pretty paranoid” about taking medication.

54. S. has read that if you take stimulant medication over a long period of time, then go off it, your body will experience some very negative side effects.

55. S. does not want to be on his medication for a long time because he is concerned about these side effects.

56. S. wonders if he is thinking rationally when he is not on his medication, and calls the whole situation “confusing.”

57. S. has not seen any longitudinal studies addressing those who have taken medication for some time.

58. S. is concerned what the medication, “does to your health system and your body in general.”

59. S. worries that, “one day they take Ritalin and Dexedrine off the shelves because it’s bad for you.”
bad for you. But all these kids have been taking it, and then they decide it's bad. I'd feel more comfortable if it was researched more thoroughly. But everyone feels that it's the "proper" thing to do, and they all believe in the medication instead of other ways around it. So everyone is prescribed medication nowadays, so I'm kind of forced or obligated to take it. When there may be other methods to try to deal with it or just focus.

So you feel some pressure to take the medication?

Yeah. Um hum.

Tell me about that. Where do you feel like that pressure comes from?

Uh...I think it probably comes from family back home, my family doctor back home as well. And mainly just the coaches on the team. Not like they are saying it every day, but they are expecting me to be 110% everyday and willing and able everyday. The only way that is really going to happen, to keep motivated, is to stay on it. But, my mom would call down, "Are you taking your medication? Do you need another refill?" The external factors are pretty much the reason I'm taking it. I'd never go and seek it out myself. But while I have it I'll use it, while I don't I kind of keep it a secret, like okay, they think I have it and they think I'm taking my medication, let's try to fool them. But it generally doesn't work, they can see through it. I really can't see how they can, but they do.

They can see through it somehow?

60. S. would, "feel more comfortable if it was researched more thoroughly."

61. With regard to medication, S. feels "kind of forced or obligated to take it." He wonders if there are other methods, "to deal with it..."

62. S. feels the pressure to take his medication comes from family, doctors, and coaches on the team.

63. S. says, "external factors are pretty much the reason I'm taking it." He says, "I'd never go and seek it out myself."

64. When S. has medication, he uses it. When he runs out, "I kind of keep it a secret, like okay, they think I have it and they think I'm taking my medication, let's try to fool them."

65. S. says this, "generally doesn't work, they can see through it."
Yeah. Yeah.

**Your parents you are talking about?**

Yeah. If you know me well enough you know the medicated self and the unmedicated self.

Uh huh. And people will ask you?

Yeah.

**What is that like?**

Sometimes it’s just brought up in a joking fashion, you know. I really don’t... I’m not too seriously... trying to hide what I have. But, it’s just like, “Did you take your medication today? Ha, ha, ha,” after I did something weird or got a little too active for the situation.

Then someone will just throw that out there?

Yeah. Yeah.

**How does that feel, personally?**

It’s like, why should someone else try to regulate how I act. Why should I not be the person who I was born? Why do I want to take these pills? But, I guess if it makes everyone else happy I’ll continue to do it.

It sounds like more external kinds of motivation to take it as opposed to internal motivation to take it?

Yeah. Um hum.

**You said if left to your own druthers, then...**

66. S. says that those who know him well enough can tell when he has and has not taken his medication.

67. Other people will ask S., “Did you take your medication today?” after he does something weird or gets too active for a situation.

68. S. wonders, “why should someone else try to regulate how I act” and why he has to take pills and not be “the person who I was born.

69. Regarding taking pills, S. says, “I guess if it makes everyone else happy I’ll continue to do it.”
Then I probably wouldn't take it as often as I do. Maybe for just big assignments or when I have to read, that's about it.

You would just be real selective as far as how often you took it?

Yeah.

But then it sounds like someone will invariably ask you if you're taking it, or if you have any left, or if you need it refilled. Is that true?

Yeah.

That sounds like it would make you aware of the disorder fairly constantly. That you would be reminded of it often.

Now that you say it in terms like that, yes actually it does come up all the time. I guess maybe I just have not been conscious of it.

So in general, what is the experience like of living with it everyday?

I definitely don't consider it a curse. I almost think of it as a blessing in disguise. Because I can see the world in a couple of different fashions. I can think about different types of things when I'm on or off it, so it just makes it a little more...entertaining. Two me's, I guess you could say. One with each perspective.

And you see that as a blessing?

Yeah, I kind of do. The medicated me is goal-oriented, more linear thinking. Like, what do I have to do to accomplish this and get things out of the way right away. Just, I don't know, business-
minded. Everything is one plus one equals two, straight out. But then, when I’m not on it thoughts tend to flow, more abstract thought. And that’s the more feeling side, more emotional, where the other side is the more science and math linear type of thinking.

Maybe a more diverse, or complete whole as a person?

Yeah. Maybe I’m just thinking of it in two halves, maybe it is actually just one. I haven’t given it too much thought before this. No one has actually asked me the question straightforward.

So, that does sound like a blessing in a lot of ways. To maybe be more complete than other people. To have a more unique and broader perspective.

Um hum. When I’m on it, like right now, it sounds kind of weird, but I think of the future more. Like what do I have to do so that I can be successful in the future. Get things done the way that they should be done so that I can step ahead. But, not medicated, I’m generally thinking about the past. And just, more and more interpreting others and myself. I think I have a better time reading people when I’m not taking it. Just in body actions, voice, looking at their eyes, tone of voice. I can almost put myself in their situation, but with this I’m just kind of outside looking in when I’m on it. Probably sounds like total nonsense, huh?

No, that’s very interesting. So that emotional thing that you talked about when you’re not taking the medicine. Maybe more able to connect with the emotional side with people, and when

76. When not on medication, S. says “thoughts tend to flow, more abstract thought... more feeling side, more emotional.”

77. When queried, S. says that no one has asked him these types of questions before and that maybe these two halves are actually “just one” complete person.

78. S. thinks about the future more when he is on medication, with questions such as, “What do I have to do so that I can be more successful in the future?”

79. Not medicated, S. is “generally thinking about the past, and... interpreting others and myself.”

80. S. has a better time “reading people when I’m not taking it.” He looks at their body actions, voice, eyes, and tone of voice.

81. Unmedicated, S. “can almost put myself in their situation.” Medicated, he is “just kind of outside looking in.”
you are on it the kind of linear, business-like thinking?

Yeah. Like right now I feel the effects of the medication so everything is running a lot smoother through my mind. It’s easier to grab it and bring it back up, and find the word that coincides with the thought. A lot of times I have trouble finding the word when I’m trying to explain something. I know what I want to say, but it won’t come out of my mouth. I get a picture in my mind but I cannot think of the word for the life of me. But as soon as I’m medicated, it kind of puts it all on a shelf and it is easy to pick out. Instead of having to dig through a pile on the floor, so to say.

That’s an excellent analogy for explaining it. How does that feel when you are dealing with that? Perhaps when you haven’t taken the medicine and you need to gather some thoughts and organize them, but it’s tough because you cannot find the words.

It’s always better to make a big decision when I’m on my medication. Is that what you are trying to say? It’s always much easier to make a big decision, like a life-altering or a decision that might affect someone else type of decision, when I’m on it. So I can see more angles more clearly. Instead of trying to conceive some grand idea when I’m not on anything. It might sound great to me but it might sound foolish to everyone else.

So a realization that it might impact others. Have you learned that through experience?

Yeah (laughs). Yeah.

82. At present, S. feels the effects of his medication and says that his thinking is, “running a lot smoother.”

83. S. says that when he is not under the effects of medication, he has trouble finding words he wants to use. He has to, “dig through a pile on the floor” to find the words for his thoughts.

84. Medication “kind of puts it all on a shelf and it is easy to pick out” the words that go with his thoughts.

85. S. thinks that, “It’s always better to make a big decision when I’m on medication.”

86. Medication allows S. to, “see more angles more clearly” when he is making “life-altering decisions.”

87. S. says that when he is not medicated, an idea that might sound great to him might sound foolish to others.
How so? How did you arrive at the understanding that when making a major life decision it might be better to do that while on the medication?

I’m trying to think of an example, to put it in its simplest terms. I don’t know, if it comes back to me later I’ll just spew it out.

That’s cool. That’s cool. In the sporting world, you have talked about some positive effects of taking the medication.

Yeah, from a performance aspect I think it is much easier to deal with everything that goes on when I’m on my medication. I can deal with pressure a lot easier, because as I said, I’m not as emotional and not trying to read into what the coaches are saying. When he says something to me, “Is that an insult? Is he trying to get at me? Was that a snide remark?” But when I’m on the medication, I just kind of take it as it is. That is pretty good when dealing with the coach, who has... a pretty intense coaching style. Yeah, you get barked at, and don’t take things personally and feel good all the time while you are out there.

It’s easier when you’re on the medication. The energy differences that you talked about, your concentration, it’s more beneficial to have taken the medication?

Yeah. Um hum. And maybe that energy difference is a complete mental thing, but even if it is, it still helps me

88. S. believes that in terms of his athletic performance, medication makes it, “much easier to deal with everything that goes on.”

89. Medication allows S. to, “not be as emotional” and he can, “deal with pressure a lot easier.”

90. S. will “just kind of take it as it is” when he has taken medication and he does not take the coaches remarks personally or read into what they say to him.

91. S. notices an increase in his energy level when on medication, but wonders if it is a “complete mental thing.”
and I’m going to continue thinking in that way. It may be complete rubbish, but it works for me so I’m just going to keep thinking like that. I guess they’ve brainwashed me enough so that I’ll think that, so...

How do you see things playing out, as you continue to live your life with the disorder?

I think it’ll just have to be a constant monitoring of myself, whether I want to or not. Just saying, is there a better way around any given situation and what should I do to deal with it? Generally dealing with something stressful or on a large scale should be done while I’m on medication. Playing time and extracurricular time, then not on anything. But business world time, school time, I should be on it just to...fall back on. Keep at a constant level so I’m not fluctuating. That’s probably the way that I should be. I just have to discipline myself to do that. As I’ve become older it’s gotten a lot easier.

Easier to discipline yourself?

Yeah. Just looking at the bigger picture.

So, as you get older, if left to your own choice...

So yeah, as I get older it’s easier to deal with it by myself instead of having to rely on others or their input. Yeah.

So if there is less or no external pressure, you still...

I’d still probably come around. I don’t know how long it would take, but it would definitely happen.

92. However, S. says, “I guess they’ve brainwashed me enough so that I’ll think that.”

93. S. thinks that as his life progresses, he will “just have to be a constant monitoring of myself, whether I want to or not.”

94. According to S., “dealing with something stressful or on a large scale should be done while I’m on medication.”

95. During his playing time and extracurricular time, S. does not want to be on medication. For “business world time, school time I should be on it.”

96. S. would like to “keep at a constant level so I’m not fluctuating” and this has become easier as he as gotten older.

97. S. states, “as I get older it’s easier to deal with it by myself instead of having to rely on others for their input.”

98. Even without external pressure, S. believes he would still take medication.
By coming around, what do you mean by that?

Oh yeah, coming around is a total person thing for everyone, so it’s kind of hard to say that. Coming around means like…when I couldn’t deal with the stress of when I’m not on it. That’s actually another very good point, there is a lot of stress. I feel a lot more stress when I’m not on medication. It’s generally the stress that makes me want to take it.

What’s that like?

Uh…stress like I should be performing well in athletics, academics, socially, you know, person life types of things. When stress builds up when you’re not on medication, it’s a little more overbearing than when you are on it.

It’s something you’ll feel building?

When you are completely stressed out, and your mind isn’t connecting properly, it’s kind of a sketchy situation to be in because you feel really stressed out and you are just really overwhelmed, don’t know what to do. Can’t really think it out because you are on your really emotional side. Just like, I want to get this feeling out, so I’ll just act up but that makes things a little worse. So, I need to take it to the thinking side. Take your medication and just relax and try to think through things. Does that make any sense to you?

Yeah, it does. Just that internal feeling of the stress building.

Yeah, everyone measures stress differently. The way I measure my quote/unquote stress is…I measure when

99. S. feels, “a lot more stress when I’m not on medication.”

100. “It’s generally the stress that makes me want to take it,” S. says about his medication.

101. S. feels stress in terms of how he should be performing in athletics, academics, and socially.

102. S. believes that, “stress builds up when you’re not on medication, it’s a little more overbearing than when you are on it.”

103. When stress builds for S. and he is not on medication, he says “you can’t really think it out because you are on your emotional side.”

104. S. says when this happens he needs to, “take it to the thinking side” which he can do better when he has taken his medication.
I'm not on it and when I just feel overwhelmed by my measurement I just think things out.

And if that builds to a point, you might then decide, "Okay, I need to take some medication to help sort this out and help release some of this stress." Does that sound right?

Yeah. Just because I can sit back and think. When I'm not on medication the last thing that I would ever want to do is sit in a chair and be still for twenty minutes and actually think over something. I'll be walking around my room, pulling at things, cleaning up, just fidgeting around, jumping from one CD to another, just trying to forget about something. I couldn't sit down and think. But when you’re medicated it just gives you a... kind of like (inhales)... a deep breath. And you're in a mental state where you can think things through.

It gives you the opportunity to sit down and take stock and figure out where that stress might be coming from.

Yeah. Going back to that energy thing, it might not be the medication giving me energy, you’re just able to focus on it more completely than if you weren’t on it. You can harness your energy a lot better is what I should have said. It gives you more.

It sounds like every day is just...

Yeah, a constant state of...

A constant state of what?
I don’t know what state it is, but just a constant state “of,” I’ll just say. A question mark. I don’t know if there is an actual medical term for it, but that’s what it is.

**What’s that experience like? What is that feeling like?**

Like I said, sometimes it’s fun to deal with, sometimes it’s overwhelming, sometimes you want more things to deal with, sometimes less. It’s just a constant flow of emotions and random thoughts, pretty much.

**Something different or new all the time?**

Yeah.

**It sounds just extremely interesting.**

Yeah. If I’m on it, if I stagger it, like take my medication three days out of the seven day week, the week is completely...up and down. I’m trying to think of a good word. So...the week is like in sections. Does that make any sense? Like Monday, Wednesday, and Friday are medicated and the other days are not, so the unmedicated days you’re...they kind of...I don’t know. It’s kind of hard to put into words instead of a feeling.

**What is the feeling?**

That is what I’m trying to come up with. If I could just figure it out you could see it. But, yeah, hard time putting it into words that someone else besides myself could understand.

**Can you make an analogy to something?**

110. S. describes everyday as a constant state of “of” or a “question mark.”

111. Of his ADHD, S. says “sometimes it’s fun to deal with, sometimes it’s overwhelming.”

112. S. describes his ADHD as, “a constant flow of emotions and random thoughts.”

113. If S. takes his medication three days out of the week, “the week is completely up and down...the week is in sections.”

114. S. has trouble putting the feelings of this experience into words, “that someone else besides myself could understand.”
Yeah, okay. I’ll try that. Let’s say, just any regular person on any given week. Three nights out of that week they go drink a six pack. Those three nights, the Monday, Wednesday, Friday that he goes out and drinks a six pack, he has the same general feeling, you know, of the evening and the day. Those three days are the same, kind of grouped together. All the other days, Tuesday, Thursday, the weekend, are just different feeling days. He’s thinking a certain way Monday, Wednesday, Friday with his chemically induced thoughts. Then when he’s not drinking he’s thinking in a different mind frame. That’s what I’m trying to say. But for...I’ll be taking pills three days and the other days, it’s two different mind frames, two different feelings. They just kind of group together in the week. That’s why it kind of makes the week strange, you kind of stagger it and jump around from day to day with your medication, not take it constantly through.

Yeah, so when looked at in week segments, there can be lots of differences

Yeah. There’s no actual common ground when doing something like that. Life in general is just constantly fluctuating.

One day is so different from the next. Is that kind of your experience in general because you are taking the medication some days and not others?

Yeah. On the days when you’re taking it, it’s not reflective, but you kind of think about what you have done and what that’s leading to. And when you’re not on it, it’s just spur of the moment, right here right now. You try to

115. S. compares his taking of medication three days a week to a person who drinks a six pack of beer three nights a week. “Those three days are the same, kind of grouped together.”

116. S. says that when this person is not drinking, “he’s thinking in a different mind frame.”

117. Of taking his medication only certain days of the week, S. states, “It’s two different mind frames, two different feelings.”

118. This practice of taking medication some days and not others, “makes the week strange,” according to S.

119. S. says there is no “common ground” when doing this and that, “life in general is just constantly fluctuating.”

120. When medicated, S. describes himself as “reflective,” but when not medicated, “it’s just spur of the moment, right here, right now.”
rationalize it when you’re on it, just actually think about it. Think about your actions in the past, what you’re gonna do in the future. They will carry through if you continue to take it over “x” number of days while the thought is occurring. But as soon as you stop, the thought pattern is lost, and you’ve got to start over again. When you start taking your medication again it’s like enlightenment. Then you’re back down to where you were before, when you don’t remember the enlightenment because you stopped taking it.

It sounds like you’re beginning anew each time.

Yeah, you could say it like that.

**But the carryover isn’t there? That sounds like it would be difficult, or could be difficult to deal with.**

But I have nothing to gauge my life against. I couldn’t put myself in someone else’s life, like that girl walking out there, I couldn’t put myself in her mind and feel how her life is or how easy it is to deal with in her head. But it may be completely easier or it may be more difficult. But with me I have nothing to judge it against. So I don’t consider it hard at all, I just consider it the way that I am. Normal.

**It’s your life and you have the best perspective on it.**

Yeah, so I don’t judge it on difficulty or anything. Like how easy it is to cope with it, because it’s always been that way, so that’s what I’ve come to accept.

**When did you first learn about having**
the disorder? Can you tell me how that transpired?

Well, my mom has been a nurse since I was born. She...left nursing practice a few years ago when she had one of my brothers. She is kind of into that research, she knew about the research well, and it was kind of a home diagnosis, and she thought I was ADHD since I was a little kid, since I was born. When the news coverage, or Time Magazine writes something on it like you should take your kid to a doctor and see if what he actually has is this. They took me to our family doctor about sixth, seventh grade, and he was like, "Yes, definitely." I was diagnosed since then, but...she sort of knew all along watching my actions as I grew up. We just got a confirmation from the doctor, then. I've been taking medication on and off ever since then. That's why I'm kind of hesitant to continue taking it, until there is actual research. Because I've been taking it for a long time I think, that if there is something that would happen it could. I'm just kind of paranoid. I'd just like something to look at that would tell me that it's safe or not safe, not just that tests have not been completely finished, or that the studies are not complete.

Yeah, because you are looking at 8 or 9 years now of having taken it.

Um hmm.

How was your school experience?

I thought it was quite enjoyable. The actually going to school, socializing with other kids. I never was quite an "A" student. Not that I didn’t understand anything. I, pretty much, everything

128. S.'s mom is a nurse and she, "thought I was ADHD since I was a little kid, since I was born."

129. S.'s parents took him to the doctor when he was in the sixth or seventh grade, which is when he received the diagnosis.

130. According to S., him mom, "sort of knew all along watching my actions as I grew up."

131. S. is "kind of paranoid" about continuing to take the medication. "I’d just like something to look at that would tell me that it’s safe or not safe, not just that tests have not been completely finished...”

132. S.'s school experience, “was quite enjoyable,” although he was not an “A” student.
they taught me in junior high and high school, was...it was like common knowledge. You could deduce these things yourself if you just gave it any thought, so why do they even bother teaching it? I never really put any effort into anything. Just kind of coasted through, which wasn’t probably the best idea but I thought it was a good idea at the time. That was the unmedicated me thinking. You know, just kind of up and down, rollercoaster all through high school. From a medication point of view, I mean.

Similar to the way it is now, academically?

Yeah, I never gave it as much conscious thought just because there were other things on my mind those times. I acted on it more than thought about it more, which I do now. Back then, I never second-guessed any actions. Whatever I felt should be done, I did, and it was done. Now, I kind of actually step outside myself, step back and say, just re-evaluate. The thing you do naturally when you mature, you know, I just have to do that more when I’m off it.

Reflection on ways that you have behaved, is that what you’re talking about?

Yeah, and the way you should overcome any obstacle you’re given.

So time spent reflecting or thinking about the day or things that happened?

Yeah. In high school that didn’t happen. But it seemed like a pattern of actually being able to realize things. Am I completely confusing you? I have so

133. S. thought that those things taught in junior and senior high were easy and things easily figured out with any degree of thought.

134. S., “just kind of coasted through” junior and senior high, and he “never really put any effort into anything.”

135. According to S., “that was the unmedicated me thinking” and high school was a “rollercoaster” because of this.

136. S. acted on things more than he thought about them during this period. “Whatever I felt should be done, I did, and it was done.”

137. Now, S. will “step outside myself, step back...and re-evaluate” situations.

138. S. attributes this change to his maturation.

139. In high school, S. did not spend time reflecting or thinking about things that happened during the day.
many thoughts running through my head, it's just kind of hard to keep them in line. They're all coming together now.

Yes, because we've talked about a lot of different aspects of the disorder so I can understand how that might be the case. I see that we're almost at the end of the tape. Do you want to stop?

I don't know. Like right now you've opened my mind to it, so I'm on that level and I can think about it. If you keep asking me questions, I'll keep answering them. If you're finished that's fine. I'm in absolutely no hurry right now. Now I'm in that state where I can sit back and actually focus on something. Why should we break it off? I just have to make sure I get some lunch before 1 o'clock.

So, you think there would be a difference in how this interview went and how you were able to talk about it if you hadn't taken your medication?

I guarantee, I would have been up and out of here like 11:30. Nothing to talk about, I'm fine. See ya.

I think you have just done wonderful as far as being able to tap in to some of what goes on for you.

Yeah, I thought it would be a good idea this morning for me to take it (laughs). I may as well try to get something out, not just a few words. If I wasn't on any medication right now I'd be noticing the pauses. But I'm not evaluating them. If I wasn't on any medication I'd be like, "What's he thinking about? What's he gonna ask me?"

140. S. has many thoughts running through his head, and "it's hard to keep them in line."

141. With regard to his ADHD, S. says, "right now you've opened my mind to it, so I'm on that level and can think about it.'

142. S. guarantees this interview would have been much different if he had not taken his medication. He would have left early and said, "nothing to talk about, I'm fine."

143. S., "thought it would be a good idea this morning for me to take it," knowing that we would be doing this interview.

144. If he had not taken his medication, S. would have noticed the pauses in our conversation and he would have been evaluating them for meaning.
So there would have been a difference, you think, if you had not taken it?

I’d be trying to explain feelings even more, and have an even more difficult time trying to explain something. Because now I’m thinking with my eyes opened as opposed to closed. If you can use that. When they’re closed nothing can get out. But when your eyes are open things can be taken in and out, and you can express. I don’t know if that is a good analogy.

Yeah, that’s an excellent analogy. Definitely it’s a situation where I’m trying to get an idea of what is going on for you.

You would probably have to do a lot more prying and asking pointed questions if I wasn’t on anything. It’s a little easier to understand now. Going back to the basketball side of things, I don’t think the coaches have ever dealt with someone with the exact disability as mine. At least they haven’t come to me saying that, because...they kind of expect you to be exactly what everyone else is. But you can never really stand on that common ground. Everyone else is kind of on a constant, there mind is in one place pretty much all the time because they are not taking medication. For me it’s constant fluctuations. I don’t think the coaches really understand what it’s like to be the way I am. I’m not asking them for sympathy, just more of an open-mindedness. Which was not there. Because the thing I kind of got from discussions with them at the end of the year, you know, knowing what happened, is “you’re too much of an individual.” I think he was using that as a point to kind of take me down. I think that statement...I actually quite enjoyed

145. Having taken his medication before this interview, S. is, “thinking with my eyes opened as opposed to closed.”

146. When his eyes are open, “things can be taken in and out, and you can express.”

147. S. says that I would have had to ask more questions and do more prying to get him to talk if he had not taken his medication.

148. S. does not, “think the coaches have ever dealt with someone with the exact disability as mine.”

149. Comparing himself to others on the team, S. says, “you can never really stand on that common ground.”

150. For S., “I don’t think the coaches really understand what it’s like to be the way I am.”

151. S. is not, “asking them for sympathy, just more of an open-mindedness.”

152. S.’s coach told him, ‘you’re too much of an individual,’ but S. “actually quite enjoyed him saying that.”
him saying that. Thank you very much. I am an individual. I am not going to try to blend in. I’ve never tried to be something that I’m not. Too much of an individual for the program. Socially, they can’t really understand the things I do, or why I do it. Like physical things, appearance-wise, socially, I don’t think they can understand where my mind is at that point or why I made these decisions.

And those are things you feel proud about?

I feel completely okay with that. But, I don’t think that he can see why I think like that. I don’t even know if the coach knows that I was diagnosed or not. And if he was, he probably just kind of overlooked it and expected me to be a cookie-cutter, good all-American athlete, clean cut, expressionless, not think of yourself. Which I think are all good traits, but I’d rather just be an individual and not try to fit a system. If I’m thinking totally rationally I don’t know, but that’s just the way I do it.

When he told you some of these things that he saw as not positive, you saw them as being positive?

I saw them as completely fine or positive. He kept bringing up social factors and social decisions, and his mind is completely different than mine, so I don’t believe that I should be judged or ridiculed because my mind works completely different than his. Being a Division I basketball coach, your mind is pretty set in its ways. You’re not willing to explore other avenues of thought, of expression, of this and that. So his mind says it’s rock solid. Mine is not. At least to him. We could never really

153. S. notes that, “I am not going to try to blend in. I’ve never tried to be something that I’m not.”

154. S. does not think that the coaches could understand some of the choices he made, like how to dress.

155. S. states, “I don’t even know if the coach knows that I was diagnosed or not.”

156. S. says if the coach did know that he has ADHD, “he probably just kind of overlooked it and expected me to be a cookie-cutter, good all-American athlete, clean cut, expressionless, not think of yourself.”

157. S. does not believe that, “I should be judged or ridiculed because my mind works completely different than his.”

158. S. believes that he and the coach never could make an understanding. “He could never really understand why I did things I did.”
He could never really understand why I did things I did.

He was pretty set in his ways and you were something that was different?

Yeah. He has a pretty conservative style, set in his ways. My mind is very liberal, willing to explore. They just never really connected on any line. So I’m not really shedding too much tears over what happened at all. I’m just kind of like, “okay.” There are other people out there that I have to deal with besides this guy, and other systems to try. I’ll just try to find one that I fit in to. I’m sure that won’t be too hard.

So, just a keep exploring, keep looking mentality?

If a certain individual isn’t seeing eye to eye with me, and we’ve tried a number of times, I’m not gonna try to force the issue, I’ll just try to find somebody else who will. I’m not burning any bridges behind me, but just exploring other avenues.

That’s a good attitude to take.

Yeah, I wouldn’t want to be completely pessimistic or anything about this so-called disability. You wouldn’t want to keep a negative mind frame because then you just keep beating yourself down. Keep second guessing yourself. Keep asking yourself why I’m not normal. But normality is all relative. So I just let things flow and try to keep a positive outlook on everything.

You have mentioned previously that it’s your reality, it’s your life. That’s what you have to deal with.

S. believes that the coach had a conservative style and that his was more liberal and explorative. “They just never really connected on any line.”

S. plans on continuing to deal with other people and systems in an attempt to, “find one that I fit in to.”

If he is not getting along with someone, S. will not, “try to force the issue, I’ll just try to find somebody else who will.”

S. says, “I wouldn’t want to be completely pessimistic or anything about this so-called disability.”

S. does not want to, “keep a negative mind frame because then you just keep beating yourself down.”

S. refuses to, “keep asking yourself why I’m not normal.” He says normality is all relative, and he plans to, “let things flow and try to keep a positive outlook on everything.”
Everyone tells you that you should be goal-oriented, but that's hard to keep a common goal in mind when your mind is totally going elsewhere. Exploring new ideas. It's really hard to get any goals unless you're medicated. And most of the times, I like exploring, free spirit, floating out there. This is definitely enlightening to myself, just having to tell somebody else, to actually have to consciously think about the things we just went over.

165. People tell S. that he should be goal-oriented, but he says, “that’s hard to keep a common goal in mind when your mind is totally going elsewhere.”
166. S. concedes, “It’s really hard to get any goals unless you’re medicated.” However, most of the times S. likes the, “exploring, free spirit, floating out there” that comes with not taking his medication.
167. For S., this interview was “enlightening,” because he had to talk to someone else about his ADHD and think about the questions that were asked of him.
Mitch - Level 3

S. received the diagnosis of ADHD when he was in the sixth or seventh grade. His mother, who is a nurse, had concerns about his behavior and took him to a doctor for testing. According to S., his mom “sort of knew all along” that he had ADHD, from the time that he was a very young child. Although he was not an “A” student, S. found his early school experiences to be, “quite enjoyable.” S. admits that he, “just kind of coasted through” junior and senior high, and that he did not put much effort into school. At the time, S. thought that the material taught in junior and senior high was easy and consisted of things that could be easily figured out with any degree of thought. In high school, S. did not spend time reflecting or thinking about things that happened during the day. S. notes that he acted without thinking during this period. “Whatever I felt should be done, I did, and it was done,” he says. S. states, “That was the unmedicated me thinking,” and since he did not take his medication regularly during this period, he describes high school as a “rollercoaster.”

With regard to his ADHD, S. has “never really thought of it as being a disability.” Since he has had to deal with it his whole life, he has come to accept it. S. says, “I just consider it the way I am. Normal.” He refuses to ask himself why he is not like others. Having ADHD has become so second nature to S. that he only thinks about it, “when others actually reminded me that I had it.” S. plans to, “let things flow and try to keep a positive outlook on everything.” S. also notes, “I wouldn’t want to be completely pessimistic or anything about this so-called disability.” S. says that he has, “nothing to gauge my life against.” He states, “I couldn’t put myself in someone else’s life, like that girl out there, I couldn’t put myself in her mind and feel how her life is or how easy it is to deal with in her head.” S. does not want to keep a negative mind frame because, “then you just keep beating yourself down.” He describes his ADHD as, “a constant flow of emotions and random thoughts.” He admits that, “sometimes it’s fun to deal with, sometimes it’s overwhelming.” Interestingly, in some ways S. sees his ADHD as a “blessing in disguise.” With it, he gets to “see the world in a couple of different fashions,” depending on whether or not he has taken his medication. S. says there are, “two me’s” which gives him two different perspectives on life. S. believes his medicated self is “goal-oriented, more linear thinking” and also “business-minded.” When not on medication, S. says ‘thoughts tend to flow, more abstract thought…more feeling side, more emotional.” Clarifying these thoughts, S. notes that these two halves actually make up “just one” complete person.

S. currently takes Dexedrine for his ADHD, which he says is, “in the same family as speed.” He has taken Ritalin in the past, but prefers the Dexedrine because one dosage lasts most of the day for him. When he took Ritalin, S. had to take several dosages during the day because the effects did not last as long, and this resulted in “ups and downs.” When he gets up in the morning, S. asks himself, “Am I going to take my medication or not?” He says that taking his medication depends on his, “personal motivation” and what he has on his schedule for that day. S. will take a break from his medication on days when he has no school or basketball. This practice of taking medication on some days and not others results in, “two different mind frames, two
different feelings.” S. says that there is no “common ground” when doing this and life is “constantly fluctuating.” If S. takes his medication three days out of the week, “the week is completely up and down...the week is in sections.” S. compares taking his medication three days a week to a person who drinks a six pack of beer, three nights a week. His medicated days are similar to the nights this person drinks.

S. can, “sit back and think” when he is on medication. When not on it, “the last thing that I would ever want to do is sit in a chair and be still for twenty minutes and actually think over something.” Medication allows S. to “not be as emotional” and he can, “deal with pressure a lot easier.” He believes that, “everything just kind of falls into place” after he has taken his medication. When medicated, S. describes himself as “reflective,” but when not medicated, “it’s just spur of the moment, right here, right now.” He also has an easier time talking to others and collecting his thoughts when he is on medication. For him, everything “flows clearly, it all makes sense” and he can, “keep on the same track with others when medicated.” S. believes that when he is making “life-altering decisions,” or “dealing with something stressful,” he should be on medication since it allows him to be on his “thinking side.” Medication, “kind of puts it all on a shelf and it is easy to pick out” the words that go with his thoughts. S. thinks about the future more when he is on medication, with questions such as, “What do I have to do so that I can be more successful in the future?” He concedes, “It’s really hard to get any goals unless you’re medicated.”

However, most of the times S. likes the, “exploring, free spirit, floating out there” that comes with not taking his medication. S. believes that he has a better time, “reading people” when he is not taking medication. He finds it easier to look at their body actions, voice, eyes, and tone of voice when he has not taken Dexedrine. Unmedicated, S. has an easier time identifying with others, but when he is on medication, he says he is, “just kind of outside looking in.” When S. has medication, he usually uses it. When he runs out, he tries to keep it a secret so that he can “try to fool” others into believing that he is still taking it. However, he admits that this generally does not work, because those who know him well can tell when he has or has not taken his medication. S. notes that his body is, “a little slowed down” when not on medication and that it is in its “natural state.” However, not taking medication has an impact on S. He will, “second guess” what he wants to say a number of times before speaking. He has trouble finding words he wants to use. S. has to, “dig through a pile on the floor” to find the words to match his thoughts. If unmedicated, S. will have to, “piece together a conversation and try to interpret what they are saying after the fact.” S. also worries if his responses to others will be random and off the topic of what is being discussed. He believes that he is making connections in his head that someone else would have difficulty following. S. also says that when he is not medicated, an idea that might sound great to him might sound foolish to others. He also wonders if he is thinking rationally when he is not on his medication, and he calls the whole situation, “confusing.”

S. feels, “a lot more stress when I’m not on medication.” When stress builds for S. and he is not on medication, he has trouble thinking things out because he is on his “emotional side.” If this stress level gets to high, S. will take a dose of his medication.
S. will at times, “take it for two weeks straight and be feeling really great and productive, then just completely stop for a week.” S. finds himself second guessing his use of medication. When he is taking it, “it’s the best thing in the world,” but when the effects wear off, he tells himself, “I do not want to take any more.” When S. begins taking his Dexedrine again after being off of it, he describes the change as, “enlightenment.” Eventually, he ends up not remembering this enlightenment when he stops taking his medication. S. has a difficult time when his medication is wearing off. He gets, “really, really agitated, almost angry at the smallest things” as it wears off, and things are “just not sitting well for an hour or two. At this point, S. either wants to, “take another one or just battle it out.” His body feels “uncomfortable” so he subsequently has a difficult time focusing. One mistake or negative thought gets him “really uptight” when the medication is wearing off, and this happens during a game or practice, “the game just totally goes to hell.”

With regard to medication, S. feels “kind of forced or obligated to take it.” He wonders if there are other methods or ways that he could treat his ADHD. S. cites “external factors” as the reason for taking it, pressure he feels comes from his family, his doctor, and coaches on the team. Of medication, S. says, “I’d never go and seek it out myself.” S. thinks he has been “brainwashed” into taking his medication. He wonders, “why should someone else try to regulate how I act,” and he ponders why he has to take pills and not be, “the person who I was born.” Regarding taking his medication, S. adds, “I guess if it makes everyone else happy I’ll continue to do it.” However, S. is somewhat inconsistent with his statements on this topic. Later in the interview he states that even without external pressure he would still take the medication.

S. describes himself as, “kind of paranoid” about taking his medication. He has not seen any longitudinal studies addressing those who have taken stimulant medication for a long period of time. S. worries that, “one day they take Ritalin and Dexedrine off the shelves because it’s bad for you.” He would feel more comfortable if the usage of medication was researched more thoroughly. S. wonders if Dexedrine builds up in his system, and whether or not it has a cumulative effect. He has read that if one takes stimulant medication over a long period of time, then goes off it, the body will experience some very negative side effects. Due to this, S. is concerned with what the medication, “does to your health system and your body in general.” Dexedrine has some side effects for S. When taking it, “there is no chance of sleep” for him and, “eating becomes a chore.” Not eating makes it difficult for S. to put on weight, which does not help him in his sport. With the Dexedrine, there is no way of rationing out how small of a dosage one can take. “You either take one or none,” according to S. There are no half-tablet dosages, which can be done with Ritalin. S. also has a difficult time staying hydrated when he is on the medication, because it “dries you out.” Because of these side effects, S. does not care to be on his medication for long periods of time. He takes a break from his medication on days when he has no school or sport obligations. On these occasions, S. notes, “I’ll get to sleep and I’ll get to eat. Try to be regular.”

S. believes that medication does effect his athletic performance. He says that medication allows him to focus more completely, and that “you can harness your energy
a lot better,” when on it. Taking part in athletics, medication makes it, “much easier to
deal with everything that goes on,” for S. After he has taken Dexedrine, his body is
“teeming with this energy” and for S. it is, “imperative that you get this out.” S. will
“just kind of take it as it is” when he has taken his medication, and he does not take the
coaches remarks personally or read into what they say to him. When he has not taken his
medication, S. notes that his stamina is lost much easier and he has almost no interest in
the game. Although he notices this increase in his energy level and attributes it to his
medication, S. wonders if it is a, “complete mental thing.” Assistant coaches often asked
S. such things as, “Did you remember to take your pills this morning?” and “Did you go
see the doctor?” For S., the issue of others reminding him about his ADHD came up very
frequently. These questions made S. feel “like a child that needs to be watched over.” S.
is not even sure if his head coach knows that he has ADHD. S. thinks the coach might
have just “overlooked” this fact, and expects him to be like the other players. For S., he
does not think the coaches, “really understand what it’s like to be the way I am.” He does
not believe that the coaches have ever dealt with somebody who has ADHD. S. believes
that the coach’s style is more conservative, while his is liberal and explorative. Because
of this, S. and the coach have never really connected. The coach has told S. that he is,
“too much of an individual,” and although it was meant negatively, S. took it as a
positive. S. enjoys playing basketball because it is, “complete individuality within a
system.” He has no desire to blend in with the others on the team, or to be something that
he is not. Comparing himself to others on the team, S. says, “You can never really stand
on that common ground.” He does not believe that, “I should be judged or ridiculed
because my mind works completely different than his.” S. is not asking for sympathy
from his coaches, just more of an open-mindedness.

S. thinks about and notices his ADHD when trying to read or study, or when doing
things on his own. He has a difficult time paying attention to what he has read, and he
often cannot remember what it is that he just read through. When reading, S. can read
two or three sentences, but then he must read them over again several times and even say
it out loud to himself in order to make sense of it. He relies on “repetition” so that he can
“ingrain” what he has read. S. says, “Once it’s in it’s no problem, just getting it there is
difficult.” S. also has a difficult time listening to lectures. He finds himself “looking off
behind to see what is going on behind them, what’s going on around me, listening to
other sounds in my head, looking at everyone but the person.” S. needs to give others his
“100% attention” when they are talking or lecturing to him. If he does not, he will miss
complete sentences and the point of their whole story. Other people tell S. that he should
be goal-oriented when it comes to his academics but he says, “that’s hard to keep a
common goal in mind when your mind is totally going elsewhere.” He notes that he
often times has so many thoughts running through his head that, “it’s hard to keep them
in line.” S. would like to “keep at a constant level so I’m not fluctuating,” and this has
become easier as he has gotten older. He does believe that it has become easier for him
to manage the disorder by himself, instead of relying on others for their input. S. thinks
that as his life progresses, he will “just have to be a constant monitoring of myself,
whether I want to or not.”
Knowing that he would be doing this interview, S. “thought it would be a good idea this morning for me to take it (medication).” He guarantees that this interview would have been much different if he had not taken his medication. S. notes that he would have left early and said, “Nothing to talk about, I’m fine.” If he had not taken his medication, S. would have noticed the pauses in the conversation and he would have been evaluating them for meaning. S. also believes that the interviewer would have had to ask more questions and do more prying to get him to talk if S. had not taken his medication. Since he did take his medication prior to this interview, S. says that his thinking is, “running a lot smoother.” He is, “thinking with my eyes opened as opposed to closed.” When his eyes are open, “things can be taken in and out, and you can express.”
Mitch- Level 4

According to S., his mother had suspected for some time that he had ADHD, although he was not diagnosed with it until he was in middle school. Her experience as a nurse helped her to see that S. displayed many of its symptoms. By his own report, S. was very impulsive during this period. He acted before thinking out the possible ramifications that such actions might have. Since high school was not that challenging for him academically, he did not have to put forth much effort to obtain decent grades. S. describes this period as a “rollercoaster” because he did not take his medication regularly.

S. does not consider ADHD to be a disability. Because he has dealt with it his whole life, he sees it as being part of what makes him a unique individual. Instead of being negative about the disorder, he has chosen instead to be upbeat and positive about it. S. admits that ADHD can be “overwhelming” at times, but he also sees having the disability as a blessing. Because he sees himself as two different people depending on whether or not he has taken his medication, he gets to experience and view life through a rather dichotomous pair of lenses. When he has taken his medication, he states that his thought processes work towards analysis and convergency. Unmedicated however, S. believes that he tends to be more emotional and divergent in his thinking.

S. has had to experiment with different types and dosages of medication to treat his ADHD. At present, he takes Dexedrine because it is more powerful and allows him to usually get through the day with just one dose. S. remains inconsistent in his taking of medication. Some days he takes it, some days not. His choice of whether or not to take it often comes down to how he feels on that given day and what is on his schedule. This inconsistent program of drug administration leads to a general state of flux.

When it comes to medication, the actions of S. can be described as approach-avoidance in nature. He recognizes that medication can be and is very beneficial for him. It allows him to better think through important decisions. He has an easier time collecting his thoughts and communicating with others when he has taken it. And, it enables him to be more future-focused and goal-oriented. For these reasons, and for several others, he is drawn to the benefits that medication provides to him. However, by nature, S. sees himself as free spirit. He enjoys the spontaneity and the emotionality that come with being unmedicated, and he sees these as his natural and predominant personality traits. Therefore, part of him actively wants to avoid pharmacological treatment of his ADHD.

S. feels pressure from others to take his medication, and equates this to being “brainwashed.” This perceived pressure comes from his doctor, from team coaches, and from his parents. This external influence adds to his desire to avoid taking medication. S. struggles with the role that medication plays in his life. At one point in the interview, he states that he would not seek out medication as a form of treatment if the decision were left to him. However, at a later point in the interview, perhaps forgetting what he had said earlier, S. notes that he would still take medication even if there was no external pressure for him to do so. Clearly, these inconsistent statements highlight the internal struggle that he endures with regard to taking Dexedrine.
Other factors also seem to contribute to S.’s hesitancy to use medication. Chief amongst these appears to be the issue of side effects incurred from taking Dexedrine. Since the dosage he takes is so powerful, it suppresses his appetite, dehydrates him, and makes it difficult for S. to sleep, especially if he has taken it later in the day. However, if he has taken a dose in the early morning, its effectiveness has been diminished by late in the day. When S. must study in the evening or compete in his sport, he must often take another Dexedrine tablet to deal with the effects of his ADHD. While doing so helps him concentrate and focus, it makes it difficult for him to meet his nutritional needs and to get adequate rest. S. is also concerned about the effects of long-term stimulant usage. He wonders if the drug builds up in his system, and worries about negative cumulative effects that might show up in the years to come. He would feel better if he could see longitudinal research focusing on this issue. These factors contribute to the avoidant behavior he shows with regard to consistent medication usage.

Interestingly, despite these adverse side effects, S. believes that medication has a positive impact upon his athletic performance. It allows him to focus more completely and to harness the energy that is flowing through his body. It also gives him more stamina and he does not tire out as quickly or as easily. Although he attributes these positive effects to the Dexedrine, he wonders if the drug merely acts as a placebo which gives him the confidence to perform better. Needless to say, although he has general reservations about the medication, he has come to believe that optimal athletic performance is only attainable when has taken it.

Assistant coaches often ask S. if he has taken his medication or gone to the doctor to update and refill his prescription when it needs to be done. According to S., this happens frequently and makes him feel like a child that needs to be watched over. In response to this, he will often try to hide from his parents and coaches the fact that he has run out of medication when it occurs. S. appears to be seeking control: control over those who attempt to tell him what he should be doing, and control over the very drug that has such an impact upon him. In some ways, he seems unwilling to accept that the drug can impress such a drastic and powerful change in him. Perhaps he dislikes and resents the fact that the drug gets the credit when he is behaving the way others want him to. This minimizes his own importance and contributions, and puts the drug on a pedestal.

S. has had difficulty getting along with his head coach. Although the coach was actively involved in recruiting him, S. is not sure if the coach knows that he has ADHD. S. does not think the coach has any experience in dealing with someone who has the disorder. S. sees himself as liberal and explorative, while he believes the coach to be rather conservative. Because of these reasons, their relationship has suffered. The coach has told S. that he is too much of an individual, and S. agrees with this assessment. While S. sees this as a positive, the coach considers it to be a negative factor. Since he sees himself as so different from his teammates, S. expects the coaches to recognize and accept these differences. However, S. does not believe that they do.
S. is reminded of and notices his ADHD when trying to study. He must read through things several times in order to remember what he has covered. This repetition is necessary in order for him to imprint or ingrain what he has read so that he can recall it later. Besides having difficulty reading, S. also has trouble following along during lectures. He must focus entirely on others when they are speaking, or he will not be able to process or retain what has been said. With these challenges in reading and sustaining attention, academics probably cause S. a great deal of stress. S. admits that he would like to maintain a more “constant level” with regards to his ADHD, and he states that this has become easier to do as he has gotten older. Interestingly though, this conflicts with his earlier statements about how ADHD allows him two different lenses through which to look at life. This “two lenses” philosophy may just be a form of rationalization in order to better accept his ADHD.

Lastly, it bears noting that S. took his medication shortly before this interview, knowing that doing so would allow him to better think about and answer the questions. Such an action required foresight, and suggested that S. very much wants to better understand the disorder and how it affects him. He had an idea of what would be expected of him during the interview. Evaluating his own strengths and weaknesses, and how medication plays into these strengths and weaknesses, he decided to take it beforehand. S. admitted that had he not taken the medication prior to the interview, he would not have been able to answer the questions as thoroughly, or sustain his attention long enough to complete the interview process.
As a student-athlete here at the University, I would just like you to tell me about a recent time in which you reflected on what it is like to have Attention Deficit Hyperactivity Disorder.

When I was practicing?

Just anything, any recent time where you found yourself thinking about it.

Actually it happened within the last couple of practices that I had. She (coach) is trying to explain a drill, and I didn’t understand, and we kept getting penalized and penalized. She just kept talking about what we were doing wrong, and I couldn’t visualize it, and because I’m so visual I just did not understand. And so until she finally set up people in actual positions and played it out the way it was supposed be, like that’s the first time that I understood what she was saying. So, that was probably the biggest thing.

Just with her telling you what to do it wasn’t as effective as...

She had to show me because I didn’t understand what she was saying.

Do you find that to be common in other things?

Oh yeah. That’s throughout my whole life, in every aspect.

So if you can see it you’re definitely better off then when somebody is just telling you about it?

1. S. wonders if she should talk about an example that occurred while she was practicing her sport.

2. S. noticed her ADHD during the last couple of practices she had for her sport. Her coach kept explaining a drill, and she did not understand.

3. S. could not comprehend what the coach wanted because, “I’m so visual I just did not understand.” The coach finally had to put people into their actual positions to show S. what was meant.

4. For S., this emphasis on visual learning is, “throughout my whole life, in every aspect.”
Right. Right.

So does that happen pretty often?

Um hmm. I mean, it happens in classes, too. If they’re just based on lecture, and they’re trying to describe something, like, I can’t see it unless they show it visually or draw it out. I just don’t understand.

But once it’s in a visual format it’s better?

Yeah. Then I feel like an idiot because it was so obvious. Then when they repeat themselves I’m like, “Oh yeah.” I always draw a lot of attention to myself because I’ll ask a question, and people are like, “That’s so simple. Duh!”

So it’s just a different way that you think?

Right. Right.

How about athletically? Are there other examples of that?

Um, I’m on Ritalin, and if I don’t take Ritalin before practices or games, then it’s very hard for me to stay focused. My mind tends to wander and I’ll focus on the crowd, or I’ll do something, I don’t know... I’m definitely not playing to my potential.

So there would be a difference if you took it versus if you didn’t take it?

Right. Right. There’s a huge difference.

How did you find out about that, that there was a difference?

5. If classes are just based on lecture, S. has difficulty understanding, “unless they show it visually or draw it out.”

6. S. feels like she draws a lot of attention to herself because she asks questions that classmates think are very simple.

7. S. has difficulty focusing during practices or games if she has not taken her Ritalin. She believes that she is, “definitely not playing to my potential” when she has not taken it.

8. S. says there is a “huge difference” in her performance depending on whether or not she has taken Ritalin.
Um, I take it twice a day, everyday. Or on the weekends when I really don’t have to focus on anything or get stuff done, then I don’t take it. But I notice a difference. If I had forgotten to take it, that’s when I notice it. Because I’m just like, “What’s going on? I’m playing like crap!”

So you notice a difference just in your ability to focus and pay attention when you take it versus when you don’t.

Right. Right.

You got to a point then when you took it all the time, or consistently?

Right. Well I always did. But if I had forgotten, like I wouldn’t know that I’d forgotten until I noticed my play, or that I wasn’t focusing, or that I was thinking about stuff out of volleyball while waiting for my turn, or something like that.

Can you give me some history on how you became aware of having the disorder?

It happened back my freshman year in high school. I didn’t really know… but… I had been… my parents… I was a troublemaker and I was always off doing other things and I could never finish things they asked me to do. Like if I was cleaning my room, I’d start cleaning my desk, then I’d go clean under my bed, or somewhere else. So my room was just a total disaster.

Finally they just started bringing me in, and I took a billion tests. Tests like looking at a picture and what do I see, stuff like that. After a couple months or

9. S. does not take her Ritalin during those weekends where she does not really have to focus or get things done.

10. If S. had forgotten to take her Ritalin, she would not remember it, “until I noticed my play.”

11. S. was diagnosed with ADHD during her freshman year in high school. S. considered herself a “troublemaker” and, “could never finish things they asked me to do.”
something they diagnosed me with it. Then they tried me on a bunch of different dosages of Ritalin. Once I was finally on it... I'm thankful because there is no way that I'd be able to be as successful in college. So...

So it's been helpful to find out?

Oh very. It like, I don't know, in high school I got very hyper and just kind of off the wall at random times. People were like, "You're weird." I'm like, "What? This is normal!" It wasn't until I started taking Ritalin that I calmed down. It just focuses me. I don't really get that way anymore.

Other people would notice, and give you feedback?

Oh yeah. Everybody gives me feedback. They're like, "What's going on?"

Does that happen still?

No. If I haven't take a pill for a day or two, um, I don't know... I'm more just... I guess no. My mom always knows when I haven't taken it, but my friends don't say anything.

How about as far as athletic competition, what can you tell me?

Um... those are just like the main experiences that I've experienced. I mean, it's really difficult with how much we travel. When I do have an opportunity to focus on school, I really have to focus and it's really hard for me. We're traveling so much, and, I mean, the teachers, they understand to a point, but I need extra time. Or they want you to get it done before you leave, and I
can't because, I'm just like, I can't do this. It's really hard. I don't know if I'm helping you at all.

Oh yeah, totally. How about academically, how does ADHD play into your academic life?

I think it plays a huge part, but I also haven't taken all the privileges that go along with it. Like I don't use the center that they have down here, which, I could go take all my tests in a different room. But, I'm like, I don't want to have to go through that problem. I don't want to have to go through all that extra effort just to take a stupid test. So, I'm usually the last person in the room, even though I could get an “A” on the test. It still... it just takes me longer. I don't know.

Have you ever signed up with DSS?

I did my freshman year, but I never used it. Thinking back, it's really stupid. But, I'm stubborn.

But that's just a choice you made that you were comfortable making.

Yeah. Right.

So you never did use the services from DSS to get any kind of accommodations, more time or things like that?

There was one time where I used them but I don't remember what I used them for. It was my freshman year. I honestly don't remember what it was for. It was either notes, or a tape, or something.

But it's not something that you wanted to keep doing.

16. S. has not taken all the privileges that go with ADHD. She did not use DSS because she did not want, “to have to go through all that extra effort just to take a stupid test.”

17. S. is usually “the last person in the room” working on her test.

18. S. used DSS once during her freshman year, but does not remember what for. “Thinking back, it’s really stupid.”
No. No.

You talked about how you would be the last person in the room taking a test. Can you tell me some more about that?

Yeah. It's just like, it could be a 30 question test, and, you know the stupid test where they word it all funny? Just to make you really think about it. Those are the kind that I have to read over and over and over again. Or I'll have to go ask the teacher, "What are you asking here? Can this be clearer?" Because I know the answer, I just don't know what you're asking. So, a lot of... I don't know... that's just why I take longer. It takes me longer to process things.

Were they helpful when you asked?

It's always helpful to ask, unless the teacher is just a jerk and says, "Figure it out yourself."

How about for the future? How do you see things playing out?

Like in a job or...

Just whatever you want to address.

Um, I don't know. There's always gonna be... a part of my life where people have tried to wean me off of it before. But, I go without it for a day and I notice a huge difference. I heard that some people can take Ritalin and you fix yourself, you start to reduce it. Or your body starts acting normal. I don't know. I don't. So, of course, I'm gonna be taking it forever. I'm gonna have to use it just to get... if I'm cleaning the house I have to do it. Just because my mind

19. When taking tests, S. has to read them over and over and over. S. often would ask the teacher to explain questions on the test, and it would take her longer to finish them.

20. S. has heard that, "Some people can take Ritalin and you fix yourself" but she does not think that will happen for her.

21. S. has tried to wean herself off of Ritalin, but it has not worked. She believes that, "she is gonna be taking it forever."
wanders too much, and of course at work. Wherever I might work, but...

How do you think that will be?

At work?

Yeah.

I’m nervous, actually. I mean, I’m sure they’ve had to deal with people like me before. I hope. Because a lot of stuff that’s cut and dried for a lot of people, I’m not gonna understand just right off the bat. Just because of the way that they worded it, or I don’t know if people want to take extra time just to accommodate me. Especially when somebody else with my same abilities can pick it up right away. So I’m afraid that I might have a disadvantage there.

Does that play back into the oral or instruction part, you think, with people just telling you what to do versus...

That’s how people basically work. They just tell you what they want. I have to be explained ten times, you know. If they would just hand it to me on a piece of paper.

And, you are kind of nervous about that?

I am. I don’t know, it’s something that I can’t worry about right now. I’ve still got to finish school. But, it is in the back of my mind.

How are you sitting for progress towards your degree?

A year from December. A year from now.

22. S. is nervous about work because, “things that are cut and dried for a lot of people, I’m not gonna understand just right off the bat.” She is unsure if employers will accommodate her, and believes that she is at a “disadvantage.”

23. S. is concerned that employers just tell you what they want, whereas she often needs things explained to her many times in order for her to understand.

24. Although work is in the back of her mind, S. cannot worry about it and has to first finish school.
In business still?
Marketing.

But nervous a little?
Yeah.

What else can you tell me about the athletic life, just how it plays in?

Just taking Ritalin. People... they see me take it, and they ask questions. Something that’s normal to me, and that I have to do just to be like everybody else, people draw attention to it. Stuff like that. That sucks. I don’t like having to explain myself to other people.

So people have said something to you, or asked you?
Yeah, like “What is that? You hear people joking around, like “That girl must be ADD or something stupid.” I don’t know. Something you gotta live with.

And then they will ask you about it?
Yeah. They just ask me about it, and I pretty much just go, “I’m ADD.” That’s it.

Do they ask more after that, usually?
No. I mean, people generally know what it is nowadays. So, they just kind of go, “Oh.” Then I leave it at that.

How does that feel to have people ask you about that?
Not good. I don’t like it. I mean, of course they’re gonna ask. You’re not

25. S. will graduate in Marketing at the end of Fall Semester, 2001.
26. When people see S. taking her Ritalin, they ask questions. Taking Ritalin allows S., “to be like everybody else.”
27. Although S. will tell them that she is “ADD” when they ask, she thinks doing so “sucks” and she does not like, “having to explain myself to other people.”
28. S. does not like it when people ask about her ADHD.
the first person to have called me in and asked to write something about me. I’ve had a couple of other people do it. It’s just... I don’t know.

Do you ever see it as an advantage in anyway?

No, not really. If someone was looking for attention, then yeah, but that’s not the attention that I want.

Yeah. How about athletically?

Um... no. I mean when the old coaches were here and stuff, they recruited me and knew all about me. I was comfortable with it, and they talked to me, and I was successful because that’s how they told me how to do things. They showed me. And then these new coaches came in. They didn’t recruit me. They didn’t do any research on me. They didn’t know who I was. I don’t think they cared. They didn’t know anything about me, so, and they still don’t. I don’t think they know that I have ADD. So I wasn’t successful with them at all...

Tell me some more about that. Successful in terms of how you played or how you got along with them?

I played horrible my senior year. I’m bitter about it. I’m very bitter about it. I don’t know. It’s just... I wish... I know that the old coach had a temper. And he made it horrible on traveling trips, but he knew how I was and how I worked. So, I’d prefer that.

And you feel like this new coaching staff didn’t take the time?

29. S. does not see any advantages to having ADHD.

30. The previous coaching staff recruited S. and knew that she had ADHD. They showed her how to do things, and she was successful because they did.

31. When the new coaches came in, they did not do any research on S. According to S., “They didn’t know who I was. I don’t think they cared. I don’t think they know that I have ADD.”

32. S. was not successful with these coaches. She played horrible her senior year, and she is, “very bitter about it.”

33. S. would have preferred to keep playing for the previous coach, who despite some faults, still knew about her ADHD and how she worked.
They didn’t. No, they didn’t. Not at all. I don’t know, I shouldn’t probably tell you about it, but...

Remember what we talked about. You will have a chance to take out anything that you don’t want to appear in this.

Yeah. I don’t know. They came in. They really wanted to coach here or something. When they came in, they didn’t know anybody’s name. They didn’t know anybody’s position. I’m like, if you’re trying to get a job here you should know who people are. Who the seniors are. They didn’t know anybody. They still didn’t know anything about us until we had our first practice. They were just like, “We want to see where everybody’s at.” I’m like, “Well, just look at some film.” You know? I don’t know. That’s my little bitch session (laughs).

So it was a difficult year and we’ll leave it at that?

Yeah.

You felt that it was easier knowing that the previous coaching staff knew about it and what your learning strengths were?

They knew my history. When they recruited me they came to my house numerous times. We talked about it, what I would need, and want. It was nice.

Do you know of other athletes. Is it something that you’ve talked with other people about?

34. The new coaches did not know anybody’s name or position. According to S., “If you’re trying to get a job here you should know who people are. Who the seniors are.”

35. This past season was very difficult for S.

36. The previous coaches “knew my history,” according to S. They talked about what she wanted and needed to be successful.
Nobody on my team. I've heard of some people on other teams, but I don't know names.

**Something pretty unique for you?**

Nobody talks about it. And if anybody does, they're just making fun of people.

**How so?**

They’re just like...talking about people who are all hyper and whatever. They'll refer to that. I usually don’t tell anybody unless they see me taking Ritalin. Or if they need to know.

**What more can you tell me about school?**

I don’t know. I think it’s pretty much everything I said. It impacts my studying, and my focus, and how much extra time it takes me to do things. Like when I study for tests, I’ll have all my notes. Then I have to re-write them. Then I have to write them again. And I just have to visually look, I can’t type it out. I have to write them, just to be able to see it. So something that somebody else could study really quick takes me forever. It’s not fair.

**You’ve had to develop some unique study habits it sounds like?**

Yeah. Basically, when I’m just studying for tests, I can’t be at my house. I have to be in the library or someplace shut off. And, I can’t even really have a drink there, or anything, because it distracts me. I just have to sit there and do it. Then, I can’t really take breaks, because I won’t come back (laughs).
So, you’ve just got to do all these things to keep your focus?

Right. I can do one thing, and that’s it.

How is it to sit and talk about it?

Um... I’m getting used to it. More when it’s around my friends I’m more like, “I don’t really want to talk about this.” Just because I don’t want to draw attention to the fact that I’m different. But, to you or anybody who is just searching for knowledge, it doesn’t bother me.

It depends maybe who’s asking, or who wants to know?

Yeah. I mean, if people are sincere about asking then I’m fine with it. But if people are just like, “What’s your deal?” then I’m like, “Don’t worry about it.” It’s none of their business.

Academically, it sounds like something that is there all the time.

Yeah. It’s everyday. Like, even to go watch a movie. I can’t sit through two hours. It’s horrible. I can’t even read for fun, unless it’s a mystery, where it’s constantly changing scenes, or you have to think about different things. I’d like to be able to read a nice romantic book (laughs). I can’t, because they have those slow parts, and then I just set it down. I try to come back to it later, but I just can’t.

How is it with textbooks?

It’s horrible. Yeah, honestly I usually don’t even read the whole chapter. I base it on lecture, and then I focus on

44. S. is getting used to talking about her ADHD. She’s not as comfortable talking about it around her friends because, “I don’t want to draw attention to the fact that I’m different.”

45. S. is comfortable talking about it with people who are sincere about asking. For those who are not, it is “none of their business.”

46. For S., ADHD is something that is “everyday.” She can’t sit through a movie or read for fun. She would like to read a romantic book, but the slow parts cause her to set the book down.

47. Reading textbooks for S. is “horrible.” She usually does not read whole chapters. She focuses on lectures.
those points. I mean, it's always based on the first test and how I do, and how they do their tests. If it's based on lecture, and the parts that aren't based on lecture, then I look for that in the textbook. I never read a whole chapter. So, if I bomb the first test, then I rethink how I'm gonna read it. If I get a good grade that's the way that I'll study again.

The first test tells you a lot. It tells if how you studied was effective?

Yeah. And some classes I've put off until now, like Accounting. Way over my head.

Any other classes that you've put off until now?

Public Speaking, but that's for totally different purposes. Pretty much the strictly lecture ones I really struggle with. Because it's really based on lecture and I can't sit there and listen the whole time. So that sucks.

If it's interesting, does that make it easier?

Yeah, to a point. I still...if I haven't taken Ritalin, or whatever, even if it's interesting, I can't focus.

You have a window for awhile?

Yeah, about ten minute increments, probably. Then I need a break.

How long of a break do you need?

It varies. A couple minutes. Twenty minutes. It kind of depends on what got my attention, you know?

It just sounds incredibly challenging.

48. S. bases everything on the first test and how she does on it. If she bombs it, then she rethinks how she reads it. If she does well, that is how she will study again.

49. S. has put off taking classes like Accounting because it is, "way over my head."

50. S. has also put off taking Public Speaking, but that is for other reasons.

51. S. struggles with classes that rely strictly on lecture since she, "can't sit there and listen the whole time."

52. If S. has not taken her Ritalin, she cannot focus, even in interesting classes.

53. S. can focus for about ten minute intervals, then she needs to take a break. The length of the break depends on what got her attention.
It's difficult.

Do you feel like you have to work a lot harder than other students?

Oh definitely. Definitely. I sit there and I get headaches because I'm concentrating so hard. Or trying to fight it. But, that's me (laughs).

You said you don't think it's fair.

It's just, when I see people go out to the bars at night, and I'm still studying the same thing. And I still don't understand it. It's not equations, or something where you have to figure out the process. It's just something in the text that you need to memorize. Memorizing is horrible.

Memorizing is tough?

It... essays are really hard for me. If you just give me a question, I need something to trigger it, because I'm visual. And, multiple choice, they say multiple choice is supposed to be harder, or that people get worse grades on multiple choice than essays. For me it's the total opposite. Essays are way tougher.

How do you think multiple choice tests are easier?

Because, it's just recall. Numbers are real easy. I'm not good in math, but I can remember numbers really easy. If you show me a telephone number, I'll remember it forever. Just because I can remember the shapes. When I'm memorizing, rewriting and rewriting, I just imprint the word. I can't completely understand, but I can remember that word.

54. S. get headaches because she concentrates so hard.
55. While S. is still studying at night, other people that she knows are going out to the bars.
56. "Memorizing is horrible," for S. with regard to reading textbooks.
57. According to S., "essays are really hard for me." While multiple choice tests are supposed to be more difficult, for S. it is the total opposite, as "essays are way tougher."
58. Numbers are easy for S. to remember, although she does not consider herself good in math. She can, "remember the shapes."
59. S. cannot completely understand how she does it, but when rewriting notes and memorizing things, she will "imprint the word."
So in a lot of ways, perhaps you are more diligent?

What is diligent?

Harder worker. Do you think that’s true?

I don’t know. To be successful at something, I do have to work very hard. But, a lot of times it’s so much work, that I don’t want to do it. I’ll settle for a “C.” You know? I mean, when I have twelve things to do in one night, I can’t just focus so hard on something. A “C” is pretty darn good to me. So, I’m sitting here with a 2.0 for a grade point average. And, that’s a “C” average. That looks horrible to everybody, but I’m like, “That’s good, for me.”

So, you’ve set a different standard for yourself, maybe?

Well, people are like, “You could get an “A” if you worked harder.” I’m like, “Do you understand how much more work that is?” I’d be staying up past midnight, every single night, just to do what you can do in an hour or two. I just get frustrated, and it’s not fair. I’m like, “I’m not gonna put in that extra time. I’m tired!” I go to school all day. I have an hour to come home and eat lunch, then go to practice for three hours. By the time that I get home, shower, and eat dinner, it’s 8:00 at night. I’m not gonna stay up to 2, 3 o’clock in the morning just to do what you can do in a couple of hours. I mean, I study to where I have a grasp on it, and I think I can be successful at it. I know that I can do more work so that I can know it 100%. But, I’m tired. I try to cram in the morning when I wake up, but it’s
like... volleyball made it very hard. Now I finally don’t have practice. I have all afternoon now. It’s nice. I get to study a lot more.

Will it make it easier, now that you are done with your sport?

Yeah, there’s gonna be more distractions now because I don’t have to be at practice for three hours. But, it’s definitely something where I don’t have to start on my homework as late. It’s nice.

What would you tell somebody else trying to deal with ADHD?

As a student or an athlete?

Both.

Um... I don’t know. I’m still trying to figure it out myself. I still don’t have all the right answers. I still don’t know what works 100% for me. If I did, I’d be getting straight A’s. I mean, there’s got to be some other way, for me to process for me to learn faster. But right now, what gets me passing grades, is repetitive. Writing things out. Until I find that other key, I don’t know.

Do you have any ideas what that might be?

No. That’s why my mom wants me to go down here (DSS) and see all the different options that I have. To try things and see how they work. I know I’m visual, and I know that I need things explained to me in different ways. But, I don’t know.

So, what do you think keeps you from going down to DSS?

66. S. will get to study more now that her sport is over for the season.

67. S. will not have to start on her homework as late now that her sport is over. However, “there’s gonna be more distractions now because I don’t have to be at practice for three hours.”

68. S. is still trying to figure out how to deal with ADHD, and she does not have all the right answers. If she did, “I’d be getting straight A’s.”

69. S. believes that there must be a way for her to learn faster, but for now she relies on repetition and writing things out.

70. S.’s mother has encouraged her to go to DSS.
I'm just tired of being different. I don't want to draw attention to it any more than I have to. It would probably be easier if I went down there, but it's just like, you have all these friends in your class. They're like, "Why aren't you in class on test day? Why aren't you there?" Why do I have to do that.

**Tough being different?**

I just don't want to have to answer questions. Just like, to an acquaintance that I might see at the bars or at a basketball game. I don't want them to get that close to me. I don't want them to know something about me like that, I guess.

I think that it would be tough to sit and talk with me about it?

It doesn't bother me.

I'm happy that you chose to.

(Laughs). Yeah.

Tough to think of some advice for somebody else who might be dealing with it?

I don't know. Sorry.

No problem. Well, the medication is a helping factor for you?

Definitely. It definitely...if I don't take the right amount, it doesn't work. They tried me on some slow release, but it didn't work at all. They tried to put me on a lower dosage, and that didn't work. Then it got too high. I have a heart murmur, and my flutters got worse. So, now it's come back down, and I have a

71. Although S. recognizes that, "it would probably be easier if I went down there," she has not used DSS because, "I'm just tired of being different."

72. Regarding being different, S. does not want to have to answer questions about her ADHD, and does not want others to know about it.

73. Medication is definitely a helping factor for S., but she needs to take the right amount. Slow release and lower dosages have not worked, and higher dosages worsened a heart flutter condition. At present, S. believes she is taking the "perfect dosage" of twenty milligrams, twice a day.
perfect dosage. Twenty milligrams, twice a day.

**Are there periods where you just don’t take it?**

Um...like, if I don’t wake up early enough, or if I’m rushing to class and forget to take it. If I just forget, that’s when I don’t take it, or typically when I’m not at school or something. I don’t grab for it until I feel it. I get really tense when I don’t take it. I can just feel it in my shoulders, and I start getting a headache. And I get grumpy, snappy.

**When you take it, then it gets better?**

Oh yeah. I relax and I can focus. It just irritates me when I can’t focus on something. My head hurts, so...

**How did it work when a coach or somebody else would tell you something, but they didn’t have the ability or knowledge to show you?**

I would get extremely frustrated. Or, cause... if I don’t excel at a drill, if I’m not one of the top people on a drill, I get frustrated. If I’m not doing well because I don’t understand what’s going on, that’s even more frustrating. I’ll ask... if I go up and ask one on one, like, “I don’t understand what you’re asking for,” typically they’re annoyed. They’ll tell me, and I’m like, “Fine. That’s all I needed.” But I never told any of the new coaches that I have ADD. My mom’s like, “Tell them!” I’m bitter about the fact that if you don’t care enough as a coach, when you take over a team, to look at a file, and find out who your players are, then I don’t care who you are either. So, I’ve been bitter this last year.

74. S. will at times forget to take her medication.

75. When she has not taken it, S. will get, “really tense” and she can, “feel it in my shoulders and I start getting a headache.”

76. S. will get grumpy and snap at people when she has not taken her medication, and it irritates her when she cannot focus.

77. In her sport, S. would get frustrated if she did not excel at a drill. It was even more frustrating for her if it was because she did not understand what the coach wanted.

78. When S. would tell one of the new coaches that she did not understand something, “typically they’re annoyed.”

79. S.’s mom encouraged her to tell the new coaches about her ADHD, but she never did. S. noted that, “I’ve been bitter this last year” because the coaches did not take the time to, “look at a file and find out who your players are.”
It would have been easier if, perhaps, they had done that?

If they would have done anything like that, I would have been 100% more successful. Guaranteed. We would have had some type of relationship. But, they don’t know the first thing about me, so...

So, your feeling was like, “Why should I even take the time?”

Not...just in the fact of them finding out about me and how I work. I know that I’ve been harder on myself, but it’s not like I’m trying to make the team suffer. I want to be successful. And I want the team to be successful, but when it came head to head with the coaches, I was just like, “Screw you.” I just don’t handle change very well. When it’s not...if they’re not...the change... isn’t trying to help accommodate you and you’re not trying to accommodate them it just doesn’t work very well. I’m just a stubborn person, that’s all.

Do you think that is part of the attention stuff, or do you think that you are just stubborn in general?

Um...I don’t know. I’m just assuming that I’m stubborn in general. I don’t know if that is something that has to do with it. If it does, I learned something new. I guess it’s easier to be set in your ways that you know, then trying to understand what someone else is trying to bring across to you.

As far as when you first found out, did you regularly talk to anybody about ADHD, or did you have any kind of support?

80. If the coaches would have done this S., “would have been 100% more successful. Guaranteed.”

81. S. admitted that she has made it harder on herself, but she did want the team to be successful. However, when it came to the coaches, her attitude was “Screw you.”

82. According to S., she does not, “handle change very well” because she is a stubborn person.

83. S. is not sure, but assumes her stubbornness is a general trait, and not part of her ADHD.
Um... in middle school, I knew that I had a learning disability. I had to go to like the special aid part, just to keep me up with the class. Then, in high school I found out it was because I had ADD. By then, they knew that I learned in a certain way. So... so, I don't know. I had like... I don't remember her name, I had a lady that I could go talk to, but I never used her. In middle school it sucked always having to go to the special room.

In high school you didn't have to do that?

I didn't have to. There was no way that I was going to draw any attention to myself. High school and middle school are like, unforgiving.

Was it for specific academic subjects, or was it general?

Mostly reading classes. I was really slipping in reading, just because I couldn't focus.

Are there any kinds of things that you can just pick up and read, and find yourself engrossed in them?

Biology, or something that is hands on. Actually, computers. If I had to do anything, computers I just understand for some reason. I've always done well in my computer classes. I've always thought that I should just get a minor in computers, computer science or something. It's really easy for me. It just makes sense. How it's laid out, or something can bring you here, then you can find something else that you're looking for. I don't know. They just seem simple. I'm pretty black and white. Don't explain something.

84. S. received special education assistance in middle school because of a learning disability. "It sucked always having to go to that special room," she said.

85. In high school, she found out her learning difficulties were due to ADHD. She did not go to the special education room in high school because, "There was no way that I was going to draw attention to myself."

86. S. described the other students in middle school and high school as "unforgiving."

87. S. had difficulty in her reading classes, mostly because she could not focus.

88. S. noted that biology, computers, and other "hands on" classes are the ones she understands. Computer Science is, "really easy" for her, it "just makes sense," and computers "just seem simple."

89. S. has thought that she should get a minor in Computer Science.
complicated to me, show me what you're trying to explain. I work best when it's like, "this is the answer." Then explain how you got it. Like math. It's always trying to find the answer. I'm always second guessing myself when I don't understand. But if you told me what the answer is, then it's much easier. I can almost figure out how to get there.

**Tough being different?**

Um... on the court I don't mind being the center of attention, but in my personal life, I don't want to draw any attention to myself as different. Unless it's positive. This is negative. Why would I want to have people know about it?

**Whereas, athletically?**

What I was doing was positive. People were praising me, and not looking at me like, "Why do you take a pill?"

Well, you don't act like it is tough for you to talk about, even though you've said that it is. I appreciate you talking with me.

I don't know why it doesn't bother me that much. I guess the only time that I get annoyed with it, if people are asking to learn. If you're asking me like, "What's going on?" Then that bothers me and I don't want to talk about it. It's no big deal. I don't like using special things to make me normal, just to be successful like everyone else in everyday life.

Well, I really appreciate you taking the time.

No problem. I hope it helps.
Linda- Level 3

S. received special education assistance in middle school because of a learning disability. She had particular difficulty in her reading classes, which she believes was due to her inability to focus for longer periods of time. With regard to this special education assistance, S. noted that, “It sucked always having to go to that special room.” S. was diagnosed with ADHD during her freshman year in high school. She considered herself to be a “troublemaker” during this period, and she “could never finish things they asked me to do.” S. chose not to receive services in the special education room in high school. She described the other students as “unforgiving,” and stated, “There was no way that I was going to draw attention to myself.”

Because of her ADHD, academics at the college level have been challenging for S. She describes reading textbooks as “horrible,” and acknowledges that she does not even read whole chapters when they are assigned. S. has difficulty memorizing what she has read, so she instead focuses on lectures. However, S. also struggles with classes that rely strictly on lecture since she has difficulty sitting and listening to someone speak for long periods of time. S. considers herself to be a very visual learner. This emphasis on visual learning involves “every aspect” of her life, including academics and athletics. If classes are just based on lecture, S. has difficulty understanding, “unless they show it visually or draw it out.” She would rather have things shown to her instead of explained.

To be successful academically, S. has had to work very hard. She goes to school all day and then practices for three hours. It is 8:00 o’clock at night by the time she showers and eats dinner. S. also travels a great deal with her sport. Because she is gone so much, she really has to focus on school. Her professors understand to a point about why she is absent so often because of her sport, but school is still “really hard” for S. While a “C” might not be a good grade for others, S. considers that to be a solid mark for her. People have told S. that she could get “A’s” if she worked harder, but she does not agree. S. will study until she feels that she has a grasp on the material and can be successful. She refuses to, “stay up to 2, 3 o’clock in the morning just to do what you can do in a couple of hours.” S. knows that she could do more work so that she understands the material 100%, but she is “tired” from her sport, and her sport made studying difficult. While S. is still studying at night, other people that she knows are going out to the bars. S. noted that, “something that somebody else could study really quick takes me forever.” This frustrates S. and she says that, “It’s not fair.”

When studying for tests, S. must rewrite all of her notes two different times just to “see” what she is learning. She believes that there must be a faster way for her to learn, but for now she relies on repetition and writing things out. S. cannot completely understand how she does it, but when rewriting notes and memorizing things, she will “imprint the word.” Studying for tests at her house is out of the question, as S. must be someplace shut off and with no distractions. She can focus for about ten minute intervals, but then she needs to take a break. However, she cannot leave the place where she is studying to take a break because she won’t come back. When taking tests, S. has to read them over and over. Often she must ask professors to explain questions on their
tests. She is usually, "the last person in the room" working on her test. S. gets headaches because she concentrates so hard. Essay tests are particularly difficult for her, while she has found that multiple choice exams are somewhat easier. S. bases everything on the first test and how she does on it. If she bombs it, then she will rethink how she studied for it. If she does well, that is how she will study for the next exam.

S. feels like she draws a lot of attention to herself because she asks questions that classmates think are very simple. She does best in classes like biology and computers, and those with a "hands on" emphasis. Computer Science is also easy for her because she understands computers and they, "just seem simple." S. has even thought of getting a minor in Computer Science. Although numbers are easy for S. to remember, she struggles in math classes. She will "second guess" herself when trying to find the correct answer. She would prefer to know what the correct answer is, because then she can figure out the steps needed to get it. Even though she does not consider herself good in math, S. is good with numbers because she can, "remember the shapes." However, she has put off taking Accounting because she thinks it will be very difficult. Now that her sport is over for the season, S. will get more time to study for her classes. She admits that there will be more distractions for her, though, since she does not have to be at practice for three hours a day. S. is still trying figure out how to deal with ADHD, and she knows that she does not have all the right answers. If she did, she thinks that she would be getting straight A's. At this point, S. plans on graduating with a degree in Marketing at the end of Fall Semester, 2001.

Although assistance is available through Disability Services for Students (DSS), S. has not used their office or received any accommodations because of her ADHD. Her mother has encouraged S. to use DSS, but S. has not done so. She recognizes that things would probably be easier if she went there, but S. has chosen not to. As a reason, S. states, "I'm just tired of being different." S. does not like, "using special things to make me normal," and she did not want to have to go through the extra effort just to take an examination. "Thinking back, it's really stupid," S. says of her choice not to use DSS.

S. currently takes Ritalin to treat her ADHD. Before she started taking it, S. described herself as, "very hyper and off the wall." Once she started taking the medication, she calmed down and became more focused. According to S., "It just focuses me." S. needed to experiment with many different dosages of Ritalin before finding a level that was optimal. She tried sustained release formulas and lower dosages, but neither of these worked. S. took higher dosages for a period, but doing so worsened a previous heart flutter condition. Presently, S. believes she is taking the "perfect dosage" of the drug. She is thankful for the Ritalin because without it, "there is no way that I'd be able to be as successful in college." S. has heard that, "some people can take Ritalin and you fix yourself," but she does not think that will happen for her. She has tried to wean herself off of the drug in the past, but it has not worked. S. believes that she will be taking Ritalin "forever." S. says that when other people see her taking her medication, they usually ask questions. She will tell them that taking Ritalin allows her, "to be like everybody else." S. will tell them that she has "ADD," but she does not care to because S. dislikes having to explain herself to others.
At times, S. will forget to take her medication. If she has not taken her Ritalin, S. has difficulty focusing her attention, even in interesting classes. It irritates her when she cannot focus, which results in S. getting grumpy and snapping at people. When she has not taken it, S. will get, “really tense,” and she can, “feel it in my shoulders.” If S. forgets to take her medication, she often times will not realize it until she notices how she is playing. S. has difficulty focusing during practices or games when unmedicated. She believes that she is, “definitely not playing to my potential” when she has not taken it. S. does not take Ritalin during those weekends where she does not really have to focus or get things done. She noted that her mom knows when she has not taken her medication and will ask her about it, but her friends do not say anything to her.

S. noticed her ADHD during some recent practice sessions for her sport. Her coach kept explaining a drill, and S. did not understand what the coach was trying to cover. “I’m so visual I just did not understand,” S. noted. The coach finally had to put people into their actual positions to show S. what was being taught. In her sport, S. becomes very frustrated if she does not excel at a drill. It is even more frustrating for S. if she does not do well because she does not understand what the coach wants her to do. S. enjoys being the center of attention on the court, but in her personal life she does not want to, “draw any attention to myself as different from others.” S. views her ADHD as a “negative” whereas what she did in sport was seen as a “positive.” Says S., “People were praising me instead of looking at me and going, “Why do you take a pill?”” S. does not know anybody else on her team with ADHD. “Nobody talks about it,” according to S., and if they do, “they’re just making fun of people.”

This past athletic season was very difficult for S. A new coaching staff replaced the previous regime. When the new coaches came in, they did not do any research on S. or her teammates. According to S., “They didn’t know who I was. I don’t think they cared. I don’t think they know that I have ADD.” S. was not successful with these coaches. She did not play well this past season, and she is, “very bitter about it.” S. believes that if the coaches had taken the time to find out about her and the unique challenges she faces, that S. would have been much more successful. She would have preferred to keep playing for the previous coach, who despite some faults, still knew about S.’s ADHD and how she worked. Since this previous coaching staff recruited S., “they knew my history.” They used a very visual approach when teaching, and S. was successful because they did so. When S. would tell one of the new coaches that she did not understand something, they were often “annoyed” with her. S.’s mom encouraged her to tell the new coaches about her ADHD, but S. never did. Since these coaches did not take the time to, “look at a file and find out who your players are,” S. was upset. She admits that she made it harder on herself, but S. did want the team to be successful. However, when it came to the new coaches, her attitude was, “Screw you.” According to S., she does not, “handle change very well,” and attributes this to her stubbornness.

For S., ADHD is something that she lives with, “everyday.” She cannot sit through a movie or read for fun. S. would like to read a romantic book, but the slow parts cause her to set the book down. She does not see any advantages to having ADHD. S. usually
does not tell anybody about her ADHD unless they ask, or if they need to know. S. is incongruous in some of her statements in this area. Near the beginning of the interview, she states that she does not like it when people ask about her ADHD. Later, S. notes that she is getting used to talking about her ADHD with other people. She is not as comfortable talking about it around her friends because, “I don’t want to draw attention to the fact that I’m different.” Regarding being different, S. does not want to have to answer questions about her ADHD, and does not want others to know about it. S. states that she is comfortable talking about it with people who are sincere in their asking and want to learn about the disorder. For those who are not, S. believes that it is, “none of their business.”

Since S. is close to finishing up with school, she is nervous about entering the workforce. “Things that are cut and dried for a lot of people, I’m not gonna understand just right off the bat,” she concedes. She is unsure if employers will accommodate her, and believes that she is at a “disadvantage” when compared to others. S. is concerned that employers just tell someone what they want, whereas she often needs things explained to her many times in order for her to understand. Although work is in the back of her mind, S. knows that she cannot worry about it and has to finish school first.
S. was very self-conscious of the special education assistance she received when in middle school. She particularly disliked going to the Resource Room because this made her different from the majority of other students. S. chose not to receive special education assistance when she got to high school because she did not want to draw any attention to the fact that she had a disability. She describes herself as a troublemaker during this period, which could be the result of her physically acting out the frustrations she felt about having ADHD and being different from others.

College academics have been a challenge for S. She continues to experience reading difficulties, which makes it hard for her to complete all the assigned readings in her classes. S. finds herself in arduous circumstances academically because of her ADHD. Because reading is difficult for her, she instead focuses on lectures. However, lectures also pose a challenge since focusing for longer periods of time on the orations of others is likewise difficult. S. considers herself to be a very visual learner, but becomes frustrated at times because few of her classes emphasize this approach to learning. S. also must commit a significant amount of time to her sport. While participation serves as a positive influence in her life, it also causes her further academic challenges because it limits the amount of time available to study and leads to absences when the team travels. S. constantly compares herself to peers who do not have the disorder. She knows that most of them do not have to spend the amount of time that she does studying. S. sees this as an injustice, and it leads to increased negative feelings about her own ADHD.

As her education has progressed, S. has learned that repetition and multiple re-writes of her notes are the keys to her learning. She has also developed specific criteria for where and how she studies. Studying must be done in a quiet and distraction-free environment, and she needs to take frequent study breaks. However, she cannot leave the place where she is studying, for S. knows that she will not return if she does so. S. deliberates over tests. She admits that she is usually the last one in the room to turn in her test, which supports the notion that she spends time monitoring other students and comparing herself to them. S. has chosen not to use the assistance and accommodations that are available through Disability Services for Students. While she acknowledges that this may have been a poor decision, S. sees the usage of DSS as confirmation that she is different from others and not normal. S. represents a sort of academic survivor. Despite her attentional and reading challenges, and the time commitment of her sport, she has managed to make excellent progress towards a degree and remain academically eligible to compete. Through trial and error and dedication, she has learned what she needs to do to earn and maintain a satisfactory grade point average.

S. realizes that Ritalin represents an important aspect in her management and treatment of ADHD. Without it, she concedes it would be difficult to attain academic and athletic success. While she has tried to wean herself off of it in the past, S. now accepts having to take it. However, having to take the medication on a daily basis serves as a reminder to S. that she is different from others. S. stated that some people who take the drug eventually “fix” themselves and no longer need it. This suggests that S. may
equate having ADHD to being broken, and has resigned herself to always being this way since she knows that she will have to continue taking the medication for a long time. At times, S. will forget to take her medication. When this occurs, she has difficulty focusing and it leads to bodily tension. S. knows that when she has not taken her medication she is not capable of playing to her fullest athletic potential. Therefore, in order attain optimal performance on the court, S. believes that she must take her medication.

Sport serves as a sort of emotional life raft for S. Her tremendous athletic skill and ability has brought much positive attention upon her. Since she plays a high visibility position and serves as an integral member of her team, S. receives a great deal of notoriety. Excelling in athletics has helped to build S.’s confidence and self-esteem. In the sense that her disability makes her different from others in what she sees as a negative way, sport has allowed S. to be different from others in a very positive manner. The impact that athletics have had for S.’s development and well-being cannot be understated.

The past year has been a difficult one for S. in terms of her athletic competition. A new coaching staff replaced the staff that had recruited and coached her for several seasons. According to S., the new staff did not take the time to look over her records or consult with the previous coaches about the fact that she had ADHD. S. may have felt abandoned by her original coaches. Since they had recruited S., and knew about her disability and how she learned, these coaches used a very visual approach in their teaching and coaching. The new coaches apparently knew nothing of S.’s ADHD nor did they take the time to find out. Consequently, S. took this as a kind of devaluation. This led to a strained relationship between S. and the new coaches, and contributed to S. playing well below her own standards. Although her mother encouraged S. to tell the coaches about her disability, S. saw it as being their responsibility to initiate a dialogue.

S. is reminded of her ADHD on a daily basis. Taking medication contributes to this, as does her recognized difficulty in focusing for longer periods of time. S. sees her disability in a completely negative fashion. She can think of no benefits or advantages to having the disorder. S. presents a rather interesting dichotomy. She would prefer that no one knew about her ADHD since it distinguishes her as different from others. Yet, in the case of the new coaches, she insists that it was their obligation to find out and recognize that she has ADHD. S. also is beginning to feel some trepidation about finishing school and entering the job market. She knows that certain things come much easier for others. S. believes she will be at a disadvantage since it takes her longer to read materials and that there are often no visual aids. S. realizes that tasks may need to be explained to her several times, and she wonders if employers will be willing to do this. S. recognizes that she will be faced with telling employers about her disability, or keeping it to herself and hoping that she functions effectively. This dilemma serves as a source of stress for S., and it will foment as she nears entrance into the world of employment.
As a student-athlete, tell me about a recent time in which you thought about what it is like to have Attention Deficit Hyperactivity Disorder.

Um... from most recent you think?

Yeah, just a recent time where you thought about it.

I guess, a lot of the times, I think it’s in most of my college classes. Class, you know, any class in high school also. What I got from learning what the hyperactive disorder was, you’re real bouncing off the walls type of kid in class, like especially in high school. And, like you’d had to take medicine or something so that you would stay focused. I’m not necessarily bouncing off the walls, like when I’m in classrooms. But, I’m just more... I will not focus in on things. I just don’t really like school. Most recently, I’m thinking just sitting in the classroom, I want to be a firefighter. Well, I don’t really have to go to school for that. You take your EMT, and stuff like that, and you can then do that kind of work. So, you don’t really need to go to college for it. The whole time after high school I’m thinking, “Why am I doing this?” But wrestling has been such a big part of my life, my sport, that you have to go through the schooling in order to stay eligible. But I’ll just sit in class, like this week, at a lecture where I just don’t want to be there in the first place. But, you just tough it out and do it. Nonsense things, to me I feel they’re nonsense, ‘cause they do make you a more rounded individual education-wise, but things that I don’t really care about. Like, my

1. S. notices his ADHD when he is in class.

2. Initially, S. thought that those with ADHD were the, “bouncing off the walls type of kid.”

3. S. does not see himself as being this type of ADHD student. Rather, he “will not focus in on things,” when he is in class.

4. S. notes, “I just don’t really like school.”

5. S. is interested in becoming a firefighter, and he knows that he does not necessarily need a college degree in order to do this.

6. According to S., “wrestling has been such a big part of my life... that you have to go through the schooling in order to stay eligible.”

7. S. will sit through class lectures, although he doesn’t want to be there. He will, “just tough it out and do it.”

8. In his view, these classes are, “nonsense,” and he does not really care about them.
class for instance, Theater in Society. I’ll sit there, and two words out of the teacher’s mouth, the first part of class, and it’s like, forget this. It’s about old plays, and I’m thinking “You don’t really want to be here.” And then a lot of times, I’ll be like “Okay, I’m going to focus today.” I’ll listen to what he’s saying, within a minute I’ll be thinking about hunting or fishing (laughs). That’s mainly when I catch myself, is when I’m off in La La land, thinking about things and trying to focus, but I just don’t.

Yeah, so it’s the focus part of things?

Um hmm. Really getting into things. If you’re familiar with it, or if I enjoy that, then I’ll zone in. But if I’m not, then I’ll try at times, but if I do try I’ll still just lose it. It won’t happen. I get lost, out daydreaming, La La land. Is that kind of what you’re looking for?

That’s exactly it. You mentioned high school, too. Tell me about when you first became aware of ADHD. What your history is with it.

Well, I never knew what ADD was at first. My mom, she must have heard through the grapevine what it was, and said, “That’s my boy right there.” We went and got tested, and it’s kind of funny to me now that I look back. We went into the testing, to see if I had it, and it’s a test to see if you can focus in and concentrate on things. They set me down at the computer. It’s a box, flashing on the screen, it’s a black screen with a box. Every time the triangle... the box flashes and there is a triangle inside it, and every time the triangle is right side up, the equilateral triangle is right side up, you have to click the mouse.

9. At the very beginning of his Theater in Society class, S. will say to himself, “You don’t really want to be here.”

10. S. tries to catch himself when he starts thinking this way, and he tells himself, “Okay, I’m going to focus today.”

11. Often though, his mind will wander anyway. S. finds himself in “La La land,” where he is trying to focus but he just doesn’t.

12. If S. is familiar with or enjoys something that is being talked about, then he will, “zone in.”

13. But if he is not interested, S. will “get lost, out daydreaming.”

14. S.’s mother somehow found out about ADHD, and she realized that S. probably had it.

15. S. and his mother went in for testing to see if he did have the disorder. This was during his freshman year in high school.

16. As part of the testing process, S. had to sit at a computer and respond appropriately to certain stimuli.
Any time it’s upside down you don’t click it, or something like that. You’re sitting there with the lights off watching this thing, you’re clicking it and clicking it, just to stay focused on it so they can see what your attention span is. Well, I don’t know how long we were in there, but minutes into it, I don’t know how many, maybe ten, the lady goes, “Jesse, Jesse!” And I woke up. I was asleep. I was sitting there doing the testing and I fell asleep (laughs) during the testing because I was so bored. At the time, I was like “Oops.” Looking back, it’s like that’s pretty much a flunk right there. Pretty much let them know what I had. I came back to the testing and I’m like, “Okay, you’re concentrating here.” I was trying to really focus. I didn’t fall asleep that time, but it was just draining me to focus because it was nothing that I wanted to be doing at that time. But, once they diagnosed me with that, they got me on some medication that was, ah... methiophenidate I think it was called. It was a cousin of Ritalin, it might have been Ritalin, whatever. That was the name, it started with “m.” I got to taking that, being in wrestling in high school...now cut me off if I’m not talking about what I should be...

You’re doing great.

In high school, being a wrestler, you cut weight. This happened to be my sophomore year and I was cutting a lot of weight to help open up a spot for another kid on the team, so that we could have a stronger team. I was cutting pretty good weight, and towards the last two days of the week, Thursday and Friday, I was pretty irritable from cutting weight. I was close to my weight, so I was really irritable and on top of that I

17. During this testing, the lights were turned off while S. looked at the computer monitor.

18. At some point into the testing, S. fell asleep, “because I was so bored.” The testing administrator woke him up.

19. S. considered this to be good indication that he did have ADHD.

20. When he re-took the test, S. had to keep telling himself, “Okay, you’re concentrating here.”

21. S. did not fall asleep the second time, but for him “it was just draining me to focus because it was nothing that I wanted to be doing.”

22. S. was diagnosed with ADHD at this point. As part of his treatment, he started on methylphenidate (Ritalin).

23. As part of wrestling, it was necessary for S. to lose or “cut” weight during the season.

24. During one week in particular, S. was cutting a good deal of weight in order to open up a weight division spot for another wrestler.

25. Cutting weight had the tendency to make S. irritable.
was taking that medication. There were just times where everybody in the whole school knew, that when Thursday came... I mean, my best friend would come up and say, “Hey!” The first time that he did it I didn’t do anything. But I just wouldn’t say a word, and from then on they just kind of knew not to talk to me that day. Even my teachers. I’d come into class, and they’d go, “Why don’t you just go home.” This is high school, and they’d say, “Weigh in day?” I’d say, “Yep.” “Why don’t you just go down to the health club and...”

Because, in class, I was very... The halls were so crowded that... is all from the medicine, this wasn’t from cutting weight, because I was ornery too, but the medicine made me feel like it was controlling me, my body. And it made me feel like I was doing things that I didn’t want to be doing. Like, I could feel it in my skin. I knew when I took it. I could feel it running through me. And it just tingled in all the tips of my fingers and my skin and my hair. I’d walk down the hall and somebody would bump me. I said it was real crowded. They didn’t personally mean to, but I would just go nuts. I couldn’t stand it. In class, we’d just be sitting there reading and some kid would maybe fall asleep and his book would fall on the floor. There were two incidents where the kid’s book fell off, and I reached over the desk and threw him down on it, and I was about ready to hit him. Just for dropping a book. But that slap made such a... shocking sound to my brain that it made me so mad. It was from the medicine and the weight cutting, but mainly the medicine, because it made me focus in so much. I felt it doing it to me. Anything else that was around me that was trying to distract

26. The combination of taking medication and cutting weight made S. even more irritable.

27. S.’s friends and other people in the school began to recognize that he became irritable late in the week.

28. Teachers would ask S. if it was weigh in day. When he would tell them yes, they often asked him to go home or to the health club to work out.

29. In the school that S. attended, the halls were very crowded.

30. S. began to realize that the medication was making him even more irritable. He felt like the Ritalin was, “controlling me, my body” and that it made him feel like, “I was doing things that I didn’t want to be doing.”

31. He could, “feel it in my skin,” and “feel it running through me... it just tingled in all the tips of my fingers... and my hair.”

32. If someone bumped him in the hall, S. would, “just go nuts.”

33. On two different occasions, another students’ book fell on the floor during class. This noise startled S. and each time he threw the other student on the ground and nearly hit him.

34. S. attributes this aggressive behavior to the medication and cutting weight, but primarily the medication.

35. According to S. the medication, “made me focus in so much.”
me, I didn’t like it. It would bother me. That’s when I started not really liking the medicine any more. It just made me feel like, not the person who I really am, and stuff like that. That bothered me. Um, I don’t even know where I was on the question, but I’m just giving you an example of the medicine. I started taking it early on, and my GPA went up from like a 2.0 to a 2.85 when I started taking it. That’s the highest I’ve ever really gotten. We were pretty excited about that. My grades started to get up, I think I learned a little more about school, too. Just how to work the system a little bit. Get in with the teachers and things like that. Or, I’d get off it, get off taking the medicine but I’d get the special help. The accommodations I could do, like extra test taking time helped me. One of the big things for getting into college was my ACT. I had taken it twice and gotten 17’s. I used the...accommodation of getting an untimed test, where I didn’t have to like the rest of the world, and I scored a 21. Which made me...my GPA and my ACT score made me eligible to get in to here. I quit taking that medicine after my sophomore year, somewhere in there. I tried to take it a little more after that, you know one day I might pop one in to focus if I really need to on a certain day. I tried again and again to give it a second chance, but I would just get so irritable from it. And this was when I wasn’t even trying to cut weight, just to help me focus, and it would still make me that way. I just said, “I don’t need that.” I felt like somebody was controlling me and I didn’t like that. That’s the way it went, so I quit taking it.

So, you kind of knew how you were when you were dropping weight, without taking medication, and when

36. Outside distracters really bothered S. when he was on the medication.

37. S. began to dislike the medication at this point. It made him feel like, “not the person who I really am.”

38. After he started taking Ritalin, S.’s GPA went from a 2.0 to a 2.85, which was the highest he had ever achieved.

39. S. also learned more about school, like how “to work the system” and “get in with teachers.”

40. S. also received accommodations because of his ADHD, such as extra time on tests.

41. S. took the ACT twice, without accommodations, and scored a 17. This score was insufficient to meet college entrance requirements.

42. When S. took the ACT untimed, he attained a 21, which met the college requirements.

43. S. quit taking the medication after his sophomore year in high school.

44. He tried taking it again on other occasions but he would, “just get so irritable from it.” This happened even when he was not losing weight.

45. S. told himself, “I don’t need that.”
you factored that in with taking medication you could feel that there was a difference?

Yeah, yeah, I could really feel it. It’s hard to explain... it really felt like, I could really honestly feel it going through my system. I could feel it under my skin. I wish I could think of something, but if you were completely annoyed with somebody or somebody is really getting on your nerves... say, let’s use the example of somebody who smack their lips when they eat, like you can’t stand that. Or somebody who chomps their gum. You can’t stand that noise. But they keep doing it and doing it. You don’t say nothing, but you’re just sitting there boiling about it. That’s kind of how it was with that medicine. I’d just sit there and boil all day, and it would just eat me up because I knew that I couldn’t do nothing. I remember throwing that kid over the desk for that.

My sophomore year, one of my friends, not a good friend, slapped me. He was kind of a punk but I was friends with him, I was pretty much friends with everybody in high school. We get along fine now, he was always kind of the class clown, he’d walk into class eating potato chips and loudmouthing. Nothing mean, just saying stuff. Well I was sitting in science class, and we had a substitute that day, and he comes up to me just like he does every day, and walks by and sits down. But he was doing that thrapping that you do with your finger. He came by and thrapped me in the back of the head. Well, it was about a Wednesday or a Thursday, and it was time to make weight, I was on the Ritalin or the medicine that I was on, and he came by and thrapped me in the back of the head. I got up, threw him over the desk, ran him all the way up

46. Of the medication, S. says, “I could really honestly feel it going through my system.

47. S. compared the medication to dealing with somebody who smacks their lips when they eat or chomps their gum. “You don’t say nothing, but you’re just sitting there boiling about it.”

48. During his sophomore year in high school, one of S.’s friends slapped him.

49. S. was on the medication and cutting weight, which led him to throw this student over a desk.
over the teacher’s desk. The substitute grabs us both by the back of the head, he swung and missed, so I popped him once in the face. We went down to the office and got ISS.

You hit the kid, or the substitute?

The kid. That was it, and we got ISS. But, it was just from the weight but the medicine too, it just made me that irritable. A lot of times you can get thrapped in the back of the head, and not like it, but just say “knock it off.” But that was an instance where, he did it, and because I was on edge all day, so that was another incident. Those two incidents that I really remember, and I always said it was because of that medicine.

So you stopped taking it at some point?

Yeah, sophomore year I think I stopped taking it. I don’t think I taked it my junior year, maybe off and on, here and there, trying to see if I grew out of that irritable thing and when I wasn’t cutting as much weight. But, it was still doing it, so I pretty much dropped it.

And you haven’t really taken any since?

No, no. I haven’t probably taken it in... well, I’ve been in college for four years, plus my senior year, five or six years.

So, the benefits didn’t outweigh the negatives?

No. When I first started taking it, I said “Yeah, this is really making me focus.”

50. This student swung at S., so S. hit him once in the face. Both of them received ISS for this incident.

51. Because of losing weight and taking the medication, S. was “on edge all day.” S. believes the Ritalin to be responsible for these two events.

52. S. took Ritalin “off and on, here and there” after his sophomore year.

53. S. wanted to see if he, “grew out of that irritable thing,” but the side effects continued when he took the medication.

54. S. has not taken Ritalin in, “five or six years.”

55. Originally, S. liked the medication because he knew it was helping him focus.
Because it was. Outside distractions weren't getting to me. But then I was getting, almost over-focused. Honestly, I think the medicine was helping me focus on my classes and readings, for reading out loud and the teacher talking, I was really focusing in on that. But it made me so irritable. My surroundings, with other little things happening, I didn't want to take it anymore. Like I said, it was controlling me and I didn't like that. But I did think that it helped me with learning things and really focusing in, but there was that control feeling that I had.

And you said that you got better grades for awhile, then?

Yeah, um hum, yep. Well... Um... I guess the big thing was when I started taking it, I'd go into class when I wasn't taking it and I'd do everything possible to screw around. I was always out roaming the halls. I was the biggest hall roamer in high school. I was in with the hall monitors. I'd sit with him because I got to be such friends with him. I'd screw around during class, always looking around and daydreaming, and drawing pictures. Just, I don't want to be here, so you do everything possible not to. Just like how I am right now, how I look around here like this. That's kind of what I would do, that kind of thing. Play with this, or draw here, and the teacher would be talking and I would just be doing this kind of thing. Which didn't help me to learn things. I missed so much stuff. But once I started taking that medicine, it made me not do that stuff at all. It made me focus in. So, all I had to do was sit there in class and take notes and listen to what was going on. Because I wasn't doing that other stuff.

56. On medication, outside distractions did not bother S. as much. However, he noticed that he was becoming, “over-focused.”

57. The medication did help S. focus on classes, his readings, and teacher lectures.

58. However, the medication was “controlling me and I didn’t like that,” says S.

59. When he wasn’t taking Ritalin, S. would, “do everything possible to screw around.”

60. S. also roamed the halls in his high school when he was unmedicated. He became friends with the hall monitor.

61. In class, S. would look around, daydream, and draw pictures.

62. S. “missed so much stuff,” because he was not paying attention to the teacher.

63. He stopped doing these things when he started on the medication. “It made me focus in.”

64. S. could take notes and listen.
It made me focus in on what was happening. So, that's what got me to get my grades up, was that focusing in. Taking notes, I'd come home at night and take another pill, and it would make me want to study. I was on a real schedule of school, workout, wrestling practice, then go to the health club and work out there, or lift, and then come home and eat and do homework. That's what helped me get my grades up, too. So, I was able to balance everything pretty good there.

How has it been academically for you? How was it after you stopped taking the medication? Like in high school and in college?

Um... well in high school, I wasn't... I feel like I was a pretty good kid to the teachers and stuff, and I was respected. And I had the respect of my teachers and classmates, so... my teachers... I know I got grades from teachers maybe that weren't given to me, but you know... I wasn't probably a B student even though I got the B. I wasn't as smart... maybe I shouldn't say smart... but I wasn't your average B student but I still got a B. I probably was a C student, but the teacher would give me a B because they seen how hard I worked. Trying to do it, but I just wasn't getting it. As for my grades afterwards, like junior and senior year they weren't as high as they were, my freshman and sophomore year, I don't think, no because that one year when I took the medicine was my highest gpa. But, I tried hard, and they could see that in me, so they graded me on, you know, how a normal B student would. They'd work just what I did, and do everything that I did, but when it was time to throw down on the table, I didn't necessarily

65. Since the medication allowed him to focus in, S.'s grades went up.

66. The medication would, “make me want to study.”

67. The consistent schedule that S. held also allowed him to improve his grades. This entailed school, practice, an additional workout, dinner, then studying.

68. S. believes that in high school he, “had the respect of my teachers and classmates.”

69. In high school, S. “wasn’t probably a B student even though I got the B.”

70. S. says he was not the “average B student” but often got B’s because the teachers, “seen how hard I worked.”

71. He tried, but “I just wasn’t getting it.”

72. S.’s grades his junior and senior years were not as high as the previous two because he stopped taking the medication.

73. S. “tried hard, and they could see that in me.”

74. Teachers would often just grade the work that S. had done, instead of factoring in what he did not finish.
perform up to what a normal A student would. I’d get all my homework in, and do all this and all that, and read this and read that, then I’d go take the test. I have horrible test anxiety, and I would know it five seconds before I walked into the test, and the minute I would sit down, Gone! That just happened to me yesterday. I still have it now.
So… that’s… my grades were pretty much average. They didn’t drop huge. They didn’t go up any. They might have been the same, maybe gone down just a little bit. I continue to understand school more, and what I had to do. I certainly buckled down my last two years. I had a brother in college who was telling me, “Hey, if you want to go to college and come where I am, you gotta do this and this and this, and grades are the most important thing.” So then I started getting a little more mature and learning I can’t be a screwball forever. I started focusing in on my schooling, even if I didn’t like it I knew I had to do it. Because wrestling was the biggest thing to me, and that’s why my grades didn’t just collapse on me. I had a lot of help, actually my ex-girlfriend, she helped me with a lot of the readings and stuff like that. Her and I could relate real well. If I didn’t understand, she could put it in my kind of terms. So that helped, she was a huge help to me. That kind of thing is what helped to keep my grades up, without the medicine. Working with her, and a tutor for classes, that’s what helped me.

How about in college?

College, well let me tell you a little about college. My freshman year I got here, and I was about against everything. I’m 100% Montanan. And I did not

75. S. would get his homework in, and complete the other requirements, but not at the level of an A student.
76. S. says, “I have horrible test anxiety.” He can know the material five seconds before he goes into the room, but once the test comes it’s gone.
77. He experienced this test anxiety on an exam the day before this interview.

78. As he progressed through high school, S. began to “understand school more, and what I had to do.”
79. An older brother of S.’s who was in college stressed to him that in college, “grades are the most important thing.”
80. This advice helped S. to “get a little more mature” and to learn that, “I can’t be a screwball forever.”
81. S. started to focus in on school more, even though he didn’t like it.
82. S. realized that, “Because wrestling was the biggest thing to me… that’s why my grades didn’t just collapse.”
83. An ex-girlfriend of S.’s helped him with class readings. If he didn’t understand, “she could put it in my kind of terms.”
84. A tutor also helped S. with his classes. This extra help was needed when he stopped taking Ritalin.
85. During his freshman year in college, S. was, “about against everything.”
S. did not want to leave Montana, but he knew that in order to continue his wrestling career he needed to. S. says, “I’ve had a dream since I was five to go to the Olympics.”

He had the opportunity to attend this university, so he accepted the scholarship.

When he first came on campus it, “ate at me that I wasn’t back home.” There are no mountains near this place, and “the culture here is so much different compared to back there.”

“I couldn’t stand it,” says S. “People didn’t understand me.”

S. went to the bars in a pair of Wranglers, and people stared at him.

The class requirements that S. had to take were “irritating.”

S. says, “I wasn’t too excited about my schooling when I first got here.” He wanted to be a firefighter, and did not see how these classes would help him.

One of his first classes was Rhetoric. This was taught by a young, first year Teaching Assistant.

Appearance was very important to this TA, says S.

As part of his dislike for being there, S. let his hair get very long and he grew a beard.

This resulted in S. being “scruffy looking,” and due in part to this S. believes the TA did not like him.

S. did not want to leave Montana, but he knew that in order for my wrestling, this was the place of all places. And that’s what I wanted. I’ve had a dream since I was five to go to the Olympics. I wasn’t just going to stop after high school.

Especially with my situation. How fortunate I was to do what I did. I had the opportunity to come here, so I took it. I first got here, it ate at me that I wasn’t back home. There were no mountains around here. The culture here is so much different compared to back there. I just couldn’t stand it. People didn’t understand me. The first time out I think I went down to the bars in a pair of Wranglers. I got looks like I had four heads, you know? That really made me mad. In classes, requirements in classes they made me take, I just couldn’t believe it. They were just so irritating. Classes, I said “I don’t need to know this.” I want to be a firefighter, and a wrestler. So I wasn’t too excited about my schooling when I first got here. But, there is a program here, the Link Program, for incoming student-athletes. And you get requirements for being tested for your ADD and ADHD. I had all those requirements. My first class was a Rhetoric class, it’s like an English class. And you have to take Rhetoric. I had a first year TA, twenty-three or four years old, and you know, I think appearance was a big thing to her, too. She found out I was from Montana. No big deal. But when I said I was against the world, I was. I grew my hair out, down my back. My bangs were that long and I had a beard for months. But that’s how a lot of people judge people, is by appearance. Anyways, I was kind of scruffy looking. So, I don’t think she liked that part of me. She knew I was from Montana. Well, I went home for
elk hunting season. She found out that I was a hunter. She’s a huge liberal, being here in Iowa. I call them Feminazis. Big women’s rights girl. She wasn’t into me hunting, or anything like that. I wrote a paper on it, she didn’t like it. I wrote a paper on having ADD and ADHD. I told her that, “Can I get some extra time on tests and stuff, because I’m not being able to finish my tests at all.” Well, I got a huge scuffle with her. My advisors and counselors didn’t believe what a...B-word she was being to me, ‘cause I said this girl is a complete...I go into class, and I was late one day. She is just like...I go up to her after and I go, “I’m s...” And as I was going to say I’m sorry I’m late it was because...Then she goes, “Shh. I don’t want to hear it.” And I’m trying to explain it, she goes, “No!” I go, “Man, why are you...I don’t understand you. Why are you like this?” She was totally against me. I just couldn’t believe it. We were breaking up into groups and my group was out in the hall. So, as I was walking out, I said “Why are you such a bitch?” I just said it to her. I said, “You are such a bitch!” I just screamed it at her and slammed the door, and walked out. Everyone in class was like, dumbfounded. The whole thing is, she...I thought maybe because of who I am, about hunting, that she didn’t like that, because a lot of teachers are like that around here. But she wrote me a letter back about my ADD and ADHD. She says it’s...you know you’re supposed to say it, on the syllabus, they say if you have this tell the teacher...she said it’s no excuse. Pretty much saying that...it’s crap and yada yada yada. Well then, from then on, every paper that I turned in, everything, and I went to the writing lab, went to the reading lab, I worked with tutors to revise my papers, D minus, every single one. She would
never give me anything higher, and I did a bunch of them. Never. I could never get a higher grade. The reason is, and I told all my counselors and advisors, this lady is not giving me a grade because she thinks I’m...I have ADD and ADHD so I’m dumb and can’t get any higher.

So, from then on, that was my very first semester, I haven’t told one teacher since then because it’s scarred me about having ADD or ADHD because I don’t want them thinking I’m trying to use it as an excuse. You know, to get help, or to look at me as being...so that lady really torqued me off. From then on, that ADD, that extra time it takes, I’ve never used it. But, I have had a lot of tests, even this year, where I’m just getting to the second part of it and I’m not done with it yet. And times up. What can you do? There will be times where I know it, and then...I’ll want to give it to the teacher, and be like, “I still know it, I can tell them to you, but I just didn’t have the time to write them down.” That doesn’t cut it. That’s probably my fault for not saying anything at the beginning of the semester, but from that girl on I just haven’t wanted to tell another person because everything I did was never better than a D minus, so it was worthless to me.

That sounds pretty horrible on her part.

Yeah, and she was first year. She just thought...I mean everybody in the classroom, like, I had girls that were in the class come up to me after class, and be like, “She is just so mean to you. I feel so bad for you. You should say something. You should go to the...” You know, the teacher or the people who

109. Says S., “I could never get a higher grade,” referring to his scores he received on the papers.

110. S. told his counselors and advisors that the reason was because since he had ADHD, the TA “thinks I’m dumb...and can’t get any higher.”

111. Due to this incident S. notes, “I haven’t told one teacher since then because it’s scarred me.”

112. S. does not want other teachers to think that, “I’m trying to use it as an excuse.”

113. This TA made S. very angry.

114. S. still struggles on tests because he does not have enough time to finish them.

115. When this happens, S. wants to tell the teacher, “I still know it...I just didn’t have time to write them down.”

116. S. concedes, “That’s probably my fault for not saying anything at the beginning of the semester.”

117. However, because of this experience with the TA, “I just haven’t wanted to tell another person.”

118. When this incident with the TA occurred, other students told S. that they felt bad for him.

119. These students encouraged S. to talk with somebody about how she treated him.
help you when you have a run in with your teacher, the people you go to to complain, of like racism or something, or discrimination, against you. They’d say, “She is so discriminating against you.” They’d always tell me that. I had many students say that to me. I don’t even know what I did to her. I have no idea. I think the whole thing, like I said, goes back to that hunting. She was all against that. That was that. And being here my freshman year with that program, one of the classes you were in was part of the program, and there was a tutor, and you had to meet with the tutor twice a week, a group of kids who were all in that class. Athletes, athletes who were all freshman in the program. That was fine, that helped me out for the class. But then we have a student-athlete learning center, it’s called, where it’s four days a week, and when you first get here, you have to go there twice a week from 7:30 to 9:30. Where you just sat down and studied. You had the option of going to the computer lab, you had tutors there for certain classes. I started going there, I’d come home from practices, 6 or 6:30, get out here, try to make a meal, then rush in there. I was late everyday. Half the time I couldn’t go in there and study with all those other people. It was somewhat quiet, but I just didn’t like studying there. It bothered me. I’d go in there, for one thing, I didn’t like somebody sitting me down and saying, “You have to study now.” I’m more of a... I will study and I will get it done, it’s just I gotta do it on my own time. So, when I first got in here to school, we had to go there, and I just started boycotting it. I’d skip it, and skip it, a lot of kids skip it. Then they yell at you, then they say you can’t go to wrestling practice because of that. Then I kept skipping it. Finally, it got to the

120. Other students in class told S., “She is so discriminating against you.”

121. S. does not know what he did to make this TA treat him the way she did, but he thinks it might be due to hunting.

122. One of the programs in place to help freshman student-athletes consisted of seeing a tutor twice a week.

123. S. shared, “That helped me out.”

124. S. was also required to study a minimum number of hours each week at the student-athlete learning center.

125. By the time S. got home from practice and grabbed something to eat, he would be late for these 7:30 to 9:30 study sessions.

126. Although it was quiet there, S. says “I just didn’t like studying there. It bothered me.”

127. S. disliked somebody telling him, “You have to study now.”

128. S. concedes, “I will study and I will get it done, it’s just I gotta do it on my own time.”

129. Because he disliked it, S. began “boycotting” the sessions and skipped going.

130. This resulted in S. being told that he would have to miss practice.
point where I said, “I don’t need this. Let me do it on my way, and I’ll get the work done, and you’ll see.” Finally, I think it was this year or last year, it might have been this year, but I had two good semesters last year. You know, 2.8’s, 2.9’s which is good for me. Finally, they said, “Well, you’ve proved that you done it on your own.” Because I was hardly ever at learning center last year, they said instead of coming this year, because there are a lot of new freshman coming in and they don’t want them seeing what I did, having me be a bad influence on them with skipping, saying the hell with you guys. They said to not even show up. I never showed up. You know, if I really need something, if I really need help with a tutor, then I’ll show up. But a lot of times I’ll get help from students in class. We’ll have like a study group. I’m struggling in a class right now, and I went and met with a tutor last night. I know when to say when about it. I’m not trying to be a tough guy. I just didn’t need to be there, and I proved them that last semester that my grades stayed good. I had one of the better semesters that I’ve had. And that was because I wasn’t forced by people when to study, it was all on my own. I’m learning more about... what you gotta do to get the grades that will make you stay eligible. That’s the way I look at it: get the grades to stay eligible. I still, from the ADD point of view, still don’t want to focus in on things, but I’ve gotten better about actually doing it. I don’t care for any class in college. Not one. My metals class was fun, I loved it, got an A in it. As for some Theories of African Art, I never took that, but some class like that, I wouldn’t have nothing to do with it. Because, who cares? People care, that’s fine if they do, but me, I don’t care. I don’t need to fit some

131. Finally, S. told his academic counselors, “Let me do it in my way and I’ll get the work done.”

132. S. had higher grades for two semesters in a row. Counselors acknowledged that he could do it on his own.

133. Counselors told S. that he did not need to keep showing up for the mandatory study sessions. They did not want him to be a “bad influence” on the incoming freshman, who would notice that he skipped frequently.

134. If he really needs extra help, such as a tutor, S. will attend the sessions.

135. S. often gets help from other students in his classes.

136. S. recognizes if he needs extra help from tutors. “I know when to say when about it. I’m not trying to be a tough guy.”

137. Last semester, S. had one of his best semesters ever grade-wise, which he says was because, “I wasn’t forced by people when to study.”

138. S. is, “learning more about what you gotta do to get the grades that will make you stay eligible.”

139. S. admits he still has difficulty focusing in on things.

140. Says S., “I don’t care for any class in college. Not one.”

141. His attitude towards most classes is, “Who cares?”
requirement. I don’t need to know that, I don’t know why I should be required to take it. That’s kind of the way that I look at my classes. I’m in an Ed Psych class right now that’s nothing for my major, but it’s just a class. I’m somewhat interested in it. It’s like the only class that I’ve taken where I’m like, “That’s kind of cool.” I actually want to read the chapters. Learn about it. So, that’s a good positive about things. As for like high school and college reading-wise, never ever did it. Never. I was such a slow reader. Because all my work was real slow. I would never read. They’d give us a book or chapters, I’d never even open it. In my first couple of years here, and even now sometimes, you go buy a book for class, I wouldn’t even buy it because I knew that I’d never read it. So...some things I’ve learned...I’ve learned to read a lot better. I never read a book...my senior year I think I read...I read a book called “Deathwatch.” Because I’m such a slow reader I didn’t have the patience to do it. I have zero patience. I read it, and I finally got through it. That was my goal, I was gonna read a book. The first book I ever read, no joke. You have to read like, “Of Mice and Men” and “Hamlet” in high school. Never read them. Just kind of watched the movie and listened to my friends. And I read that one my senior year, and I actually ended up reading another one. Then I got to college and my sister bought me that book “Young Men and Fire.” About smokejumping. I was so in to that, I wanted to read that. Something that I was interested in. I read it, and it was the biggest thing for me, because it was like 300 and some pages. I called everybody in my family and bragged myself up. From then on I’ve kind of
read a book here and there. Three or four others. I’m getting more in to reading. Things I want to read. The book, “The Cowboy Way” my mom got for my brother and I. I read that, finished it up about a month ago. Just, things like that. Like I said, if it’s something I really enjoy, even though it’s slow and it takes me forever to get through it, I still do it because it’s so interesting. I felt like I was living back then. But if it’s a book about Hamlet, who cares? That’s what I always say. I don’t care about that. It has nothing to do with me. I’m gonna hopefully be living on a piece of land someday back home, running property or cows. I don’t need to know what Hamlet is. I always just try to block it out. That’s where I don’t focus in.

So, with these programs that had mandatory study hours, they eventually saw that you had a way of learning that worked best for you?

Exactly, yep. They realized...I preached to them since the first day that I got in there, that it’s bullcrap. I don’t need to be here. I do need to study. But I can’t study if you guys tell me to come in at this time and study right here. After practice, I want to eat and I want to sit down for a little bit, relax. Then I might study for two hours. I might not. I might not have anything to read that day, and finally get to take a break. But I might have to cram. Or read a ton that night. The hours they were giving me, is there were days where I didn’t have a damn thing to do. They would cuss me out for being there and not doing anything. I said, “The hell with this. If I have nothing to do, it’s my day to break.” If I have stuff to do, or read ahead, just to get ahead, then I will. But

152. Now, S. is “getting more into reading.”

153. S. likes to read about things that he is interested in, even though he is a slow reader and it, “takes me forever to get through it.”

154. He does not care to read things that have no relevance to him.

155. S.’s goal is to be, “living on a piece of land someday back home, running property or cows.”

156. S. recognizes that he needs to study, but he “can’t study if you guys tell me to come in at this time and study right here.”

157. After practice, S. would like to, “eat...and sit down for a little bit, relax.”

158. When he has done this, then he will sit down and study if he has things that need to be done. Some nights he might have to “cram” or “read a ton.”

159. S. resented that he was required to attend study sessions when he had no homework. “If I have nothing to do, it’s my day to break.”
it’s not gonna be when you guys tell me to, it’s when my mind wants to. I know better than to not be eligible. Wrestling is the biggest thing in my life. I know better than to flunk out of school, and allow myself that. Don’t put yourself in that opportunity. If I gotta fight like hell to get my grades up, then I’m gonna. I’m not gonna just let everything slide, or quit. They didn’t understand that. They didn’t think I could do it on my own. I started skipping, and saying, “I don’t care. I got my work done. I didn’t need to go. Or I had no work to do, and I’m not going.” And then they understood me a little more. Then they realized he was doing it on his own. His own pattern of work. Finally they said, “Okay, you don’t have to. You’re out of here, you’re on your own.” When they see me they say, “Hey, your classes are going good. Good job.” If you would have let me out of there my freshman year, when I told you to, I would have had a better gpa then, too.

They didn’t want to listen to you?

Yeah. They thought I was like every kid, because every kid fights the system. I said, “Trust me. I’m different than every one of them. I know what I have to do, just let me do it.” But, every kid is gonna fight it, and they’re gonna say, “Yeah, yeah. This is honestly the best thing for you.” But for me, it wasn’t, and now they finally realized it, so that’s what’s good. I’m out of it.

Did the counselors tell you anything when you shared with them what this gal did to you, with regard to not accommodating you or respecting your wishes?

160. Says S., “I know better than to not be eligible.”

161. Since wrestling is so important to him, “I know better than to flunk out of school.”

162. S. continues, “If I gotta fight like hell to get my grades up, then I’m gonna.”

163. However, his counselors did not seem to understand this. S. then began to skip the mandatory study sessions.

164. Eventually, after seeing that he did get his work done even when he was not attending, they began to understand him more.

165. At this point, S. did not have to attend the study sessions any longer.

166. S. told them that if they had let him out earlier then, “I would have had a better gpa then, too.”

167. S. recognizes that they thought he was like all the other athletes, who also voice their displeasure regarding the mandatory study sessions.

168. S. told them to trust him because, “I’m different than everyone of them.”

169. Now that they have recognized he is different, things are better off for S.
I think... I told them and they kind of laughed. They said you should sit down and talk with her. I said, “I can’t. I can’t stand sitting and talking with her. She’s a bitch.” Who wants to sit and talk with her, you know? I said I tried. Finally, they wouldn’t believe me. I went in with a tape recorder, one of those hidden ones, one of those small ones, and I sat down with her during her office hours. I put a recorder in my coat, and she didn’t know it, and I sat down and talked with her. Then, they could listen to her attitude towards me. She’s got that “uhh” snobby attitude... to me... and she’d even try to be nice. I can’t think of an example. She’d say something in a real nice tone, but it would be totally mean. Say if I was talking with you, and I would say, “My that is a really ugly shirt. That is an ugly shirt.” But it would be something towards me, like my work. “Jesse, you filled the requirement of three pages, but your paper just sucked.” Something like that. “You did good. I said to write four pages and you wrote five, but your paper just flat sucked. It doesn’t mean anything to me, so you should just burn it.” That’s how she was. Nice attitude, so I couldn’t stand it because she was fake. So, I went in with a recorder, I actually have the tape downstairs, but she was real, “Ahh” to me, trying to get help. So I brought it back and said, “Listen jerks.” They understood me a little more. They said, “You’re just gonna have to tough it out, get through it with this teacher.” I never went to the head of her department. I figured that would just make it worse anyways.

So, because of that experience...

170. When S. told his counselors about how he was treated by the TA, they suggested he sit down and talk with her.
171. S. told them that he had tried, but that he disliked talking with her.
172. Since his counselors did not seem to believe S. when he told them about how the TA treated him, S. secreted a tape recorder in his coat, then went in to talk with her.
173. By doing so, S. reasoned that they could then listen to how she treated him.
174. S. stated that the TA would say things in a very nice tone, but that the content would be mean to him.
175. The TA told S. that his papers met the requirement for length, but that they, “sucked,” or words to that effect.
176. S. felt that while the TA’s attitude appeared nice outwardly, that inside she was, “fake.”
177. After playing this tape to his counselors, they “understood me a little more,” says S.
178. They told him that he would just have to “tough it out” with her.
179. S. did not go to the head of the TA’s department, fearing it would make things worse.
That had a huge thing. From then on, I never went to another teacher again to tell them that I had ADD or ADHD. The big thing with her was, you know, she pretty much thought I was dumb so I couldn’t get higher than a D minus because I wasn’t good enough. That was the attitude.

Which, obviously isn’t correct.

Yeah, I know. Actually, that’s Rhetoric. The next semester, you go to Interpretation to Lit. The exact same class, but a level higher. I got a B for the whole semester. All my papers... the exact same class but a higher level class, a semester later, I got a B plus in the class. I got a D minus in hers. That’s when I flat told everybody, “See, I told you.” Granted, my writing is not that good. I’m not the best paper writer or reader, but I knew that I was better than D minuses all the time. That next semester when I was in a higher level class of the same course, and I got a B plus, that proved the fact that she was that way. If I was to show somebody what she did, that would be a big slap in the face for her, to show her what the other teacher thought of my work.

How about athletically, what can you tell me?

Um, like the hyperactive part or school, or what?

Whatever you want to talk about.

Okay. Um... athletically I think I’m pretty... what’s the word I’d say... I’m always going and doing things. Highstrung, is that a good word to use? Hyper, excited, I feed off excitement. If I live an exciting life, like in high school

180. Because of this experience, S. “never went to another teacher again to tell them that I had... ADHD.”

181. According to S., since the TA knew that he had ADHD, she figured he was dumb and could do no better than a D minus.

182. The following semester, S. took the second half of the course from another teacher. He got a B plus.

183. While S. recognizes that, “I’m not the best paper writer or reader,” he knew his work was better than D minus quality.

184. S. believes that this proves that this TA was discriminatory to him and his work.

185. Athletically, S. considers himself to be, “highstrung.”

186. S. says he will, “feed off excitement.”
I was never home. I was always at school, friend’s place, working out, girlfriend’s. What I had to do, I got done. I worked real hard in my wrestling. When it was time to have fun, I had a lot of fun, real hard. So, and that’s how it is. When I go into my sport, I was the same way. Like my attitude. I’d come into practice higher than a kite. Really excited. Be upbeat about it. When I got out here I was kind of…back home on the weekends I’d always go hunting and fishing a lot, just go gopher hunting and coyote hunting, stuff like that. Squirrels or coons, or whatever. Like… I was just always doing that stuff, I was always on the go, my mind was always going a million miles an hour. My folks were always telling me, “You gotta calm down. You gotta calm down. You’re gonna kill yourself. You’re always on the go.” I’d say, “I have to, that’s the way I am.”

Then I come out here. The way I think about being out here, I think of that bird, you know, that big ol’ pelican that used to drop babies off in the commercials. I felt like I was picked up in Montana and dropped off in the middle of this cornfield. And I’m just sitting here. Because when I go home I have ten thousand things to do. When I lived there I had ten thousand things to do. When I come home now, it’s like I gotta get caught up. I gotta go fishing here, and I gotta go fishing to this spot, and I gotta go hunting up here, and shooting this, and hunting over here, motorcycle here, and four wheel there, and go see these people and these people, all these ranches to go see. Millions of things. Here, I sit here and have nothing to do today. I’ve always wanted a motorcycle, a Harley, so I saved up since I was a sophomore in high school. I swore I was gonna get one my sophomore year of

187. In high school, S. lived what he considered to be an exciting life, and was never home.
188. Says S., “What I had to do, I got done.”
189. S. worked hard in his wrestling, but when it was time to have fun, he did.
190. S. enjoyed practice, and he was always, “upbeat about it.”
191. On weekends, S. was always “on the go” hunting and fishing and his mind was “always going a million miles an hour.”
192. S.’s parents frequently told him to “calm down” or he would “kill himself.”
193. S. would tell them, “I have to, that’s the way I am.”
194. S. compares himself to the baby that was always dropped off by the pelican in the Vlasic Pickles commercials.
195. He thinks he was picked up in Montana and dropped off in a cornfield.
196. Now, when S. goes back to Montana, he has “ten thousand things to do,” like hunting, fishing, and visiting people.
197. Since there are none of these things where he is now, he has very little to do.
198. S. has always wanted a Harley, so he has saved for years to buy one.
college. Save every penny that I had until my sophomore year of college. That was the goal, get one by that summer. I got one my sophomore year, in May, so I got it a couple months early. That’s like the biggest thing for me. Usually, I’d be running around fishing and hunting right now back home. But, I don’t have that here, there’s no mountains. So I got the bike, and that’s kind of my thing to do now, relax and drive that around. It’s kind of changed my attitude, too. With my sport and school, because...I’m kind of...not ho hum, but a lot more calmer. I go into practice and I’m a lot more calmer. I wrestle a lot more calmer. And that’s hurting me. It’s just tough to get away from home, perform out here, even though you things to make yourself better. Ninety percent of it for me is attitude, when you step out there. I just feel it, ‘cause if you know you got the artillery to do it, it’s just actually feeling good to do it. It’s the same way in school for me, too. Out here, that’s why I like my wrestling. I’ve done most things...most people have... pretty good. But I’ve set my goals a lot higher than that. I think that part kind of hurt it, just from that standpoint of really being hyper like I was back in high school. That I am out here. And, I really think a lot of it was just trying to adjust to the culture here, the people here. The same with school. It was kind of ho hum. Relaxed about going in to school. Just between that and the way that you live out here compared to back there, was a change in my school and my wrestling. From a real hyper, do everything, get it done, but play hard and work hard, and always going, to here where I have...sit around and not do much and not very interested in school. I don’t know if that made any sense, but

199. Finally, after years of saving, S. was able to buy a Harley.

200. If he was back in Montana, S. would be spending his time hunting and fishing.

201. Since he cannot do that where he is now, S. likes to “relax and drive that (motorcycle) around.”

202. S. says the motorcycle has changed his attitude. He describes himself as, “a lot more calmer.”

203. S. notes that, “I wrestle a lot more calmer.”

204. He also believes that this calmer demeanor is, “hurting me.”

205. S. believes that with his wrestling, “Ninety percent of it for me is attitude, when you step out there.”

206. According to S., this emphasis on attitude applies to academics as well.

207. While S. realizes that he has done pretty well where he is at, he has “set my goals a lot higher than that.”

208. S. describes himself as “really being hyper” when he was in high school.

209. S. is calmer now, and he attributes this to adjustments he has made to the people and culture in his current surroundings.

210. When he was in high school, S. was “always going,” but now he has a tendency to “sit around and not do much,” and he is “not very interested in school.”
that is just kind of how my attitude is. Which, I changed, but when I look back at what I’ve done the last four years being here, if I was on a treadmill here and I was on a treadmill in Montana, from the last four years, my treadmill here I probably ran, say if I was running the whole time, I probably run a thousand miles here. If I was back in Montana, I’d ran fifteen hundred thousand miles. I was always doing something. Here, I wouldn’t be doing as much. I think that changes your attitude, from how you live and how you get things done. I don’t know if that’s what you’re looking for or not.

You’re doing a great job. Like I said, there are no right or wrong answers, it’s just what you choose to talk about. You’re doing great.

I believe you can grow out of it a little bit, too. Having ADHD. There’s times where I catch myself, in high school where I’d catch myself, going like, “Relax a little bit.” I wasn’t like one of my buddies who really had it. I’d be like, “Phil, take your pill.” Because he needed to take it. His name was Phil. It was like, “Phil, did you take your pill today?” And he would take it. I wasn’t nearly that bad. My buddies didn’t even know that I had it, they just thought that I was flat crazy. But, like now, I think I’m a lot...like I said how I’ve changed being out here, a lot calmer, even though they think I’m a lot crazier and wilder here, but nothing compared to back home. I think...I’ve grown out of it a little bit...just being...you know, I don’t know...from always being on the run before and always doing things, and real hyper and screwing around in class. I don’t do as much now that I’m in college. I’m more...if I don’t like it I’ll

211. Using the analogy of a treadmill, S. says that if you would compare his mileage in Montana to where he is now, that he would have covered significantly more miles in Montana.

212. Back home S. “was always doing something.” Now, he does not do nearly as much.

213. This difference in activity level, “changes your attitude,” according to S.

214. Regarding ADHD S. shares, “I believe you can grow out of it a little bit, too.”

215. At times in high school, S. would catch himself saying, “Relax a little bit.”

216. S. had a friend in high school who had pronounced ADHD. S. would kid him, “Phil, did you take your pill today?”

217. S. says his own ADHD, “wasn’t nearly that bad.”

218. Some of S.’s friends did not even know that he had been diagnosed ADHD.

219. S. says, “I think I’ve grown out of it a little bit.”

220. In high school, S. was always, “on the run.”
sit around and look at girls in class and see who's cute, who's not, stuff like that. Not other things where you're throwing spit wads or doing things to get you in trouble.

So, you feel like you're growing out of it a little bit?

A little bit, yeah I think so. The reason I say that is, like I've said, I've grabbed a couple books and started reading books. I didn't care to read. I was always dead set that I was going to own a ranch, I was going to go home and work for a guide service, or get on a ranch and work as a ranch hand. And learn that kind of stuff. How to get the tractor running at five in the morning, go bale, go run cows, and fence, and go to be a firefighter. So then everything else, I wanted to learn it by trial and error. Go do it. If you do something wrong then you learn from it that way. I'm not the type of person that wants to read about it, then do it. So that was big, I never liked reading. But now that I've gotten here, seeing as I don't have, and Montana's been a big thing for me, I don't have that. So then I love reading about it. Because if I'm not there doing stuff in Montana, I'd rather sit and read about "Young Men and Fire." Cause it's close and I'll get to it. So that was neat. And another book, "The Cowboy Way," was about a guy who lived out on a Montana ranch for a year, went through all the seasons, and I enjoyed reading that. Stuff like that that I know I want to do when I get older. I'll read about, because I know it will help me and it interests me. But I'm not gonna go pick up...any book like...people on the team say, "Have you read this book, yet?" I won't just go grab that book. It would

221. Instead of being "hyper" and "screwing around in class," now S. will sit around and look at girls.

222. One of the reasons why S. believes he might be growing out of his ADHD is because he has started reading more books.

223. Earlier in his life, S. "didn't care to read."

224. S. has always wanted to own a ranch, work for a guide service, or become a firefighter.

225. Because of these interests, S. wanted to, "learn it by trial and error."

226. S. is not the type of person, "that wants to read about it, then do it."

227. Since S. is not living in Montana now, he cannot do some of the outdoor activities that enjoys.

228. Now he likes to read books that have to do with Montana.

229. One of the books that S. read was "The Cowboy Way."

230. S. now likes to read about things that he wants to do when he is older because, "I know it will help me and it interests me."
have to do with hunting, or fishing, or firefighting. Even wrestling books don't really even interest me. Wrestling alone is my interest. Not reading about it. Just from learning to read...not learning to read because I knew how...but taking the time and actually have the patience to sit and read a book. I think that has helped me. Maybe not grow out of it, maybe grow out of it just a little bit, or just got better at not being ADD or ADHD as much.

Is that good?

I think so. I think it is. I never really felt like I had a problem. I didn’t think I was dumb because I had it, it’s just...I...just had trouble focusing. And I still do have trouble focusing in classrooms. But, like you said, I’m still staying eligible to wrestle. That’s what I’ve always wanted. As long as I’m eligible to wrestle. My major right now is Sports, Health, Leisure, and Physical Studies. There’s a department where you can go Therapeutic Recreation or Sports Studies. I’m doing Sports Studies. To tell you what that is, I don’t even know. I had to ask my advisor, “What’s the easiest major here?” He said Communications and some others, Sports Studies was one of them, so I took it. Am I going to do anything with it? No, but when it comes time to get a job and they ask, “Did you ever finish college?” and I say yes. That’s gonna help me right there, just by that. That’s the only part I believe. As long as I’m eligible to wrestle, then that’s all. Just stay eligible to wrestle. When you get done competing in wrestling and finish your goals off, then if you want to go back and be a doctor or whatever, then you can go back to school and really

231. S. will not read any book. It must have to do with hunting, or fishing, or firefighting.
232. S. says, “Wrestling alone is my interest...not reading about it.”
233. S. now takes the time and has the patience to read.
234. Regarding his disorder, S. thinks he has either grown out of it some, or he “just got better at not being...ADHD as much.”
235. Of his ADHD S. says, “I never really felt like I had a problem.”
236. S. did not think that he was “dumb,” but rather knew that he, “just had trouble focusing.”
237. “I still do have trouble focusing in classrooms,” says S.
238. S.’s main goal is, “staying eligible to wrestle.”
240. S. asked his advisor what the easiest majors where. Sports Studies was one of them, so he chose it.
241. S. does not believe that he will do anything that has to do with his major.
242. Getting a degree is more important to S. than the major course of study.
243. S. wants to, “just stay eligible to wrestle.”
244. S. believes that he could go back and do graduate work, but only after he is done competing in his sport.
focus. Or do what you want to do. Just go live on a ranch or work for a guide service. I’ve had two guides who said whenever I want a job, then I’m there. And I’ve got a handful of ranchers who said you ever need a job then you’re there. So, I have all these things. That’s what I always tell myself. You can just go there. That’s kind of how I am about schooling and wrestling. As long as I’m eligible, I always feel like I have something to bounce back to. I have the same strength of thinking that you can make it without going to college, as I did with my freshman year here and being in that study group. I said, “I don’t need to be in here. I know I can do this on my own, by myself.” I have that same way about anything I want to do with my life right now. As far as work goes. Being a lawyer doesn’t interest me, but I could do it if I put myself to it. One of the things I’ve wanted to do since I was five, I wanted to wrestle, wrestle, wrestle. Once I hit high school, I knew I wanted to be a four time state champion when I was in high school. I didn’t have somebody guide me along the whole time. I did it on my own. I had help, my parents of course, but I did those workouts on my own because I wanted to. I worked my tail off in order to do what I did, and I did it. I wanted to get this here. Come here to college. Set a goal to get a motorcycle when I was here. And I did that. I just believe that anything in life for me, whether its school or a job, sports, something that I’m interested in that I want to do, I can put everything I got into it and I can accomplish it. That’s the attitude I have with anything. I don’t say I’m right, or that I’m the most perfect person at all. I’m pretty stubborn. If I think that’s the way it is, then I believe in myself 100 percent.

245. Two guides have offered S. a job whenever he wants one, as have several ranchers.

246. Says S., “As long as I’m eligible to wrestle, I always feel like I have something to bounce back to.”

247. S. believes, “that you can make it without going to college.”

248. Being a lawyer does not interest S., but he believes he could do it if he applied himself to it.

249. Since he was five years old, S. has wanted to wrestle.

250. Once he got to high school, “I know I wanted to be a four time state champion,” says S.

251. S. “worked my tail off in order to do what I did, and I did it.”

252. S. believes that whatever he wants to do, “I can put everything I got into it and I can accomplish it.”

253. S. considers himself to be “pretty stubborn,” and that he will, “believe in myself 100 percent.”
And it doesn’t take a degree to do what you know you can do?

Yep, exactly. And like half the kids say school is overrated, and “Oh, I don’t need to go to school.” I say that same thing, but I actually really mean it. A lot of kids just say it to say it. It does help... the way I look at it... it helps in the politics of life. I don’t get into politics at all. The politics is, if you want to go get a job, on a piece of paper it says, yes you did graduate from college, then that’s where it’s helping you. What I did... when I graduated... say I cheated my whole way through college and they have no clue, just cheated my whole way through, but in the end it says that I graduated. It’s no different from the student who busts his butt, did every assignment, every little thing perfect A plus all the way through, it still says I have that same degree. It’s just that slip at the end that says you did graduate. When I look at what I want to do, things that interest me, you don’t necessarily need that ‘cause people can look at me for what I’ve done athletically, and know that I’m a hard worker. I’m not patting myself on the back, but just know that I’m not a quitter from my accomplishments. That’s kind of how I think about work, and school, sports...

If you finish your eligibility before you graduate, do you see yourself finishing college?

Yeah. Yeah. My eligibility will be done next year. My... I should be done next semester. So, my last semester of school I might have only like six hours, but you need twelve to be eligible, for NCAA. I’d have to get six hours of other classes, like PE, or take something else. But, yes

254. S. states that while many students say they do not need school, he actually believes it.

255. Going to school, “helps in the politics of life,” according to S.

256. S. thinks that these politics come from having a piece of paper that says you graduated from college.

257. Since the focus is on the diploma, S. sees no difference between the student who cheated their entire way through and the student who earned all A’s.

256. The most important part of college is, “the slip at the end that says you did graduate.”

257. To do what he wants to do, S. does not think graduating from college is that important.

258. S. believes that his accomplishments will show someone that he is a “hard worker” and not a “quitter.”

259. S. will only need about six credit hours his last semester in order to graduate. By NCAA rules he will have to be enrolled in at least twelve.
I would. Like I told some guys, we were talking about it and they were seniors, they were saying, “Yeah, we might have to go back and do a class this summer.” I said, “Why you doing that?” “So I can graduate.” Like a Spanish class or something like that. Man, that’s just ridiculous. But they want to get a job somewhere. And of course, saying you graduated from college is what’s going to help them, so they should. I just think, man I wouldn’t go back and do that. The hell with that (laughs). I look at my mom and dad, and say hey, they put all the time and money into helping me, and it makes a parent proud seeing that their kid graduates, so I’m gonna do that for that part. As for me, I sure don’t really care much (laughs).

This has been great. Is there anything else that you want to add or talk about?

No, I could tell you stories forever. I don’t know what you really want to know.

You’ve just done great. It’s been awesome.

I did go into Student Disability Services after some times where I needed some help in a couple of classes. I was struggling a little bit. Instead of going through those tutors and that learning center, I wanted to go into the Student Disability Services and see if I could...and they said they could give me a note taker. Which would have been good. But, I didn’t want to tell my teacher that I had a note taker, because you had to tell them. Just from that lady that I told you about. I didn’t want to tell any teacher about it. Because I...
didn’t want them to look at me differently from the normal student. But, I went into the Student Disability Services and asked for tapes on my classes. It was kind of rough talking about it. Not rough, but we didn’t really get down to what classes I was taking and what tapes to send me. I thought they were just going to follow my schedule and know what I was taking and then they’d send me the tape for it. I didn’t know I had to call and connect with them every time. I thought they would just know. I ended up getting a huge tape player, real big. It’s down in my room, in a box. From the Student Disability Services. It was from the deaf and blind, or something like that. Actually, it might have said retarded, or handicapped. It was a name that I was like, “Gosh, for a person who is not real secure about themselves...” I didn’t care that they were calling me disabled or retarded, whatever the word was. For that soft kid who has the same problem, he probably reads that and thinks I didn’t want to be known as deaf, or dumb, or whatever the word was. They had a pretty sharp word that I didn’t like. Anyways, they send me the cassette, then I get a tape from them every so often. I have no clue what they are. I’ve never even opened them up out of the package. I can bring them up, just a huge thing of tapes. In these little containers from them. I think I’ve listened to one. It was just talking about it. I’ve gotten probably fifteen of them since. I’ve never opened one of them.

They just haven’t been helpful?

They weren’t for my classes. I don’t know what they were for. I don’t even know. I don’t even know why I’ve told you this. It’s just something that I went

267. “I didn’t want them to look at me differently from the normal student,” S. notes.

268. S. went in to SDS for tapes on his classes, and “it was kind of rough talking about it.”

269. S. assumed that they would follow his schedule and send the tapes he needed, but he eventually realized that he needed to connect with them every semester.

270. SDS sent S. a large tape player, and it came in a box that said something like “deaf and blind” or “retarded” or “handicapped.”

271. While S. said it did not bother him, he wondered how it would affect the person who was not as secure about their disability.

272. “They had a pretty sharp word that I didn’t like,” says S.

273. S. periodically gets tapes in the mail, but he has no idea what is on them.

274. These tapes that he receives have nothing to do with his classes.
in to do, because I wanted the help, and... because I know that I needed it, cause there is no way that I can keep up. I don’t keep up right now in my reading classes. I just don’t read it, or I’ll... read summaries, or I’ll try to take the time to go to the library at night and read. Which I haven’t lately, because I’m kind of getting interested in some of the things we’re talking about. But mainly I’ll get somebody from class and have them tell me about it. Or, take notes on it. As far as that paper I got, that tape cassette, I don’t even know what they’re sending me. I ain’t never really opened it and checked on it. I don’t know. I just got it.

It just wasn’t helpful?

Yeah. It was so long ago that I got it, the first ones must have been a bunch of junk for me, and I just keep getting them. And I’ve never taken the time to put one in the cassette player and hear it. Because, I’m doing okay right now. I think it kind of goes back to the ADD. I’m not interested in it and I don’t need it right now, so I don’t take the time to sit and listen to them. I’d rather be out doing something else.

Was that your only contact with Disability Services?

I’ve been in there a couple other times, but we never followed up. I’d go in there once, and the guy wouldn’t be there, and we’d set a date and then I wouldn’t show up. Stuff like that. I think the reason I just quit doing it, is if you want all these accommodations, and extra time on your tests and stuff, then you have to go tell your teacher. From then on, I just never went back in. You know, I should probably give teachers a

275. S. went to SDS because he needed the help.
276. Says S., “I don’t keep up right now in my reading classes.”
277. Instead of reading the entire assignment, S. reads the summaries or relies on a classmate to tell him what the reading was about.
278. “I’m doing okay right now,” says S. regarding his classes.
279. S. has been into SDS a few other times, but he has not done so consistently.
280. Says S., “The reason I just quit doing it, is if you want all these accommodations... then you have to go tell your teacher.”
second chance, it was this gal’s first time teaching, but...it just got to me. I think I can tough it out, even if I’m getting a C or a D, instead of risk having her or somebody else do what she did. I really try to go hard and prove her wrong. The bottom line is you need to let your teacher know, and that just turned me away. Now, I struggle during wrestling season. I have...my grades bury me during wrestling because I don’t keep up on reading or notes. I take notes, but when I sit in class I’ll take notes, but I won’t have a clue what I took notes on or know anything about it. I just write down everything that’s on the board. Like everybody else. A lot of my friends can sit and take notes and know what they are writing. When we get done with class, they’ll be like, “We talked about this today.” And I won’t have a clue what we talked about, but at least I have the notes so I can go back and read it. And that still happens right now. Now that wrestling is over, for the year, I really try to get myself out of the hole. I’m buried. I’ve got a pretty deep hole right now, but I always do after wrestling. I just need to work real hard and get out. So that’s what I got to be doing now. I’ve got finals and papers in classes. The papers will get my grades up. Then you have to do good on your finals. Then I’ll be ready to go for next semester. That’s just kind of the way things are going.

281. “I should probably give teachers a second chance,” notes S., but his initial experience “just got to me.”

282. S. states, “I really try to go hard and prove her wrong.”

283. Since you have to let your teachers know about your disability, “that just turned me away.”

284. “My grades bury me during wrestling season,” says S.

285. S. can now sit in class and take notes, but he has no idea what is being talked about because he is too busy writing.

286. “I won’t have a clue what we talked about, but at least I have the notes,” S. remarks.

287. Says S., “I’ve got a pretty deep hole right now, but I always do after wrestling.”

288. “I just need to work real hard and get out,” notes S.

289. S. believes that papers and his grades on final exams will help him recover.
Jesse- Level Three

According to S., his mother somehow had heard about ADHD and realized that S. probably had the disorder. During his freshman year in high school, S. went in to be tested. As part of the evaluation process, he was required to sit at a computer and respond appropriately to certain stimuli. The lights were off in the room while S. sat at the computer. At some point just minutes into the testing, S. fell asleep, “because I was so bored.” The testing administrator had to wake him up to resume testing. S. considered this to be a good indication that he did indeed have ADHD. When he re-took the test a second time, S. did not fall asleep, but for him “It was just draining me to focus because it was nothing that I wanted to be doing.” S. had to keep telling himself, “Okay, you’re concentrating here.” S. was diagnosed with ADHD as a result of this evaluation.

Initially, S. thought that those with ADHD were the, “bouncing off the walls type of kid.” S. does not see himself as being this type of ADHD student. Rather, he “will not focus in on things,” when he is in class. However, S. describes himself as “really being hyper” when he was in high school. S. lived what he considered to be an exciting life, and he was rarely at home. He was always “on the run” during his high school years. S.’s parents frequently told him to “calm down” or he would “kill himself,” but to this S. would respond, “I have to, that’s the way I am.” At times in high school, S. would catch himself saying, “Relax a little bit.”

Of his ADHD S. says, “I never really felt like I had a problem.” S. did not think that he was “dumb,” but rather knew that he, “just had trouble focusing.” S. had a friend in high school who had pronounced ADHD, and S. would kid him by asking, “Phil, did you take your pill today?” Comparing himself to his friend, S. notes that his own ADHD, “wasn’t nearly that bad.” Some of S.’s high school friends did not even know that he had been diagnosed with the disorder. However, S. recognizes that his attention often wanders, and that he finds himself in “La La Land,” where he is trying to focus but cannot do so. After his diagnosis, S. also began taking Ritalin to treat his ADHD. His experiences with medication will be expanded upon shortly.

Academics posed a challenge to S. in high school. S. notes that he, “wasn’t probably a B student even though I got the B.” Elaborating on this further, S. says that he was not the average B student but often received B’s from his teachers because they, “seen how hard I worked.” S. would get his homework in and complete the other requirements, but not at the level of other A and B students. S. admits that he did not read the books that were required for his high school classes. He, “just kind of watched the movie and listened to my friends.” S. believes that in high school he, “had the respect of my teachers and classmates.” As he progressed through high school, S. began to “understand school more, and what I had to do.” S. states that he learned how “to work the system” and how to “get in with teachers.” Additionally, S. also began to receive accommodations for his ADHD. Teachers would often just grade the work that S. had done, instead of factoring in what he did not finish. S. also received extra time on tests when he needed it, as well as tutorial assistance in those classes where he really struggled. At this point, S. started to focus in on school more, even though he still did not
like it. A consistent schedule also allowed him to attain higher grades. This schedule entailed school, practice, an additional workout after practice, dinner, then studying.

In expectation of going to college, S. took the ACT since a score on a standardized testing instrument was required prior to entrance. S. took the ACT twice, each time without accommodations, and scored a 17 both times. This score was insufficient to meet college entrance requirements. On his third attempt, S. took the ACT untimed, which helped him to score a 21 and which was high enough to meet entrance provisions.

As noted earlier, S. began taking Ritalin in high school after he was diagnosed with ADHD. The medication helped S. to “focus in” on his classes, his readings, and teacher lectures. On Ritalin, outside distractions did not bother S. as much and the drug would, “make me want to study,” he says. Initially, S. liked the medication because he knew that it was helping him to focus. He could take notes and listen attentively to others. Since the medication allowed him to focus, his grades went up. After starting on the Ritalin, S.’s gpa went from a 2.0 to a 2.85, which was the highest he had ever attained. However, on the Ritalin S. began to feel like he was becoming, “overfocused.” Of the medication, S. says, “I could really honestly feel it going through my system.” He could, “feel it in my skin,” and “feel it running through me... it just tingled in all the tips of my fingers... and my hair.”

For wrestling, it was necessary for S. to lose or “cut” weight during the season in order to wrestle within his weight class. According to S., cutting weight has the tendency to make him irritable. Eventually, S. began to realize that the medication was making him even more irritable. He felt like the Ritalin was, “controlling me, my body” and that it made him feel like, “I was doing things that I didn’t want to be doing.” S. believed that the combination of taking medication and cutting weight was making him even more irritable. S.’s friends and even teachers in the school began to recognize that S. became very irritable later in the week, which was when weigh-ins occurred. S. states that some teachers would even ask him to go home or to the health club instead of class when it was weigh in day. He became sensitive to loud noises and contact from others. Since there were many students at the school he attended, the halls were very crowded at times. If someone bumped into him, S. would, “just go nuts.” During one week in particular, S. was cutting a good deal of weight in order to open up a weight division spot for another wrestler. Because of losing the weight and taking the medication, S. was “on edge all day.” When another student jokingly slapped him in class, S. threw this student over a desk and down to the ground. After this student swung at him and missed, S. hit him once in the face. Both of them received In School Suspension. In another related incident, S. notes that a student’s book fell off the desk and to the floor one day in class. The sound startled S. so much that he also threw this student over a desk and down to the floor, but refrained from hitting him.

S. began to dislike the medication as a result of these events. It made him feel like, “not the person who I really am.” Adding to this, S. remarks that the Ritalin was, “controlling me and I didn’t like that.” After his sophomore year in high school, S. stopped taking the drug regularly, telling himself, “I don’t need that.” S. took Ritalin
“off and on, here and there” after his sophomore year. When he tried taking it again he would “just get so irritable from it.” He says this happened even when he was not trying to lose weight. S. wanted to see if he, “grew out of that irritable thing,” but the side effects continued when he took the medication. Since he stopped taking the medication, S.’s grades his junior and senior years of high school were not as high as the previous two years. S. has not taken Ritalin in, “five or six years.”

S. did not want to leave Montana, but knew that in order to continue his wrestling career he had to attend college out of state. When S. first came on campus it, “ate at me that I wasn’t back home.” He disliked that there were no mountains and, “The culture here is so much different compared to back there.” He likens himself to the baby that was always dropped off somewhere in the old Vlasic Pickles commercials, in his case picked up in Montana and left in a large cornfield. Says S., “I wasn’t too excited about my schooling when I first got here.” He wanted to be a firefighter, and did not see how the classes he had to take would help him. On one of his first nights in town, S. went to the bars in a pair of Wrangler jeans, and people stared at him. “I couldn’t stand it,” notes S. “People didn’t understand me.” S. states that during his freshman year in college, he was “about against everything.” As part of his dislike for being there, S. let his hair get very long and he grew a beard.

Since S. is not living in Montana now, he cannot do some of the outdoor activities that he enjoys. If he was back in Montana, S. believes he would be spending his time hunting and fishing. On weekends, he was always “on the go” doing outdoor things, and his mind was, “always going a million miles an hour.” Because there are none of these things where he is now, S. has very little to do. Using the analogy of a treadmill, S. says that if you would compare his mileage in Montana to where he is now, that he would have covered significantly more miles back home. In Montana, S. was “always going” and had “ten thousand things to do,” but now he has a tendency to “sit around and not do much,” and he is “not very interested in school.” This difference in activity level, “changes your attitude,” according to S. To address this, S. recently bought himself a motorcycle. Since S. cannot do things like hunt and fish where he is now, he likes to “relax and drive that (motorcycle) around.” S. says the motorcycle has changed his attitude. He describes himself as, “A lot more calmer.”

In college, S. continues to be reminded of his ADHD. “I still have trouble focusing in classrooms,” he says. S. notes, “I just don’t really like school,” and elaborates on this further. “I don’t care for any class in college. Not one.” Since S. does not think that the material in most classes is relevant to him, he wonders why he is required to take them. S. calls these requirements, “irritating.” In his view, these classes are “nonsense” and he does not really care about them. Using the example of his Theater in Society class, S. notes how he tells himself, “You don’t really want to be here.” S. tries to catch himself when he starts thinking this way, and he tells himself, “Okay, I’m going to focus today.” S. remarks that if he is familiar with or enjoys something that is being talked about, that he will, “zone in.” However, if he is not interested, S. will “get lost, out daydreaming.” Because of this, S. has “missed so much stuff” because he has trouble paying attention to the instructor.
As a freshman student-athlete, S. was required to study a minimum number of hours each week at the Student-Athlete Learning Center. By the time S. got home from practice and grabbed something to eat, he would often be late for these 7:30-9:30pm study sessions. Although it was quiet there, S. says, “I just didn’t like studying there. It bothered me.” S. disliked somebody telling him where and when he had to study. Because of this, S. began “boycotting” the sessions and stopped going. He resented that he was required to attend study sessions when he had no homework. “If I have nothing to do, it’s my day to break,” says S. He recognizes that he needs to study, but he “can’t study if you guys tell me to come in at this time and study right here.” S. concedes, “I will study and I will get it done, it’s just I gotta do it on my own time.” S. tried to convince his academic counselors that he would maintain adequate grades if they allowed him to skip these sessions. S. told them, “I’m different than everyone of them.” At first, S. was not allowed to miss these study periods. He recognizes now that his counselors thought he was like all other athletes, who also voice their displeasure regarding the mandatory sessions. Finally, S. told them, “Let me do it in my way and I’ll get the work done.” Finally, his counselors relented and allowed him to miss some of the study sessions. As a result of this, S. had higher grades for two semesters in a row. Counselors acknowledged that he could do it on his own. Eventually, after seeing that he did get his work done even when he was not attending, they began to understand him more. Counselors told S. that he did not need to keep showing up for the mandatory sessions. Besides realizing that he could be successful without them, they were worried that S. would be a “bad influence” on the incoming freshman, who would notice that he skipped frequently. Now that his counselors have recognized that he does learn differently, things are better off for S. Looking back, S. wishes they had let him out earlier. “I would have had a better gpa then, too,” he says.

S. is majoring in Sports, Health, Leisure, and Physical Studies, with an emphasis in Sports Studies. He asked his advisor what the easiest majors were. Sports Studies was one of those listed, so he chose it. S. is, “learning more about what you gotta do to get the grades that will make you stay eligible.” An older brother of S.’s who also attended college on an athletic scholarship stressed to him that, “grades are the most important thing.” According to S., this advice helped him to, “get a little more mature” and to learn that, “I can’t be a screwball forever.” S. has learned how to survive, academically. He will sit through class lectures although he doesn’t want to be there. S. will, “just tough it out and do it.” An ex-girlfriend of S.’s has helped him with class readings. If he didn’t understand, “she could put it in my kind of terms.” Instead of reading entire assignments, S. reads the summaries or relies on classmates to tell him what the reading was about. S. often gets help from other students in his classes. Some nights he knows he might have to “cram” or “read a ton.” If he really needs extra help, such as a tutor, S. will attend the study sessions at the Student-Athlete Learning Center. Says S., “I know better than to not be eligible.” S. recognizes if he needs extra help from tutors. “I know when to say when about it. I’m not trying to be a tough guy,” he shares. Continuing on this topic, S. states, “If I gotta fight like hell to get my grades up, then I’m gonna.” Last semester, S. had one of his best semesters ever grade-wise, which he says was because, “I wasn’t forced by people when to study.”
Although he has experienced some academic success lately, school continues to be difficult for S. “I don’t keep up right now in my reading classes,” he says. S. still struggles on tests because he often does not have enough time to finish them. When this happens, S. wants to tell the instructor, “I still know it...I just didn’t have time to write them down.” S. also must contend with his own nerves. “I have horrible test anxiety,” he notes. S. can know the material five seconds before he goes into the room, but once the test comes, this knowledge is gone. S. experienced test anxiety in one of his classes the day before this interview was held. S. can now sit in class and take notes, but he has no idea what is being talked about because he is too busy writing. “I won’t have a clue what we talked about, but at least I have the notes,” S. remarks. Participation in his sport also affects S.’s grades. “My grades bury me during wrestling season,” states S. “I’ve got a pretty deep hole right now, but I always do after wrestling.” S. believes that papers and his grades on final exams will help him recover. “I just need to work real hard and get out,” he says. S. will only need six credit hours his last semester in order to graduate. He realizes that the most important part of college is, “the slip at the end that says you did graduate.” However, since the focus is on the diploma, S. sees no difference between the student who cheated their entire way through and the student who earned all A’s. S. knows that his parents put time and money into helping him get to college, and that his graduation is important to them.

His first semester of college S. was required to take a Rhetoric class, which was taught by a young, first year female teaching assistant. Due in part to his difficulty with the transition to college, S. was wearing his hair long and had a beard. This resulted in S. being, “scruffy looking.” S. believes that appearance was very important to this TA, and that she did not approve of the way he looked. At one point in the semester, S. also missed a few classes so that he could go back to Montana and hunt elk, and he subsequently wrote a paper on this topic. The TA was against hunting, and told S. so when he received a poor grade on this paper. Since the course syllabus stated that those with a disability should contact the instructor if they needed accommodation, S. talked to the TA. He asked her about the possibility of getting extra time on exams, “because I’m not being able to finish my tests and all.” The TA wrote a letter back to S., telling him that ADHD was, “no excuse.” In S.’s words, the TA told him that his ADHD was, “crap.” One day, S. entered class late. When he went to speak with the teacher about why he was late, she refused to listen to him. In response, S. became angry and asked her, “Why are you such a bitch?” He then slammed the door and walked out of class. After this incident, all of his papers received a D minus for a grade, even though he used the writing lab and obtained tutorial help on his work. Says S., “I could never get a higher grade,” referring to his scores on subsequent work. According to S., “She was totally against me.” Other students in class, seeing how this TA treated S., told him, “She is so discriminating against you.” These students encouraged S. to talk with someone about how she treated him.

S. told his counselors about how he was treated by the TA. S. shared with them his belief that since he has ADHD, the TA “thinks I’m dumb... and can’t get any higher,” than D minuses. They suggested that he sit down and talk with her. S. told them that he
had tried, but that he disliked talking with her. His advisors told him that he would just have to “tough it out” with her. Since his counselors did not seem to believe S. when he told them about how the TA treated him, S. secreted a tape recorder in his coat, then went in to talk with her during office hours. By doing so, S. reasoned that they could then listen to how she treated him. S. noted that in this taped conversation with the TA, she would say things to him in a nice tone, but that the content would be mean. The TA told S. that his papers met the requirement for length, but that they “sucked,” or words to that effect. After playing this tape to his counselors, they “understood me a little more,” says S. He considered talking with the head of the TA’s department, but did not fearing that it would make matters worse.

Because of this experience, S. “never went to another teacher again to tell them that I had... ADHD.” He elaborates, “I haven’t told one teacher since then because it’s scarred me.” S. has contemplated telling other instructors about his ADHD, but has decided against it. “I should probably give teachers a second chance,” notes S., but his initial experience “just got to me.” S. does not want other teachers to think that, “I’m trying to use it as an excuse.” The following semester, S. took the second half of this Rhetorics course from another teacher. He received a B plus, and S. sees this as proof that this TA was discriminatory against him. While S. recognizes that, “I’m not the best paper writer or reader,” he knew his work was better than D minus quality. S. has used this experience to motivate him. “I really try to go hard and prove her wrong,” he says.

S. has, on occasion, utilized the assistance that is available to him through Disability Services for Students (DSS). When he has done so it was because, “I was struggling a little bit.” At one point, S. went in to see if DSS could find a note taker for him. However, in order to obtain a note taker, S. was required to tell his instructor that he was using one. S. did not obtain one due to his previous negative experience with the TA. “I didn’t want to tell any teacher about it,” he states. S. also contacted DSS with regard to obtaining audio tapes for his classes. Although he knew that he needed help, “it was kind of rough talking about it.” After making contact with DSS, S. assumed that DSS would follow his schedule each semester and send the tapes he needed. When this did not happen, S. realized that he needed to connect with DSS each semester. Shortly following his initial contact with DSS, they sent him a large tape player. It arrived at his house in a large box that had words like “deaf and blind” or “retarded” or “handicapped” printed on it, according to S. Not remembering exactly which it was, S. remarks, “They had a pretty sharp word that I didn’t like.” While S. said it did not bother him, he wondered how it would affect the person who was not as secure about their disability. S. periodically receives tapes in the mail from DSS, but they do not pertain to his classes so he does not listen to them. S. did go into DSS a few other times, but he has not done so recently. Says S., “The reason I just quit doing it, is if you want all these accommodations... then you have to go tell your teacher.” Since you have to let your teachers know about your disability, “that just turned me away.” S. notes, “I didn’t want them to look at me differently from the normal student.”

From an early age, S. has wanted to wrestle. “I’ve had a dream since I was five to go to the Olympics,” he says. Once S. got to high school, “I know I wanted to be a four time
state champion.” Accomplishing this goal provided S. the opportunity to attend college on a full athletic scholarship. As summed up by S., “What I had to do, I got done.” Athletically, S. considers himself to be, “highstrung.” He will, “feed off excitement” that comes from competing against others. S. sees himself as “pretty stubborn” and he will always, “believe in myself 100 percent.” While S. realizes that he has done well where he is at, he has “set my goals a lot higher than that,” and still entertains Olympic aspirations. S. believes that with his wrestling, “Ninety percent of it for me is attitude, when you step out there.” This emphasis on attitude applies to academics as well. Since wrestling is so important to him, “I know better than to flunk out of school.” Academically, his main goal is, “staying eligible to wrestle.” S. realized that, “Because wrestling was the biggest thing to me...that’s why my grades didn’t just collapse.” However, staying eligible has not been easy at times. S., “worked my tail off in order to do what I did, and I did it.”

Regarding his disorder, S. thinks he has either grown out of it some, or he “just got better at not being...ADHD as much.” Clarifying this S. says, “I think I’ve grown out of it a little bit.” One of the reasons why S. believes he might be growing out of the disorder is because he has started reading more books. Earlier in his life, S. “didn’t care to read.” The first book that S. ever read completely was during his senior year in high school. Says S., “That was my goal, I was gonna read a book.” Since he has always considered himself a “slow reader,” S. has been reluctant to do it. When he first went to college, his sister bought him the book, “Young Men and Fire.” S. read it entirely, and was proud of himself because it was a long book. After finishing it he called everybody in his family and, “bragged myself up.” S. has learned to read better and he is, “getting more into reading.” Although still a slow reader, S. now takes the time and has the patience to read. However, he will not read any book. It must have something to do with his interests, which are hunting, fishing, and firefighting. Surprisingly, his sport is not included in this reading list. “Wrestling alone is my interest...not reading about it.” S. does not care to read things that have no relevance to him. This feeling has transcended to academic books as well. During his first few years in college, and even still to a lesser extent, S. did not buy the book that was required for his classes. “I knew that I’d never read it,” he says. He likes to read books that have to do with Montana and about things that he wants to do when he is older because, “I know it will help me and it interests me.” For the first time, S. also has a class where he looks forward to the reading assignments. S. enjoys the class, Educational Psychology, and says, “I actually want to read the chapters.”

S. has also seen other evidence in his life that leads him to believe he is growing out of his ADHD somewhat. In his college courses, instead of being “hyper” and “screwing around in class,” now S. will sit around and look at girls. Also, after years and years of saving, S. has purchased a Harley-Davidson motorcycle. Since he does not have the opportunity to hunt and fish now where he is at, S. enjoys relaxing and riding his motorcycle. This new, composed demeanor has appeared in his athletic life as well. “I wrestle a lot more calmer,” says S. Interestingly though, S. believes that his more relaxed manner on the wrestling mat is, “hurting me.”
Looking towards the future, S. has always wanted to own a ranch, work for a guide service, or become a firefighter. He knows that he does not necessarily need a college degree in order to do any of these things. S. feels, “that you can make it without going to college.” However, S. plans on earning his degree, although he does not believe that he will do anything that has to do with his major. Getting the degree is more important to S. than his major course of study. According to S., going to school “helps in the politics of life.” S. thinks that these politics come from having a piece of paper that says you graduated from college. For him, graduating from college will show others that he is a “hard worker” and not a “quitter.” S. has considered doing graduate work, but only after he is done competing in his sport. While being a lawyer does not interest S., he believes that he could do it if he applied himself to it. S. is convinced that whatever he wants to do, “I can put everything I got into it and I can accomplish it.”
Jesse- Level Four

S. was originally tested for ADHD when he was a freshman in high school, although he admits that his mother somehow knew all along that he had the disorder. As part of the evaluation, S. was required to sit at a computer and respond to certain stimuli. With the lights off in the room, S. fell asleep while this exercise took place. After the clinician woke him up, he took the test again. Although he stayed awake during the second administration of the test, it was very draining for him to do so. S. was diagnosed with ADHD as a result of this testing.

S. himself had misconceptions about ADHD. He had assumed that those with the disorder were extremely hyperactive in their behavior. While S. knows that he is quite active, he recognizes that his biggest difficulty lies in focusing his attention. However, during his high school years, S.'s parents were concerned about how active he was. They were worried that S. would cause himself harm due to his overactivity, but S. knew that he had to release this energy. S. began to self-talk at this time, and he would remind himself that he needed to relax and slow down.

According to S., he never viewed ADHD as being a problem. He did not see himself as "dumb," but rather knew that he had challenges focusing and sustaining his attention. A high school friend of S.'s, who also had ADHD, was significantly more affected than he was. Comparing himself to this person, S. could tell that his ADHD was much less severe. Academics were challenging for S. in high school. He achieved decent grades, but felt that it was due more to the teachers seeing how hard he worked. As he progressed, S. learned how to "work the system," which included establishing good relationships with his teachers and obtaining accommodations that could help him be successful.

S. also began taking Ritalin after he was diagnosed with ADHD. Initially, S. felt positively about the medication because it helped him to focus his attention. As a result, his grades went up significantly. Eventually, though, these positive feelings toward the medication turned negative. S. began to feel "overfocused" while on Ritalin, and he noticed the physiological sensation of feeling the drug move through different parts of his body, such as his fingertips and his hair. Eventually, S. felt as if the drug were controlling him, and that it made him do things that he did not want to do. The medication also caused S. to be irritable, which was exacerbated by the dieting and weight loss that was required for his sport. With the combination of weight loss and the medication, S. would become violent at times. He reported two separate instances of physically throwing other students to the ground.

Due to these feelings and events, S. began to dislike the Ritalin. He noted that it did not make him feel like the person he really was. After his sophomore year in high school, S. discontinued regular usage of the drug. S. attempted to take it off and on for a short period of time, but realized that these side effects were still present when he did so. Off the medication, S.'s grades were lower during his junior and senior years. He has not taken the medication at all in the past five or six years.
In order to continue his wrestling career, it became necessary for S. to attend college in another state, far from his regular home. S. experienced a significant culture shock when he first arrived to his new surroundings. He felt as if he had been abandoned into a completely foreign place. S. knew what he wanted to do for his career, and did not see how his classes related to this profession. Consequently, he was not very interested in academics. S. rebelled against his environment and those in it, as he grew his hair long and sprouted a beard. Being from a different part of the country, S. felt as if the people in his new home did not understand him or who he was. Since the activities which he took part in while living in Montana were not available to him here, S. ended up with little to do. Eventually, this has caused him to relax somewhat and to become calmer.

In college, S. is continually reminded of his ADHD, as he still has difficulty focusing his attention. S. attempts to self-talk, to remind himself to pay attention, but he still misses a great deal of what is covered in classroom lectures. During his freshman year, S. was required, as an athlete, to study a minimum number of hours each week at a specific location for student-athletes. S. resented being told when and where to study, so he began not going to these sessions. For S., it became a matter of control. Since he could not dictate the time and place of this studying, he was not invested in the process. Eventually, S. convinced his academic counselors that he was different than the other athletes, and that his grades would not suffer if he was allowed to miss these sessions. Now, being able to control how and where he studies, S. has done much better academically.

S. chose his major course of study after asking his advisor what the easiest ones were. This reflects how ambivalent S. was and is regarding academics. To S., he must attain high enough grades to stay eligible to compete athletically. That is how he views academics: as a means to an end. S. has benefited from the guidance of an older brother, who was also a college student-athlete. This brother has helped him to see the magnitude of academic success. S. views himself as an academic survivor, in that he will do what he needs to do in order to stay eligible. Although not an avid reader, he reads enough to form an understanding of what is being covered. He has also relied on classmates, girlfriends, and tutors to help him learn material. For S., not being eligible academically means that he cannot compete athletically. Wrestling is the driving force behind his academic progress.

Although he has begun to experience some academic success, school remains difficult for S. Those classes that require a great deal of reading are a challenge. He struggles on tests because he does not often have adequate time to finish them. S. also experiences test anxiety, and his own nerves make it tough for him to remember necessary information. The time that S. must devote to his sport also impacts his grades. During his season, S.'s grades suffer due to the time and travel commitments of wrestling. However, S. has established the goal of receiving his diploma, so it is to that outcome upon which he focuses. For him, grades do not matter. What is important is the slip of paper at the end that says he successfully completed his degree.
During his freshman year, an event occurred which significantly impacted S. and his college academics. In his first semester, S. took a course taught by a young Teaching Assistant. S. struggled to get along with this person, due in part to S.'s earlier noted adjustment issues during this period of time. After receiving a poor grade on a paper, S. decided to tell this instructor about his ADHD, how it impacted him, and if it would be possible to receive any accommodations. According to his account, the TA refused to make S. any modifications, and told him that the disability was a farce. Their relationship continued to sour, and S. received poor marks despite investing significant time and effort into his work. Due to this event, S. has not told any other instructors about his ADHD. While he has considered doing so, he thus far has not, and has worried that they will think he is using the disability as an excuse. S. has tried to use this experience to motivate himself, to prove that this TA was wrong in her assessment of him.

S. has attempted to utilize services available through Disability Services for Students (DSS), and has done so when he was struggling academically. At one point, S. investigated to see if they could find him a note taker, but since he was required to inform his instructor he chose not to. S. also checked with DSS about audiotapes for some of his classes. They sent him a large tape player in the mail, and written on the box were words such as “handicapped” and “retarded,” according to S.’s recollection. While S. noted that this did not really bother him, he wondered how the person who was less secure about their disability would handle it. S. has not received audiotapes for any of his classes, since he must talk with his instructors about doing so. S. is concerned that they will look at him differently than they would the “normal” student.

S. is a very goal-oriented person in terms of his athletic pursuits. He has wanted to wrestle from a very early age, and continues to hold the dream of going to the Olympics. Thus far, he has achieved the major athletic goals that he set for himself, but is not content with stopping there. His Olympic dream spurs him onward. For S., attitude is everything when it comes to athletics. The more driven he is and the more committed to his goal, the better the chance of success. This spills over into his academic domain, as well. He is goal driven in academics, too, but the goal here is merely staying eligible to wrestle. Since competing in his sport is so vitally important to him, S. does what he needs to do academically in order to wrestle.

With regard to his ADHD, S. believes that he is either growing out of the disorder, or becoming more adept at dealing with it. He leans towards the former, and cites his recent interest in reading as a reason why. S. is becoming more interested in reading, but only those topics which interest him. Interestingly, his sport is not one of the reading topics that appeals to him. He would rather participate in it directly than read about it. S. has also seen other evidence that leads him to believe that he is growing out of his ADHD. He finds it easier to sit in class now, as opposed to previous times when he was overactive and unfocused. He has recently purchased a motorcycle, and S. enjoys relaxing and driving it around town. S. notes that this new calmness permeates into his athletic life as well. Interestingly, though, he believes that this relaxed manner on the mat is hurting his performance. This sets up an interesting dilemma for S. While he
recognizes and embraces the academic and social benefits that come from growing out of his ADHD, S. also believes that his athletic progress is hurt by doing so. This will potentially establish a sort of cognitive dissonance for S., in that his feelings are not meshing with his behaviors. If he wants to continue being successful athletically, S. may believe that he needs to hold on to these basic traits of ADHD. If he chooses to embrace this newfound calmness and ability to focus, S. will do so knowing that his athletic aspirations will suffer.

In the future, S. knows that he would like a job which allows him to work outside, such as a guide or firefighter. S. knows that his college degree is not necessary for such employment. However, he had made getting a diploma one of his goals and he plans on accomplishing it, even if he might never use the diploma in his chosen field of work. For S., getting a degree will show others that he is a hard worker, and that he has the ability to succeed academically. In the end, S. remains convinced that he can accomplish whatever he sets his mind to.
Matt, Levels 1 & 2: 05.07.11

As a student-athlete, tell me about a recent time in which you thought about what it is like to have Attention Deficit Hyperactivity Disorder.

A recent time? Well, actually I’m reminded of it quite a bit. Especially when it gets more hectic with Spring ball. It’s hard to focus on the things that I need to focus on, such as school, stuff like that. You know, so I think about it quite a bit. Also, I struggle with doing some things. I’m capable of doing it, but I make it much harder on myself. Stuff like that. I’m the kind of guy that needs to work in intervals. Fifteen minutes to a half an hour, then take a little break. Then back. So I do a lot of...uh...I might study for four hours, be here studying for four hours, but actually I’ve probably only studied for two and half hours, tops. So, that’s just sort of how it works. Lately, I’ve been here a lot working on these papers and journals. That has sort of reminded me of it. I have to get up and walk away from it, I can’t concentrate, so I’ve got to get up and run around, go be stupid, things like that. I think about it quite a bit, though.

That is something that I have heard from other students with ADHD. They say that they need to take frequent breaks.

Yeah, yeah, I do. It’s just very tough for me to get started again, especially when I have some time to be able to push it back. When it does not have to be done like right now. I found out that, it seems like I really do better when my back is against the wall. When there is a shortage of time. I’ll just sit there and

1. S. is reminded of his ADHD frequently, especially during Spring practice for football.
2. For S., it is difficult to focus on school. Regarding his ADHD he says, “I think about it quite a bit.”
3. S. believes that he is capable of doing most things, but that, “I make it much harder on myself.”
4. While studying, S. needs to work in intervals, studying for awhile then taking short breaks. This ends up making his study sessions very long. “I might... be here studying for four hours, but actually I’ve probably only studied for two and a half hours, tops” he says.
5. “I can’t concentrate,” says S., so he must get up and walk away from his studies at times.
6. After he has taken a break, “It’s very tough for me to get started again,” notes S.
7. S. believes that he does better studying when, “my back is against the wall” and there is a shortage of time.
get it done. I might be miserable about it, but you know, I push through it. If I have to get something done, I get it done. I have a hard time when I have like a week before it's due. Then I just say that I can put it off until tomorrow, or do it the day after that. Things like that. Procrastinate, I guess.

So when you think about it, it usually has to do with academics?

More so, I think. Because academically is not something I really, let's say, enjoy that much. So...it's a little bit harder for me. I don't know. My coaches, I've had four different coaches, and two of them have told me that they can tell that I have a hard time focusing for a long period of time. They always say that I do well, but if I could ever just stay focused for an entire practice or game, that they feel like I could be a pretty good football player, a lot better than I am now. You know, I've thought about it. I've taken Ritalin before. Things like that. I don't take it very often. I haven't taken it much at all, in fact. A year or so. I don't know. I have a hard time taking things like that because I think it just changes the way I really am.

So it is something that coaches have noticed?

Coaches have noticed before. At least they say they have. I sometimes wonder if they say that because they know that I have it, or because they actually can tell. But, my teammates have even said it before. They say that sometimes I'm really focused on what's going on, and other times they can tell I'll be thinking of something else or being distracted by a little thing that is going on somewhere else.

8. Says S., “If I have to get something done, I get it done.” He has a more difficult time when he can put things off and “procrastinate.”

9. When talking about school, S. remarks, “Because (academics) is not something I really...enjoy that much.”

10. Some of S.’s coaches have been able to tell that he has difficulty focusing for long periods of time. They tell him that he could be “a pretty good football player, a lot better than I am now” if he focused better.

11. S. has taken Ritalin in the past, but has not taken it in some time. He says, “I have a hard time taking things like that because I think it just changes the way I really am.”

12. While coaches have told S. that they can tell he has ADHD, S. wonders if it is because they already know, or if they can actually tell.

13. S.’s teammates have also noticed his ADHD. They have told him that sometimes he appears very focused and other times that he seems to be distracted by something else.
So it's not something that you notice as much?

Yeah, I don’t notice it as much, I think. Sometimes I can tell when I’m a little off, but there are some times where I don’t realize that I do it as much as they do. Or even think about it, or catch me on it. But I know that it’s really little things that they see me doing, day in and day out. They always say, like my teammates, if we are in a meeting, sitting there, and there is a little noise in the back of the room, I have to turn around and see what’s going on. Things like that. They always say, like a little bird chirping in the corner, then I have to turn around and see what’s going on.

So, this happens during things like film study?

Yeah, film study. I don’t know, I think I get bored. I don’t know if it’s a hard time paying attention. It’s just, I like it…but I think part of the problem is that I’m getting older, and getting ready for my last year here, and we’ve been running the same offense for the last three years. I’ve started for the last three years, so I pretty much know what I’m doing, not doing. It makes it that much harder for me to focus in on the sessions. To watch the same plays over and over. The same things. I lose interest in the details.

Do you notice that on the field?

I would have to say, “yeah.” Actually I do. Because there are times I have to sit there and go backwards and tell myself to just focus in on what you’re doing, think about it, relax, don’t get caught up…sometimes I’ve gotten caught up, you know sometimes things that

14. At times, S. will be able to tell that he is “a little off,” but that there are other times where “I don’t realize that I do it as much as they (teammates) do.”

15. S.’s teammates can notice his ADHD even when he cannot. “I know that it’s really little things they see me doing, day in and day out,” he says. If he hears a noise during meetings, S. must turn around to see what is going on.

16. S. wonders at times if he has a hard time paying attention, or if it is because he gets bored.

17. Since S. has become very familiar with his team’s offense, it is harder for him to focus in on the film sessions. Since he watches many of the same things over and over, “I lose interest in the details,” he says.

18. S. will notice this on the field, during games. He will self-talk and tell himself, “just focus in on what you’re doing, think about it, relax, don’t get caught up.”
shouldn’t be bothering me that I notice at times do bother me. I’ll be sitting there in the middle of a football game and I catch myself doing it, and I have to remind myself that the time is not right and that I need to focus. Then I just try to re-focus back in. I think that sometimes you’ll see that in my play a little bit. I’ll go out there and have an awesome series, then I’ll go out there and I’ll have a couple of bad plays. Sometimes even the coach will come over and say, “Stay focused, stay focused, relax and get focused.” Things like that. Fortunately, I would say, that doesn’t happen very often. I think I’m getting better, too. Trying to. You know. When you understand that you do it, it’s a little bit easier to catch yourself. You try to set your mind up, allow yourself the opportunity to succeed. Hopefully it won’t bother me out there, things like that. It’s not a big deal. I just try to do my best.

19. S. will catch himself doing this during games. When he does he will remind himself that the time is not right and that he needs to re-focus.

20. S. believes that this loss of focus shows in his play. “I’ll go out there and have an awesome series, then I’ll go out and have a couple of bad plays,” S. remarks.

21. When this happens, a coach will often times come over and tell S. to “stay focused.”

22. S. believes that he is getting better at not letting this happen as much. “When you understand that you do it, it’s a little easier to catch yourself,” S. says.

23. To counter against this, S. tries to do his best and he will try to, “allow yourself the opportunity to succeed.”

It sounds like you have gotten good at self-talk?

Oh yeah. I do a lot of self-talk. I think that part of it is most people don’t understand, I would say, always where you’re are coming from on certain things. About how you look at things. Deal with things. So...certain times instead of explaining to people that you shouldn’t really have to explain yourself to, but you wish you could because then they would understand. But you really don’t have the time. So you just sort of talk it out with yourself. From doing that I’ve come to know myself a lot better. It’s something that I’ve dealt with a long time. I would say I’ve matured a lot the last two years of college compared to the first two years that I was here. So, it’s interesting for

24. “I do a lot of self-talk,” states S.

25. For S., “I think that part of it is most people don’t understand...where you’re coming from on certain things. About how you look at things. Deal with things.”

26. S. does not believe that he needs to explain himself to others, but at times wishes he could, “because then they would understand.” Instead, S. will engage in self-talk, which has helped him come to know himself better.

27. S. believes that he has matured a great deal during the last two years of college.
me to think about it. To think about the ways that I’ve changed.

So you see it as improvements, that you’ve gotten better at living with it?

I’ve gotten better. But...it’s also something that I think about. I’ve got a long ways to go to be where I want to be, and I don’t know if I ever will understand it completely. But that is what I would like to do, understand it. I am a very high intensity person. I don’t like to sit still, I guess you could say. I’m the kind of person who is gonna try to stay as focused as I can, but I know that there will times where I lose focus, and don’t follow what is going on.

So, earlier you said this is something that you’ve dealt with for quite awhile.

Well, I don’t know. I feel like I’ve always kind of been this way. My mom is an elementary school counselor. She sort of noticed it at a young age. I think because she had been around it a lot and dealt with it a lot of times. So she had me tested by...ahh...my school. My school tested me, and it came back that I did. They were pretty sure that I had it, my school did. That was around second grade for sure, maybe first grade. I started going into the LD program, the learning disability program, where for half of the day I was in another classroom with another teacher. I was with a smaller group of kids. It was pretty much like that through fifth grade, the same group of kids the whole time. We got pretty close with that group of kids. But, we all got along. Most people struggled in the reading and written part, or some of them also struggled in the math part. It seemed like most of them

28. While S. thinks that he has gotten better about understanding his ADHD, he says, “I’ve got a long ways to go to be where I want to be, and I don’t know if I ever will understand it completely. But that is what I would like to do, understand it.”

29. S. would like to stay focused all the time, but he recognizes that, “there will be times where I lose focus, and don’t follow what is going on.”

30. S.’s mother works as an elementary school counselor, so she became aware of his attentional difficulties at an early age.

31. S. was originally tested by his school when he was in the first or second grade, and they diagnosed him with ADHD and learning disabilities at this time.

32. At this time, S. was placed into an LD program, where he split time between the regular classroom and the special education classroom.

33. S. stayed in this arrangement through the fifth grade, and with the same set of students. S. says he, “got pretty close with that group of kids.”

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had a strong point in something. It seemed like a lot of them, not all of them, but it seemed like for a lot of them the biggest area of struggle was reading and written language. Then I moved away for a year and went to Raleigh, Missouri. They had a little different kind of program. I didn’t like it as well. I only went there for one year.

That was sixth grade?

That was sixth grade. I didn’t like it as well. It wasn’t...I don’t know how to say it...it wasn’t as good as the program I had been in. It didn’t seem like they gave you as much help, to get better. When I moved back to Kansas City they had class within class once you went to middle school. So basically, all of my classes, except for elective classes, had two teachers: the regular teacher and the teacher who went to all the classes that we went to. Which was the teacher for the kids who needed the help, the learning disability kids. That was basically like that all the way through high school. The only difference was that in high school the learning disability teachers were different for each subject. You had the same teacher all day long in middle school. This was a good thing in high school. The problem, this is kind of a sidenote, I don’t even know if you’re interested in this, but in middle school I was hyper and we had days where it was kind of hard for us. It was hard to always concentrate. It seemed like in middle school when you had the same teacher with you from class to class it was harder ‘cause if you had a bad hour before, you’d go to the next hour and she’d still be there. It just kept...translating...you know? In high school, if you had a bad hour you just

34. S. notes that while most everyone in this special class struggled in academics, he notes, “It seemed like most of them had a strong point in something.”

35. In the sixth grade, S. moved to another city, which had a different special education program. S. did not care for this arrangement.

36. According to S., he did not feel like he got the help he needed in this new program. At the end of this year, he moved back to Kansas City.

37. By this time, S. had progressed on to middle school. In this setting, his special education teacher followed him around to his regular education classes.

38. When S. moved on to high school, this arrangement continued, except that the special education teachers were different for each subject.

39. S. says that in middle school, “I was hyper and we had days where it was kind of hard for us.”

40. S. preferred the arrangement in high school, because if he had a bad period of class, then he got to start off fresh the next period with another teacher.
got to go away. You got to start fresh with a new teacher. It gave you time to calm down. So, it made it easier to concentrate and focus. Sometimes you need to get away from things like that when you’re there. It’s hard to focus anyway for us, you know? Basically it was like that all the way through high school. Is there anything else you want on that?

**How about now, in college?**

College... umm... I do work with the learning disability program here in college a little bit. I would probably work with them a lot more if I didn’t play football and get the help from the athletic department. From the academic department over there. I spend more time down there. Basically what I get out of the learning program, which I think has gotten better in the last five years that I have been here, but you can go there at the beginning of the semester, and they write up the documentation that I have a learning disability, which I give to my teacher. They write up the request of the things that I’m allowed to have, like extended time on tests, notetakers, readers for the test, things like that. Spelling and grammar I try not to be graded on because I am a bad speller, things like that. They also do other services, like they just started and I haven’t done it yet but I want to do it this spring, they have a service where they have a computer program that scans all your books. You sit in front of the computer and it scans your books, but reads it to you, too. I am the slowest reader ever. It takes me hours to read a little thing. I get mad at myself because I read it all, take the time to read it, and then I can’t remember a lot of it, or pull

41. This arrangement “gave you time to calm down” and “made it easier to concentrate and focus,” says S.

42. Notes S., “Sometimes you need to get away from things like that when you’re there.”

43. S. does have some contact with the general learning disability program on campus, but most of the academic help he receives is through the academic center for student-athletes.

44. At the beginning of each semester, the student-athlete academic center writes up the documentation of S.’s ADHD. It notes the accommodations that he is allowed to have, and includes extended time taking tests, notetakers, and test readers when necessary.

45. S. is also not graded on spelling and grammar. “I am a bad speller,” he notes.

46. S. is interested in the new technology service that scans his text books, then reads them back to you.

47. Reading continues to be difficult for S. “I am the slowest reader ever. It takes me hours to read a little thing. I get mad at myself because I read it...and then I can’t remember a lot of it or pull out the things that I’m supposed to remember,” S. says.
out the things that I’m supposed to remember. It’s really hard from that standpoint. I’m curious to see how that works. That’s basically...ahh...I spend a lot of time over at the academic complex, and I’ve had a lot of tutors. I used to meet with my academic counselor twice a week compared to everyone else’s once a week, because I needed more time and more help. And also, the football coaches have always known that, so they’ve made me keep going. Usually after your first year, if you’ve done well, they let you out of the mandatory study hall. To be honest with you, I have been three or four years of pretty mandatory study hall, strict, getting watched over. This year is the first year that they haven’t really watched over me that closely. It’s time for me to be able to watch it myself. If I need help, I go to them. It has been a good thing. So, that was always good. Is there anything else on that you want to know?

So, the accommodations help, you think? The assistance that you get?

Most definitely. All the accommodations help, a lot. If I didn’t play college football, I probably would never have made it through college. If I would have, it would have taken 8 or 10 years. I don’t think that I had the discipline when I was younger. When I got out of high school, I wasn’t able or capable of doing those things, of getting the help. Without football, I wouldn’t have gotten all the help that I’ve gotten. The structure, which is really good for me, because I try to stay focused, and these people were always checking on me, making sure that I got things done, so I didn’t fall behind. I can easily see

48. S. shares that he will, “spend a lot of time over at the academic complex and I’ve had a lot of tutors.”

49. All athletes are required to meet with their academic counselor once a week. S. was required to meet with his counselor twice a week, “because I needed more time and more help.”

50. Since “the football coaches have always known” that S. has ADHD, they have made sure that he attends these sessions.

51. S. must also go to a mandatory study hall for athletes. While most get out of this after their first year, S. has had to go for the last four years.

52. This year, the coaches are not watching over him as closely. “It’s time for me to be able to watch myself,” says S.

53. For S., “All the accommodations help, a lot.”

54. S. says, “If I didn’t play college football, I probably would never have made it through college.” Continuing this belief S. remarks, “Without football, I wouldn’t have gotten all the help that I’ve gotten.”

55. S. believes that he would not have sought out the help he needed were it not for athletics. S. credits the structure that was provided to him and the people checking up on him to make sure that he did not fall behind.
myself not focusing and putting things off, and getting frustrated. The biggest thing for me is that I get frustrated a lot. I just get mad. I put all this time in to studying for a test, and I feel like I know the stuff, and I get a C. There's kids on the team, or friends of mine from class, that say, "Man I didn't even study for the test," and they get A's or B's. It gets mentally challenging, you spend all the time, and you know, it's really hard sometimes like that. From the university standpoint, like getting a reader for the test and notetakers and things like that can really help out, too. That's part of the reason that I picked this university. I was going through colleges to look at, places that had offered me a scholarship. My mom... my father didn't go on any of the trips but my mother did, she looked at all of the schools from an academic standpoint and how they dealt with kids with learning disabilities. She knew that would be a big key for me. She was in the athletic academic centers, too, and she felt that this was by far one of the better places she had looked at.

So that was a factor?

Oh yeah. I think I'd have a hard time picking a school that my mom didn't think was good for me. Since she believed that this was the best place for me, that helped out. 'Cause she really didn't like some of the people from other universities. Some of them were really negative about me coming there with a learning disability. So, she felt pretty strong about it. She still left it up to me, but she was pretty shocked that some of them had the attitude they did. I definitely would say that it had a big part to do with my decision. I'm glad, because I never would have made my

56. Without this assistance, S. can "easily see myself not focusing and putting things off, and getting frustrated."

57. S. says that the biggest thing for him is that he frequently gets frustrated. He notes, "I just get mad. I put all this time in to studying for a test, and I feel like I know the stuff, and I get a C."

Teammates and other students in the same class will tell S. that they hardly studied, if at all, and they will get a better grade than he did.

58. When this happens, S. says "It gets mentally challenging...it's really hard sometimes like that."

59. S. and his mother carefully examined the academic programs of the colleges that offered him a scholarship. He picked this university because of its ability to help students with learning disabilities.

60. S.'s mother believed that this university was the best choice for him, academically.

61. Regarding some of the other schools he thought about attending, S. says, "Some of them were really negative about me coming there with a learning disability."

62. The academic services this school offered, "had a big part to do with my decision," says S.
decision thinking about things like that. I still probably would have chosen here, but I definitely think it helped me get over the edge, ‘cause there were times where I wanted to stay close to home, then I wanted to get far from home, where do I go, things like that. Some of those small factors that help you talk yourself into it, when you weren’t a hundred percent confident.

Going back to something that you had mentioned earlier, you had spoken briefly on your experiences with Ritalin. What more can you tell me about this?

Well, it scares me when you hear people tell you that, when you are on Ritalin, that you do better, that you can do things, and that you’re calmer, because at least in my mind I feel like it’s changing who you are. Maybe it’s not really doing anything like that, but maybe in your mind it gets a little scary. Because you know how you are, and you don’t want to be different or anything like that. I’ve heard...I’ve seen things on TV, read articles and books and stuff about Ritalin, and heard how too many people take Ritalin, and those kinds of things scare me. You know...you never know...you start to get really skeptical about taking something like that. You feel...the biggest thing that scares you is you know how you’ve always been, you know that you’ve always done well with dealing with people and making friends. I guess the scariest thing is when they tell you that it’s gonna change you, that people...that people might not like you or people think that you’ve changed, when you don’t want that. In the back of your mind that really scares you because you know that you’ve always been successful dealing with people.

63. S. is thankful that his mother examined the academic services available for LD students because, “I never would have made my decision thinking about things like that.”

64. It “scares” S. when he hears other people talk about all the benefits of Ritalin. He notes, “I feel like it’s changing who you are.”

65. S. has heard and read many different things about Ritalin, including the belief by some that too many people take the drug. Knowing these things, S. says “you start to get really skeptical about taking something like that.”

66. S. continues, “I guess the scariest thing is when they tell you that it’s gonna change you...that people might not like you or people think you’ve changed, when you don’t want that.” S. is worried about changing because he knows that he has always been successful dealing with people just the way that he is.
How was it for you when you did take it?

It didn’t seem a whole lot different, I guess. But it was kind of a pain in the butt, ’cause it seems like I always had to carry it on me. ’cause I took it like four times a day. I always had to carry it on me. I’d forget to take it. They said I shouldn’t take it after three, because if you take it after three you supposedly have a hard time going to bed. Things like that, I don’t know. It became...it got to a point where I wasn’t very good about taking it all the time. So I’d take it for like three days in a row, then I’d walk out of the house without it. I wouldn’t have it all day, and I’d say, “Shit, I got through today fine, so why take it?” Then I wouldn’t worry about it for a few days. Then I’d take it every day for a couple of weeks, and then all of a sudden, I wouldn’t take it for three days in a row. So, maybe...I don’t know...maybe just because I’ve missed taking it so many times, and I’ve survived, that maybe I didn’t need it at all. I don’t know. I’ve had a lot of friends take it. Some of them say it didn’t do much for them, and others say it did a lot. Um...shoot...

Are you one of the ones who felt like it didn’t do much? Is that a fair statement?

I almost sometimes think that...I concentrated harder because I felt like I took the medicine, so I should be able to concentrate a lot harder. Almost like the medicine didn’t do anything, but because I knew that I took the medicine that I thought that I could concentrate better. So...sometimes I wondered if the Ritalin was actually doing anything, or if psychologically I was saying I took the

67. S. did not notice much change when he did take the medication.

68. Taking Ritalin was, “kind of a pain in the butt, ’cause it seems like I always had to carry it on me,” S. says.

69. “It got to a point where I wasn’t very good about taking it all the time,” S. states.

70. S. would take the medication for several days in a row, then forget to take it some days. When he forgot, he would tell himself that he made it through the day alright without it, so why bother taking it.

71. Building on this, S. says “Maybe just because I’ve missed taking it so many times, and I’ve survived, that maybe I didn’t need it at all.”

72. S. knows of others who have taken Ritalin. Some say it helped, while others note that it did not do much for them.

73. S. wonders about what effect, if any, Ritalin had upon him. He shares that, “it was like the medicine didn’t do anything, but because I knew that I took the medicine that I thought that I could concentrate better.”
medicine today so I should be able to concentrate. I’d take it before I went to class, and walking across I’d be like, “Well, I’m on Ritalin. I should be able to concentrate, and sit there and take notes.” But maybe that’s not a fair thing to say. Maybe that’s not fair. I’ve thought about, you know, I’ve thought about taking it again. But, I don’t know...some people say that when you get older it doesn’t do a lot for you, but I don’t know if that’s true or not. I don’t know.

So you don’t take any now?

I haven’t. I haven’t. Maybe I should take some today, I’ve got a big test tomorrow (laughs).

How about on a daily basis? Are you reminded or do you think about the disorder on a daily basis?

I’m reminded every day that I have it. Way more than one time a day. It’s funny, because...like, next door...down the hall...we have a couple of young football players, freshman football players who live here...and I’ve had a lot of fun hanging out with them. They’re kind of my little boys that I try to take care of, thing like that. And they play Nintendo, things like that. But, they...at first they didn’t really say anything...but it didn’t take them real long to figure out that I had ADHD, or hyperactivity. They’d be sitting there, and watching me play Nintendo, and they say that I have no patience. Can’t handle it, too slow of a pace, I’ve got to be moving around. I’m always in and out, jumping around. They always say to me that I’ve got no patience, that I’m hyper, and things like that. So that

74. When he took the medication, S. would tell himself that he should be able to concentrate better since he was on it.

75. S. has contemplated taking the Ritalin again, but is unsure about doing so. He has heard that it does not affect you much when you get older, so he does not know whether or not to start taking it again.

76. S. wonders if he should take Ritalin today, since he has a big test tomorrow.

77. When asked about his ADHD, S. says, “I’m reminded every day that I have it. Way more than one time a day.”

78. Some freshman football players also live on S.’s floor. He has hung out with them and tried to take care of them. He says, “At first they didn’t really say anything...but it didn’t take them real long to figure out that I had ADHD, or hyperactivity.”

79. These individuals have told S. that he has no patience and that he is “hyper.”
makes me remember it. And then there’s times...it always goes through my head...like, it’s getting down to the end of the semester, next week is finals week, and we’re sitting down there...I’m just like...you know, school has become a harder struggle for me the last couple of years. Just to look at school from now to even last spring, I think in the last year it’s gotten even harder. I think more of my classes are a lot harder, which means that I have to concentrate and focus in. There’s a lot more readings and all kinds of things like that. It seems like in the upper level classes it has really been a struggle for me. It seems like when I struggle I get frustrated that I have it. That I have a learning disability, ADHD. I can’t sit there for a very long time and study. After you leave, I’m gonna sit here and try to study some anatomy. I know that I need to do it now, just because I’ll probably only be able to sit here for twenty minutes, read...look at one section for twenty minutes, then I need at least twenty minutes of not doing anything. I’m still like that. It gets frustrating. I wish that I could sit down for three hours, like a lot of people, and go through it, and be able to go in, take the test, and do really well. You know, I’m gonna study probably through the whole night. Maybe I only study three hours the whole night, though. But, I only get like a C. I guess...the biggest frustrating thing that I have, that I think really, truly reminds me...maybe it doesn’t have to do with a learning disability, maybe it is, ‘cause I know there’s people who can’t do it...is spelling. I cannot spell. At all. It seems like every time I turn around, I’m reminded of it. Taking notes in class, the teacher is going through the lecture.

80. When they tell him this, “that makes me remember it (ADHD),” says S.

81. School has become “a harder struggle” for S. in the last couple of years. His classes have gotten much harder, which means that he must concentrate and focus that much more.

82. These upper level courses have been challenging for S. “It seems like when I struggle I get frustrated that I have it...that I have ADHD.”

83. S. has difficulty sitting down for a long period of time and studying. S. says that he will probably only be able to sit down for twenty minutes to read, then he will need at least a twenty minute break, during which he does nothing.

84. For S. this situation is “frustrating.” He wishes that he could sit down for three hours straight and study, but he cannot. “I’m gonna probably study through the whole night...but, I only study three hours...but, I only get a C,” notes S.

85. The most frustrating thing for S. is that he cannot spell very well. He says, “It seems like every time I turn around, I’m reminded of it.”

86. S. has trouble taking notes during lectures because he struggles with spelling.
and I get to a word, and I’ll be like, “I have no idea how to spell that.” I don’t even like taking notes, because I get to a word that I don’t know how to spell, and it’s all sloppy. I read my notes and I can’t tell what some words are, things like that. So it just gets really frustrating. Spelling frustrates me a lot. Things like that. Even just writing an email to my professor. I sit there...I use my Hotmail account now just because they have spell check on it and the university email doesn’t have spell check on it. For a long time I didn’t like emailing people, I didn’t even like emailing my parents, that’s why I used to call. I call people all the time back home. They’re like, “Why don’t you email me?” It’s not that easy for me. It’s very challenging. I’d love to email people. I see people talk on instant messenger, things like that. I can’t do that stuff. I can for a brief second. But if you want to get into a real conversation, it kills me. Things like that. Spelling really frustrates me.

Reading, I can read but I’m slow. It gets tiring, but at least I know that I can read. I can sound out words. Thankfully, when I was young my mother and father spent a lot of money for me to go to a tutor. Every week, a couple of times a week, to a lady that was really good at helping kids. She is a learning disability teacher. She teaches all day, then tutors every night, to kids from all over the city. She is really good at it, helping kids. She is a great woman. I still talk to her. She is a lot of the reason why I’m here. That was ten years ago, maybe almost fifteen years ago that I worked with her, but all through elementary school she helped me. I think about...if it wasn’t for her I don’t think I’d be as good as I am now. There’s a lot of kids

87. S. says, “I don’t even like taking notes, because I get to a word that I don’t know how to spell, and it’s all sloppy.” He often times cannot read his own notes.

88. “Spelling frustrates me a lot,” says S. He has trouble writing an email to a professor, as he is slowed down with spelling. He now uses an account that has a spell check feature.

89. Instead of emailing, S. prefers to call people, even his parents. Many ask him why he doesn’t email them instead, but “it’s not that easy for me,” he says.

90. While S. would love to email people and chat on such things as Instant Messenger, he does not. “I can’t do that stuff,” remarks S.

91. Reading is also difficult for S., but he knows that he can do it, albeit slowly. He thanks his parents for sending him twice a week to a tutor when he was younger.

92. S. is thankful for the help that he received from this tutor. He still stays in contact with her, and credits her for his ability to succeed in college. “If it wasn’t for her I don’t think I’d be as good as I am now,” notes S.
that I remember, that have learning disabilities, that didn’t get all the help that I got. Thankfully, my dad is a high school teacher, and my mom is an elementary school counselor, and I think that helped me out a lot of ways. To get pushed, and to get the extra help. A lot of kids don’t, their parents don’t help them. I also know, probably about 80 percent or more of the kids with learning disabilities or hyperactivity didn’t make it. They either went to college and didn’t make, they aren’t in college any more, or if they are still in college they have a long way to go. So...a lot of times I get frustrated, and I look at things like that, you know, basically, no matter what happens, I’m gonna graduate college. I’ve gone too far now. I might not be...to be honest with you I should probably have already graduated. Most of the people in my program have already graduated. Things like that. I should already have graduated, probably. But, I didn’t. Not because I didn’t...well for one I didn’t know what I wanted to major in, and two I didn’t take a full work load because of my learning disability. Trying to play football and go to school, I usually only took about eight credits in the fall. Because I would overload myself. It would be too much, I wouldn’t be able to concentrate on football and do well in school. That was the thing that I petitioned the NCAA to get. I had to document it. It was a huge packet. I had all the documentation from high school. And, the university had to pay for a $1000 test for me to go to. Somebody had to test me for learning disabilities. They had it all documented up, to petition the NCAA to make sure that it was all legit. So, they did that. They athletic department paid for that test, to get it done, to help me with that petition.

93. S. knows there are other kids who did not get all the help that he did growing up.

94. S. attributes much of the help that he received to his parents, who are both educators. They pushed him and got him the extra help that he needed.

95. S. knows of many other students with learning disabilities and ADHD who have not gone to college, or who went and dropped out.

96. Although he gets frustrated at times, S. tells himself, “No matter what happens, I’m gonna graduate college. I’ve gone too far now.”

97. S. knows that most of the people he started college with have already graduated. He knows that this is due to him having waited to choose a major, and because he has taken fewer credits during Fall semesters because of football and his ADHD.

98. S. was concerned with overloading himself because of his academic and athletic demands. Therefore, he took fewer credits in the Fall, and he says, “I wouldn’t be able to concentrate on football and do well in school.” In order to take fewer credits, he needed to petition the NCAA with documents and test results verifying his ADHD. The athletic department paid for this testing, and helped him with the petition.
I have used that every year, except for this year. My first year I didn’t use it, and this year I didn’t use it. Partly the reason that I didn’t use it this year, basically the only reason I didn’t use it this year, is because I’m trying to get done with school before the end of next summer. As long as I pass all my classes, I’ll be graduated by August of 2002.

So, it sounds like it has been challenging for you, but at the same time you are ahead of people you know, in terms of college.

I am. From that standpoint. But the thing that makes me upset, the thing that’s hard that makes it so that you can’t enjoy that, you can to a point when you’re by yourself, is your friends who you came to college with are getting done, or your teammates are getting done. And you’re behind them. But they don’t really have a concept or an understanding of how hard it is for me in school. They don’t look at it from that standpoint very often. They don’t have a concept of that. It’s frustrating for me, because there is people who are the same age as me that graduated last spring, with the same degree that I’ll graduate with. Now they’re in a Masters program this year. Sometimes I get mad, because I feel like I should have been there, I could have been there. And...but then again I look at myself and say, “Don’t get too mad, because as long as you’re still moving ahead, you’re fighting, you’re doing well.” Even my girlfriend, I don’t think understands, truly understands the difficulties. She has had the opportunity to read a lot of my papers, she sees my papers problems. But, she proof reads them for me, things

99. S. took a full-time credit load during his freshman year, and during the past Fall semester. He is trying to get enough credits earned in order to graduate by August of 2002.

100. S. is “upset” that many of the teammates he started college with are already finished, and that he is “behind them.”

101. Expanding upon this, S. says, “But they don’t really have a concept or an understanding of how hard it is for me in school.” S. believes that these people are unable to look at this from his standpoint.

102. Not having graduated with others he started with, “is frustrating for me,” notes S.

103. S. will get mad at times because many of these students are already enrolled in Masters programs. However, he will tell himself, “Don’t get too mad, because as long as you’re still moving ahead, you’re fighting, you’re doing well.”

104. For S., even those closest to him cannot grasp what it is like to be in his shoes. “Even my girlfriend, I don’t think understands, truly understands the difficulties,” S. remarks.

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like that, but I don’t think that she fully understands. Because...if you were around me, I think 99 percent of the time you could never tell that I struggle in school. Socially, I get along. I can talk to you, but if you put me in a situation like a school setting, or writing, things like that, that’s where I struggle a little bit more. But, dealing with people, things like that, shoot, that’s why I think people have a hard time truly grasping, understanding how difficult it is for me. Even teachers, I talk to teachers, they will say, “You seem like a very bright child.” I’m like, it has nothing to do with being bright. But I don’t think that they truly understand what it’s like. Things like that.

How about athletically? You touched on this earlier, but I’d like to hear more about this part of your life.

What do you mean, athletically? How it affects me? I don’t know. I’ve had coaches tell me that they can tell that after awhile I get bored. That I don’t concentrate. I’ve even had some coaches...see that, out on the field, somedays I come out and I’m as good as anybody out there. Good as anybody, anywhere. Somedays, it looks like I pick and choose. I think it’s because of a lack of concentration, or a lack of being able to focus for a long period of time. All those kinds of things. You know...I always thought that if I could focus and be more centered with what I need to get done, in sports, that would help me. But, I don’t think...I could never tell that Ritalin ever did anything for me, from that standpoint. But, I also could say that most of the times that I took Ritalin was during the off season. Not during practices. That’s another

105. S. believes that if you were around him a great deal you would have a hard time believing that he struggles in school. He gets along well socially, but has difficulty “in a school setting, or writing.”

106. Since he is so good at dealing with people, S. can understand why people might not realize how difficult things are for him academically.

107. Re-emphasizing this belief with regard to his instructors S. says, “I don’t think that they truly understand what it’s like.”

108. S. has had coaches tell him that they can tell that he gets “bored” and that he doesn’t “concentrate.”

109. On the field, S. is at times as good as anybody out there, while at other times he does not perform nearly as well. S. attributes this to, “a lack of concentration, or a lack of being able to focus for a long period of time.”

110. S. believes that if he, “could focus and be more centered with what I need to get done, in sports, that would help me.”

111. For S., he does not think that Ritalin helped him to focus. He admits that he only took it during the off season.
thing that scared me, was taking Ritalin and playing sports. I don’t know why. Just because, I don’t exactly know what Ritalin does to people, I don’t know the chemistry, but I know certain kids...this is probably bad to say...who used to try to buy Ritalin because if they took too much of it then it was like speed to them. I don’t know. Um...I don’t know...if it affects people in sports a lot of ways. A lot of kids...I don’t know, is this helping?

Yeah, yeah. Just however you think.

I think, as I’ve gotten older, it doesn’t play as big a role with me as it used to. I think...one, after years of being through this I’m beginning to understand how things work with me and how I need to approach things to get a better edge and a better concept of how to focus in. Things like that. Another sidenote, when I’m watching game film, like as with homework, I need to get up and take like a ten minute break, go to the bathroom, walk around for a second, just to get out in the hall and get away for awhile. I also think that I get just kind of tired...that it wears me out to have to focus in for a long time. Like I have to physically do it. I have to make myself, I have to keep telling myself, “Pay attention, pay attention, pay attention.” It’s not like I can just pay attention. Things like that.

So it’s getting easier?

I definitely think that it’s getting easier as I’ve gotten older. From an athletic standpoint. Um...basically because I think that I’m a little more motivated, too. There could be a lot of different reasons. But, ah...I think that with

112. Since he did not know much about the medication, taking Ritalin and playing sports at the same time “scared” S.

113. Building on this, S. says, “I don’t exactly know what Ritalin does to people, I don’t know the chemistry.”

114. S. knows of some students without ADHD who took Ritalin because it was like speed.

115. The situation has improved for S. He says, “As I’ve gotten older, it doesn’t play as big a role with me as it used to.”

116. S. is beginning to understand how he needs to approach things to get a “better edge” and a better concept of how to focus in.

117. When he is watching game film, S. must get up and take frequent breaks, just like he does when studying.

118. Says S., “It wears me out to have to focus in for a long time.”

119. To stay on task, S. must self-talk and remind himself to, “Pay attention, pay attention, pay attention.” He says it is not like he can just pay attention at will.

120. Athletically, dealing with ADHD is, “getting easier as I’ve gotten older,” says S. He attribute some of this to being more motivated, but knows there are probably other reasons as well.
football, and school, having all this stuff, it’s very…it makes for a challenging situation. Because you are being pulled in a lot of different ways. It’s hard for you to get into a groove, and into a situation where you get to choose, and you get to pick what’s more important. But, you know, you go to class all day, then you go to football, then you’ve got homework that night. For me, it’s just mentally challenging, mentally wearying. Because I’ve got to have my time where I don’t have to think, and I can go be hyper, run around, do things like that. Be myself. Relax, whatever. But, if I sit around all day in class, then go to football and do that, then I feel like my mind needs a releasing point. I don’t know...

-Well, it sounds like you are figuring out what works for you.

Yeah. Exactly. Some days it does, some days it doesn’t. Some days it works better than other days. Some days I have good days. I think also that if things outside of football are going well, it makes it easier to concentrate and to focus. You grow more calm. When things start going bad, it seems like the hyperactivity starts to get worse. Like, even this fall, when I got hurt, I was really sad and depressed, it seems like I could not focus in on school. I just wanted to run around. Every time I wanted to focus in on school, I couldn’t do it. I think that because I have hyperactivity, one thing that I have is a hard time doing is going to bed. It’s kind of a little side thing. But, ever since I’ve been little, I was probably the youngest kid staying up the latest, ever. I’m still that way. I have a hard time, like it seems like my mind is moving so

121. Having to deal with sports and academics at the same time, “makes for a challenging situation,” for S.

122. S. remarks that he is, “being pulled in a lot of different ways.” This makes it hard for him to “get into a groove.”

123. With class, football, and homework all in one day, it gets “mentally challenging, mentally wearying” for S.

124. In order to deal with this, S. must find time to relax and do things that he wants to do. His mind needs a, “releasing point.”

125. S. states that he has some good days and also some not so good days. If things are going well for him outside of football, then it is easier for him to focus and concentrate.

126. When things are not going as smoothly for S., then he believes his hyperactivity gets worse. He cites his recent injury, which caused him to be sad and depressed and unable to focus in on school.

127. Since he has been a child, S. has had difficulty going to bed at night. He says, “It seems like my mind is moving so fast it’s hard for me to lay there.”
fast, it's hard for me to lay there. When I go to bed, sometimes it seems like I lay there for two hours or more, things like that. Almost like my mind needs time to slow down. I also get scared that I'm gonna miss something. Like the little kid in me, the hyperactivity. I don't want to miss out on anything, don't want to miss out on the fun. I do think that is all related somehow. Because of my hyperactivity, it's almost like my mind moves faster than I can keep up with. In class, it seems like I have ten different things going through my head at the same time. On the football field, playing football, but I'm thinking about my parents being in the stands, or what happened yesterday, or what I did, those kinds of things. It seems like there are ten different things going through my head. I think that's the same way when I'm trying to go to bed. So...

It takes a while to wind down.

It takes a long while. Especially if I get worked up a little bit.

How about in the long run, how do you see things playing out?

I've actually thought about this quite a bit lately, because I'm getting closer to being out of school and I'm getting older, things like that. Um...I truly believe that I can be successful. I have to be in the right setting. I think that I could be really successful in certain settings, I really do. I'm not gonna be the guy sitting at a desk, in a cubicle, by myself, having to type papers. I guess...maybe as a cop out or as a way that I can do it without being scared, or failing...is to get into the sports field. Work in the sports field. As a coach, a strength coach, or I've thought about

128. S. will lay in bed for two hours or more, waiting to fall asleep. He thinks that his mind needs time to slow down.

129. S. says that because of his ADHD, "It's almost like my mind moves faster than I can keep up with." He has many thoughts running through his head at the same time.

130. This happens during games as well, when S. will find himself thinking about his parents being in the stands, or what he did yesterday, or what happened to him yesterday.

131. Since he is close to finishing school, S. has been thinking about the future. S. says, "I truly believe that I can be successful," but clarifies this by saying, "I have to be in the right setting."

132. S. does not see himself as the person who sits in a cubicle, at a desk, typing papers.

133. S. has considered some sort of work in the sports field, possibly as a coach.
being a physical education teacher or a gym teacher. I think a lot of the reason that I look at that, is because you get to work with kids, you get to work with people, which is my favorite thing. I really enjoy working with people. It takes away that whole... or 90 percent of the parts that I struggle at. From the standpoint of writing papers, things like that. My coaches... two of my coaches in college, my position coaches, have told me individually and personally that they really believe that I’m gonna grow up to be a football coach. By the way that I do things. By the way that I help people. By the way that I see things. And I think that has always been the case growing up for me. Sports have always been like a releasing point. A place where I felt most comfortable. It took out that whole equation of where I struggled, that weakness. It’s my time to shine. When we went to recess, as a kid, when I was little, I used to be the best in every sport. Elementary school. In kick ball, I could kick the ball farther. Do all those things. In middle school, I was the best basketball player, the best soccer player. In high school, when I started playing football, I was the best at that. It’s always been my... I’ve been really lucky to have that ability to use. To have the ability. It was a great place where I got to get away from all that stuff. I knew that it was a place that I could go to and not have to worry about any of that. Sometimes, I get worried about getting into situations where... you know... people don’t know it and I don’t really... I don’t mind telling people that I have a learning disability, but I don’t want people to look at me differently, so I try not to as much as possible. There’s been times where I’ve felt really dumb with people. They’ve asked me to fill

134. S. has also considered becoming a teacher, which would allow him to work with people and kids. Doing this, “takes away 90 percent of the parts I struggle at,” says S., in that he gets to deal with people instead of paper.

135. Several of his college coaches have told S. that they believe he will also become a coach.

136. S. notes that, “Sports have always been like a releasing point. A place where I felt most comfortable.”

137. Sports for S., “took out that whole equation of where I struggled, that weakness.” He says sports allowed him “to shine.”

138. S. feels that he has been very lucky to have the ability that he has in sports. “It was a place that I could go to and not have to worry about any of that (academics),” he says.

139. S. worries at times about getting into situations where people don’t know about him, and in particular his ADHD. He does not mind telling people that he has ADHD, but he does not want them to look at him differently.
out a document, or something. It's like, ah...I don't know how to do it. It's horrible. They look at it and read it, and they're like, "Hmmm." Things like that. So, I don't know...

So sports have been a good avenue for you?

Sports are the reason I'm where I'm at right now. Sports are in my family. I was very fortunate to have parents who were around education. They were willing to spend the money to help me, in every direction, to move forward. Also, my mom helped to get me diagnosed at a young age. A lot of kids, back when I was younger, didn't get diagnosed until later on. Those kids were always a little farther behind. They struggled for a long time, and those years of struggling and not knowing that they had problems, or without getting some of the help or parent treatment that they needed. I also grew up with two parents, so my view could be different than somebody else's view, because my parents were both in education. They deal with these kinds of things, especially my mom. She deals with these kinds of things at her own school. She has dealt with kids with learning disabilities. She still does. She's done studies in her district, and things, so I might look at things a little differently. I'm also a proud person. I try to downplay it. I try to act like, "Yeah, I have it, but it's not gonna stop me. It doesn't bother me. I can still do all the things that you can do." In most senses, that is true. I can still do all the things that you can do. Sometimes, in certain situations, that isn't always true. So...but those situations are pretty few.

140. For S., "There's been times where I've felt really dumb with people." He might be asked to fill out a document and he cannot. "It's horrible," notes S.

141. Says S., "Sports are the reason I'm where I'm at right now."

142. S. also credits his parents for helping him. This help came in the form of taking the time with him, finding him tutors, and getting him diagnosed at an early age.

143. S. feels fortunate that he got diagnosed with ADHD at an early age because he knows of other kids who did not get diagnosed until they were much older. "Those kids were always a little farther behind," he says.

144. For S., having two parents in education helped, because they had experience dealing with these kinds of things.

145. Regarding his ADHD, S. notes, "I try to downplay it. I try to act like, 'Yeah, I have it, but it's not gonna stop me. It doesn't bother me. I can still do all the things that you can do.'"

146. S. admits that in some cases he cannot do what everyone else can, but says that those situations are pretty few.
Matt- Level Three

S.’s mother became aware of his attentional difficulties at a very early age. Since she worked as an elementary school counselor, she had knowledge of and experience working with those who had the disorder. According to S., he was originally diagnosed with ADHD and learning disabilities when he was in the first or second grade. At this time, S. was placed into a special education program, where he split time between the regular education classroom and the resource room. S. stayed in this arrangement through the fifth grade, and with the same set of students. S. says he, “got pretty close with that group of kids.” In the sixth grade, S. moved to another city, which had a much different special education program. S. did not care for this program nearly as much, as he felt that he did not receive the help that he needed. After this year, S. moved back to his original hometown.

By this time, S. had progressed on to middle school. In this setting, his special education teacher followed him around to his regular education classes. S. notes that in middle school, “I was hyper and we had days where it was kind of hard for us.” When S. moved on to high school, special education teachers continued to follow him to his regular education classes. However, in high school the special education teacher was different for each subject. S. preferred the arrangement in high school, because if he had a bad period of class, then he got to start off fresh the next period with another teacher. For S., this arrangement, “gave you time to calm down” and “made it easier to concentrate and focus.”

Reflecting on his special education classmates, S. says that while most everyone struggled in academics, “It seemed like most of them had a strong point in something.” S. feels fortunate that he got diagnosed with ADHD at an early age because he knows of other kids who did not get diagnosed until they were much older. “Those kids were always a little farther behind,” he says. S. credits his parents for helping him. This help came in the form of taking the time to study with him, finding him tutors, and getting him diagnosed at an early age. Since they were both educators, they had the knowledge and ability to help him. S.’s parents also connected him with a tutor experienced in teaching students with learning disabilities. S. is thankful for the help that he received from this tutor. He still stays in contact with her, and credits her for his ability to succeed in college. “If it wasn’t for her I don’t think I’d be as good as I am now,” S. notes. S. knows of many other students with learning disabilities and ADHD who have not gone to college, or who went and dropped out. Therefore, he recognizes how valuable this assistance has been to him.

S. and his mother carefully examined the academic programs of the colleges that offered him an athletic scholarship. He picked his current university because of its ability to help students with learning disabilities. The academic services this school offered, “had a big part to do with my decision,” says S. regarding his decision about which college to attend. Regarding some of the other schools he thought about attending, S. says, “Some of them were really negative about me coming there with a learning disability.” S. is thankful that his mother examined these colleges for their academic...
services available to LD students. Says S., “I would never have made my decision thinking about things like that.”

In college, S. was concerned with overloading himself with the demands of both academics and athletics. To deal with this, S. took fewer credits during Fall semesters, when football was in full swing. He did this because, as S. notes, “I wouldn’t be able to concentrate on football and do well in school.” In order to take fewer credits, he needed to petition the NCAA with documents and test results verifying his ADHD. The athletic department paid for this testing, and helped him with the petition. S. must also attend a mandatory study hall required for all athletes. While most get out of this after their first year, S. has been required to go for the last four years. Athletes are also required to meet with their academic counselor once a week. S. has been required to meet with his counselor twice a week, “because I needed more time and help,” he says. Since “the football coaches have always known” that S. has ADHD, they make sure that he attends these sessions. Without this assistance, S. can “easily see myself not focusing and putting things off, and getting frustrated.”

When asked about school, S. remarks, “academics is not something I really...enjoy that much.” Because of his ADHD, S. has difficulty sitting down for a long period of time and studying. S. says that he will probably only be able to sit down for twenty minutes at a time to read, then he will need at least a twenty minute break, during which he does nothing. Reading is difficult for S., but he knows that he can do it, albeit slowly. For this, he thanks his parents for sending him to the tutor when he was younger. The most frustrating thing for S. is that he cannot spell very well. He says, “It seems like every time I turn around, I’m reminded of it.” S. has trouble taking notes during lectures because he struggles with spelling. He says, “I don’t even like taking notes, because I get to a word that I don’t know how to spell, and it’s all sloppy.” He often times cannot read his own notes. “Spelling frustrates me a lot,” says S. He has difficulty even writing an email to professors, as he is slowed down with spelling. Although he now uses an email account that has a spellcheck feature, it remains a challenge. Instead of emailing, S. prefers to call people, even his parents. Many ask him why he doesn’t email them instead, but “it’s not that easy for me,” he says. While S. would love to email people and chat on such things as Instant Messenger, he does not. “I can’t do that stuff,” remarks S.

In describing his ADHD, S. says “I’m reminded every day that I have it. Way more than one time a day.” School has become, “a harder struggle” for S. in the last couple of years. His classes have gotten much more difficult, which means that he must concentrate and focus that much more. These upper level courses have been challenging for S. “It seems like when I struggle I get frustrated that I have it...that I have ADHD,” he says. S. believes that he does better studying when, “my back is against the wall” and there is a shortage of time. However, says S., “If I have to get something done, I get it done.” He has a more difficult time when he can put things off and “procrastinate.”

S. knows that most of the people he started college with have already graduated. He knows that this is due to him having waited to choose a major, and because he has taken fewer credits during Fall semesters because of football and his ADHD. He is “upset” that
many of the teammates he started college with are already finished, and that he is "behind them." Not having graduated with those he started college with, "is frustrating for me," notes S. S. will get mad at times because many of these students are already enrolled in Masters programs. However, he will tell himself, "Don't get too mad, because as long as you're still moving ahead, you're fighting, you're doing well." Although he gets frustrated at times, S. tells himself, "No matter what happens, I'm gonna graduate college. I've gone too far now." S. is trying to earn enough credits to graduate by August of 2002.

For S., it is difficult to focus on school. Regarding his ADHD he says, "I think about it quite a bit." While studying, S. needs to work in intervals, studying for awhile then taking short breaks. This ends up making his study sessions very long. "I might...be here studying for four hours, but actually I've probably only studied for two and a half hours, tops" he says. S. repeatedly uses the word "frustrating" to describe this situation. He wishes that he could sit down for three straight hours and study, but he cannot. To get ready for a test the day after this interview S. says, "I'm gonna probably study through the whole night...but I only really study three hours...but, I only get a C." In response to this S. says, "I just get mad. I put all this time in to studying for a test, and I feel like I know the stuff, and I get a C." Teammates and other students in the same class will tell S. that they hardly studied, if at all, and they will get a better grade than he did. Reading continues to be difficult for S. "I am the slowest reader ever. It takes me hours to read a little thing. I get mad at myself because I read it...and then I can't remember a lot of it or pull out the things that I'm supposed to remember," says S.

S. would like to stay focused all the time, but he recognizes that, "there will be times where I lose focus, and don't follow what is going on." Remarks S., "It wears me out to have to focus in for a long time." In order to deal with this, S. takes his frequent breaks, relaxes, and finds things to do that he wants to do. According to S., his mind needs a "releasing point." When he has trouble focusing, S. must get up and walk away from his studies at times. Although this helps, it is not without its own cost. After he has taken a break, "it's very tough for me to get started again," S. says.

Some freshman football players also live on the same floor as S. does. He has hung out with them and tried to take care of them. He says, "At first they didn't really say anything...but it didn't take them real long to figure out that I had ADHD or hyperactivity." These individuals tell S. that he has no patience and that he is "hyper." When they tell him this, "that makes me remember it (ADHD)," says S. S. is also reminded of his ADHD when he tries to go to bed at night. Since he has been a child, S. has had difficulty trying to fall asleep. He says, "It seems like my mind is moving so fast it's hard for me to lay there." S. says that because of his ADHD, "It's almost like my mind moves faster than I can keep up with." He notes that he has many thoughts running through his head at the same time. S. will lay in bed for two hours or more, waiting to fall asleep. He thinks that his mind needs time to slow down.

S. does have some contact with the general learning disability program on campus, but most of the academic help he receives is through the academic center for student-athletes.
At the beginning of each semester, the student-athlete academic center writes up the documentation of S.’s ADHD. It notes the accommodations that he is allowed to have, which includes extended time taking tests, notetakers, and test readers when necessary. S. is also not graded on spelling and grammar. S. admits that he spends a great deal of time getting help at the student-athlete academic complex, and that he uses tutors when they are available. He believes that he would not have sought out the help he needed were it not for athletics. S. credits the structure that has been provided to him as an athlete, as well as the people who check up on him to make sure that he does not fall behind. In describing the services that have been set up for him S. says, “All the accommodations help, a lot.”

S. feels that he has been very lucky to have the ability that he has in sports. “It was a place that I could go to and not have to worry about any of that (academics),” he says. Sports for S., “took out that whole equation of where I struggled, that weakness.” He says sports allowed him “to shine.” S. remains adamant about the role that athletics have played in his life. Says S., “If I didn’t play college football, I probably would never have made it through college.” Continuing this belief S. remarks, “Without football, I wouldn’t have gotten all the help that I’ve gotten.” He notes that, “Sports have always been like a releasing point. A place where I felt most comfortable.” Summing up the impact of athletics, S. says, “Sports are the reason I’m where I’m at right now.”

ADHD has and does impact S. in terms of his athletic performance. S. believes that if he could be more focused and centered then he would be a better athlete. On the field, S. says that at times he is as good as anybody in the country at his position, while at other times he does not perform nearly as well. S. attributes this to, “a lack of concentration, or a lack of being able to focus for a long period of time.” S. believes that this loss of focus shows in his play. “I’ll go out there and have an awesome series, then I’ll go out and have a couple of bad plays,” S. remarks. When this happens, a coach will often come over to S. and tell him to “stay focused.” Many of S.’s coaches have been able to tell that he has difficulty focusing for long periods of time. They tell him that he could be “a pretty good football player, a lot better than I am now” if he could focus better. Coaches have told S. that they can tell that he gets “bored” and that he doesn’t “concentrate.” While these coaches have told S. that they can tell he has ADHD, S. wonders if it is because they already know he has the disorder, or if they can actually see a lack of focus.

Teammates of S. have also noticed his ADHD. They have told him that sometimes he appears very focused and other times that he seems to be distracted by something else. S. believes that they really do notice his ADHD even when he is not aware of how he is acting. “I know that it’s really little things they see me doing, day in and day out,” he says. As an example, if S. hears even the slightest noise during team meetings, he must turn around to see what caused it. At times, S. will be able to tell that he is “a little off,” but that there are other times where, “I don’t realize that I do it as much as they (teammates) do,” says S. At times, S. will catch himself thinking about other things than the game in which he is playing, such as his parents being in the stands, or something that happened to him the previous day. When he does notice himself doing this, S. will remind himself that the times is not right and that he needs to re-focus. Overall though,
in terms of his athletic performance, S. says that dealing with his ADHD is, “getting easier as I’ve gotten older.” He attributes some of this to being more motivated, but knows there are probably other reasons as well.

When he was younger, S. took Ritalin as a form of treatment for his ADHD. Taking the drug was, “kind of a pain in the butt, ’cause it seems like I always had to carry it on me,” says S. When he took the medication, S. would tell himself that he should be able to concentrate better since he was on it. S. wonders what effect, if any, Ritalin had upon him. He shares that, “It was like the medicine didn’t do anything, but because I knew that I took the medicine that I thought that I could concentrate better.” S. would take the medication for several days in a row, then forget to take it some days. When he forgot, he would tell himself that he made it through the day alright without it, so why bother taking it. “It got to a point where I wasn’t very good about taking it all the time,” S. states. Building on this, S. says, “Maybe just because I’ve missed taking it so many times, and I’ve survived, that maybe I didn’t need it at all.” S. did not notice much difference in how he felt when he took it versus when he did not. He continues to believe that Ritalin did very little to help him focus better. While he knows of others who take the drug and find it beneficial, S. does not believe that it helps him.

It “scares” S. when he hears other people talk about all the benefits of Ritalin. He notes, “I feel like it’s changing who you are.” S. has heard and read many different things about Ritalin, including the belief by some that too many people take the drug. Knowing these things, S. says “you start to get really skeptical about taking something like that.” Continuing, S. notes, “I guess the scariest thing is when they tell you that it’s gonna change you...that people might not like you or people think you’ve changed, when you don’t want that.” S. is worried about changing because he knows that he has always been successful dealing with people just the way he is. Reinforcing this point, S. shares, “I have a hard time taking things like that because I think it just changes the way I really am.” Part of S.’s hesitancy to take the drug lies in the fact that he knows very little about the drug and its physiological mechanisms of action. “I don’t exactly know what Ritalin does to people, I don’t know the chemistry.” Since he does not know much about the medication, taking Ritalin and playing sports at the same time “scared” S. Despite being very uncomfortable with the drug, S. still contemplates taking it again, even though he has not done so in several years. Despite not taking it, S. still has a prescription for the drug. Since he has an important exam the day after this interview, S. wonders if he should take the medication to help him study. However, he has heard the Ritalin does not affect you as you get older, so he is unsure if it would do him any good.

S. worries at times about getting into situations where people don’t know about him, and in particular his ADHD. He does not mind telling people that he has ADHD, but he does not want them to look at him differently. For S., “I think that part of it is most people don’t understand...where you’re coming from on certain things. About how you look at things. Deal with things.” This feeling of not being understood is reiterated by S. several times. Talking about this subject in detail, S. says, “But they don’t have a concept or an understanding of how hard it is for me in school.” S. believes that most people are unable to look at this from his standpoint. For S., even those closest to him...
cannot grasp what it is like to be in his situation. "Even my girlfriend, I don’t think understands, truly understands the difficulties," remarks S. Since he is so good at dealing with people, S. can understand why people might not realize how difficult things are for him academically. Re-emphasizing this belief with regard to his instructors S. says, "I don’t think that they truly understand what it’s like.”

Having to deal with sports and academics at the same time, “makes for a challenging situation,” for S. With class, football, and homework all in one day, it gets “mentally challenging, mentally wearying” for S. S. remarks that with all these demands on his time he feels like he is, “being pulled in a lot of different ways.” This makes it difficult for him to “get into a groove.” When things are not going as smoothly for S., then he believes his hyperactivity gets worse. He cites his recent injury as an example, which caused him to be sad and depressed and unable to focus on school.

One of the techniques that S. has learned to deal with his ADHD is self-talk. S. does not believe that he needs to explain himself to others, but at times wishes he could, “because then they would understand.” Instead, S. will engage in self-talk, which has helped him come to know himself better. To stay on task, S. must self-talk and remind himself to, “pay attention, pay attention, pay attention.” He says that he cannot just pay attention at will. S. also will self-talk on the football field, particularly during games. He will self-talk, telling himself “just focus in on what you’re doing, think about it, relax, don’t get caught up.” Summing up how often he does this S. notes, “I do a lot of self-talk.”

S. is beginning to understand how he needs to approach things to get a “better edge” and a better concept of how to focus in. He believes that he has matured a great deal during the last two years of college. “As I’ve gotten older, it doesn’t play as big a role with me as it used to,” S. says of his ADHD. S. states that he has some good days and also some not so good days. If things are going well for him outside of football, then it’s easier for him to focus and concentrate. While S. thinks that he has gotten better about understanding his ADHD, he says, “I’ve got a long ways to go to be where I want to be, and I don’t know if I ever will understand it completely. But that is what I would like to do, understand it.” As a sort of verification that S. has gotten better at dealing with ADHD, his football coaches are not monitoring his academic progress as closely as they used to. Says S., “It’s time for me to be able to watch myself.”

For S., there have been times where he has felt “really dumb” when dealing with other people. If he is asked to fill out a document or write something down, he has difficulty with the spelling and grammar. “It’s horrible,” says S. Nonetheless, S. believes that he is capable of doing most things, even though his ADHD makes it more difficult. S. feels that if you were around him a great deal you would have a hard time believing that he struggles in school. He gets along well socially, but has difficulty “in a school setting or writing.” Regarding his ADHD, S. notes, “I try to downplay it. I try to act like, ‘Yeah, I have it, but it’s not gonna stop me. It doesn’t bother me. I can still do all the things that you can do.’” S. admits that in some cases he cannot do what everyone else can, but says that those situations are fairly rare. To counter against those situations that are difficult
for him, S. tries to do his best and will attempt to, “allow yourself the opportunity to succeed.”

Since he is close to finishing school, S. has been thinking about the future. S. has considered some sort of work in the sports field, possibly as a coach. Several of his college coaches have told S. that they believe he will become a football coach. He has also considered becoming a teacher, which would allow him to work with people and kids. Doing this, “takes away 90 percent of the parts I struggle at,” says S., in that he gets to deal with people instead of paper. S. does not see himself as the person who sits in a cubicle, at a desk, typing papers. S. says, “I truly believe that I can be successful,” but clarifies this by saying, “I have to be in the right setting.”
S. was diagnosed with ADHD at an early age, sometime around the first or second grade. Since his mother was an elementary school counselor, she had experience working with those with ADHD and recognized that her son displayed its characteristics. He began receiving special education assistance at this time, and he continued to receive this help through high school. S. formed some close attachments with the other students in his special education classes. This contact helped him to realize that there were others who also struggled academically. S. notes that while all struggled in school, each of them had a strength in one area or another. He is thankful that he was diagnosed with ADHD at an early age, as this allowed him years of assistance to catch up with his non-disabled peers. S. also received tutorial assistance, at his parent’s expense, from an experienced special education teacher. S. continues to stay in contact with this woman, and he credits her with helping him develop the reading and writing skills that he presently has. Over the years, S. has come into contact with many others who have ADHD or learning disabilities. Many of these students have never gone to college, or have attended briefly and dropped out. S. feels fortunate that he has made it as far as he has in a post-secondary setting. He attributes this to his early diagnosis and the assistance he has gotten from others.

When he began receiving college athletic scholarship offers, S. and his mother carefully examined each university’s ability to assist those with learning disabilities. He chose his present college because of its commitment to helping learning disabled students. His mother was instrumental in this process, and S. credits her with helping him to consider this aspect in his choice of a school. While some colleges were fairly negative about S. and his ADHD, his current school offered assistance for those with ADHD and other learning disabilities. Since he has received special assistance for years, it has been easier for S. to ask for and receive this help in college. Due to his documented disability, S. was able to petition the NCAA for certain accommodations. He was allowed to take fewer credits during Fall semester, when his sport demanded its greatest time commitment. Since his coaches were aware of his ADHD, S. was monitored more closely on his academic progress, and he received assistance from an academic counselore in the athletic department. S. feels fortunate that he has been able to get this help, and realizes that it has helped him tremendously.

S. does not enjoy academics, but knows that they are a necessity part of being a student-athlete. Due to his ADHD, he has difficulty studying for long periods of time. He must take frequent breaks in order to stay fresh and not lose focus. Reading remains a challenge for S., and this causes him stress because of the amount that he is required to do. He does not like taking notes, which is mostly because of his difficulty with spelling. Spelling reminds him of his ADHD, and it frustrates him continually. When he is called on to write something, it results in apprehension because he fears mis-spelling words. S. prefers telephone calls over emailing people due to this concern over incorrect spelling. He worries that people will consider him unintelligent when they view his writing. S. is reminded of his ADHD on a daily basis. As he has progressed in college, his classes have gotten more difficult and demanding with regard to the amount of reading and
writing he is responsible for. When he struggles academically it leads to frustration about his ADHD. However, S. has enough confidence in his own abilities to complete what he is asked to do. S. does feel pressure because most of the other student-athletes that he began college with have already graduated or enrolled in Masters programs. Again though, he is confident that he will one day finish his degree.

S. is frequently reminded of his ADHD. It happens when, as mentioned previously, he is required to write, spell, or read. It occurs when others notice and tell him about his impatience and his hyperactive behaviors. He also is reminded of it when trying to sit down to study. Although he studies for hours, due to his frequent breaks his actual study time is much less. After studying this much, he becomes frustrated when his test scores do not reflect the amount of time he devoted to preparation. When others tell him that they studied much less but still attained a higher test grade, it disconcerts S. He feels that this is unfair because he knows how much more time he put into it than any of these individuals. S. is also made aware of his ADHD when he goes to bed. He will lie awake for hours, waiting for his mind to slow down enough for him to fall asleep.

Athletics have been and continue to be an extremely powerful force in S.’s life. Although he has always struggled academically, he has consistently excelled in physical activities. Sports have provided a powerful boost to his self-concept. S. credits football with helping him to make it through college. Since his academic deficiencies are factored out on the playing field, his physical attributes have allowed him to shine and to stand out positively from others around him. S. knows that by being a college student-athlete, it has provided him with the academic assistance and support that he needs to be successful in the classroom. This is not to say that his ADHD does not affect him while playing football. S. recognizes that he will lose his focus and concentration on the field. At times he knows that he is one of the best players in the country at his position, but he is also aware that his ADHD causes him play inconsistently because of this loss of focus. He feels that without ADHD he would be a much better player. Coaches and teammates are aware of his distractibility, and they will remind him of it periodically. However, S. believes that he has improved at dealing with his ADHD while competing in football. Through a process of self-awareness and self-talk, S. feels he has improved and that it does not affect him as significantly as it has in the past.

When he was younger, S. took Ritalin as a form of treatment for his ADHD. S. admits that taking the drug was a hassle for him because he would forget to bring it with him or take his prescribed dose. He does not believe that the drug was very beneficial for him. S. did not like taking Ritalin because he felt like it was somehow changing his core being. S. was concerned that the drug would alter his personality, and he was uncomfortable with this. Since he has always been successful dealing with people, S. was worried that others would perceive him differently when he was on the medication. Part of his trepidation with the medication has been due to his lack of knowledge about how the drug works and its possible long term effects. Interestingly though, S. maintains his prescription for Ritalin. Although he has a supply of it, he does not take it anymore. He contemplates taking it again despite his significant concerns about what it might do to him.

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S. worries that he will get into situations where people are unaware of his limitations brought on by ADHD. While he is fairly open about telling them that he has the disorder, he is concerned that they will judge him negatively. S. strongly believes that those who do not have ADHD cannot understand what it is like to live with it on a daily basis. He feels that they do not comprehend how difficult it is for him to find academic success. This belief of being misunderstood extends even to those closest to S., including his girlfriend. Since he knows that one of his strengths lies in his ability to get along with others, S. can see how they might not realize how difficult his life is made by the disorder. Still, he firmly believes that others do not understand the impact that his ADHD has upon him.

S. has a difficult time balancing both his academic and athletic demands. With the time commitment that comes from being both a student and an athlete, S. feels pulled in different directions. Having to deal with both wears on him mentally, and causes stress. In some ways it has become a sort of self-perpetuating cycle. His academic struggles lead to generalized anxiety about his ADHD, which in turn makes his disorder more difficult to manage since it is so present and persistent in his thoughts. S. wishes that he could make others understand how difficult it is to live with ADHD. Knowing that he cannot, he has learned to engage in self-talk and maintain running dialogues with himself. He consistently reminds himself to stay on task, to stay focused, and to relax. S. believes that he has matured a great deal in the last two years. This maturation has allowed him to become better at dealing with his ADHD. S. feels that the disorder does not affect him as significantly as it has in the past. He has become better at understanding how ADHD affects him, and what he needs to do to minimize its impact. As a sort of physical proof that he has gotten more adept at dealing with ADHD, his coaches no longer monitor his academic progress as closely as they used to. S.'s goal is to completely understand the disorder and his relationship with it. While he questions if he will ever attain this goal, he strives to do so.

Even though he believes that he is better at dealing with and understanding his ADHD, S. still struggles at times. When he is asked to fill out a form or write something down, he feels dumb because he has trouble doing what might seem like a simple task. He struggles academically, but does well in social settings. While he recognizes his limitations brought on by the disorder, he tries to downplay their significance. S. has enough confidence and belief in his own abilities to not let ADHD interfere with his desire to finish college and compete in college athletics. Since he is close to finishing his bachelor's degree, S. has begun to think about the future. He is considering getting into coaching, or becoming a teacher. Since he knows that his strengths lie in his social skills and his ability to get along with people, S. wants to find employment that fits with these qualities. S. knows that it is imperative that he find something that minimizes his weaknesses in writing and reading.
Cindy, Levels 1 & 2: 11.08.01

As a student-athlete, I would like you to tell me about a recent time in which you thought about what it is like to have Attention Deficit Hyperactivity Disorder.

As it affected my athletics?

Any recent occasion or time in which you thought about it.

Umm... I guess the most recent would be, like, my coach, for instance, not understanding me, and my ADHD, and how it affects school. So she, umm... makes arbitrary judgments about my character based on my past history in school. Because I had problems in high school. Not problems, but I had a rocky high school area. So she assumes that I am maybe not smart, or that I need extra help. She doesn’t understand what I have, so she thinks that because I had a rocky high school that I am a bad person.

Okay. So you feel like maybe she doesn’t understand you at times?

Yeah. Well I think that people think that ADHD is an excuse for being lazy, and they don’t really take it as being a serious disorder. That they don’t recognize the traits. It’s like... normally say someone slacks off a little bit, or you are late to something on accident or you miss a deadline, that would be slacking off, but in my case that’s just how my brain works. I guess it affects personal relationships, especially with authority.

So, has it been challenging with your coach, then?

1. S. wonders if she should answer the question in relation to her athletics.

2. The most recent time in which S. thought about her ADHD was with her coach, “not understanding me, and my ADHD, and how it affects school.”

3. S.’s believes that her coach, “makes arbitrary judgments about my character” based on her past school performance.

4. S. had problems in high school, and she describes this time as “rocky.”

5. According to S., her coach assumes that she is, “not smart” and that she needs extra help.

6. S.’s coach, “doesn’t understand what I have.” Since S. had difficulty in high school, her coach assumes that she is a, “bad person.”

7. S. believes that people view ADHD as, “an excuse for being lazy,” and that others do not see it as a, “serious disorder.”

8. S. does not think that people recognize the traits of ADHD.

9. While being late to an appointment or missing a deadline would be seen as “slacking off” by others, S. says “that’s just how my brain works.”

10. ADHD “affects personal relationships, especially with authority,” according to S.
Yeah. But she is the kind of person who does things straight-laced, by the book, probably turned every assignment in her life on time. I am kind of the person who, you know, maybe doesn’t read the entire book before the test, but goes in and gets a good grade on it anyways. So she doesn’t like alternative ways of doing things. Which, I tend to do things the rockier way, or the more alternative way. And it’s harder for her to understand that, and she thinks that I should change into the mold of what she thinks one of her athletes should be like. But it’s hard for me to change into a kind of mold that I am not. And that’s how I feel in school, too. For a long time I didn’t want to take medicine, because I was like, “Why should I have to change so that I can fit into what everyone thinks that I should be?” But, she’s gonna have to.

How do you see that working out, with your coach?

With my coach? Well, trying to explain things to her, and tell her, and...it works out okay, but it’s so hard for her to understand where I am coming from. She is the kind of person who recruits the 4.0, the student who has done everything perfectly, by the book, and she tends to judge people by those characteristics. And, a lot of times you can’t judge people by those kinds of things because you don’t know what you’re missing. A lot of kids who have ADHD, they may not have the greatest GPA, or they may have had some times where they skipped class, or did whatever. But they’re still good kids, and they deserve a chance. I think that’s hard, especially in sports. The sports world is so gossipy. They tend to judge

11. S. sees her coach as a straight-laced, “by the book” kind of person.

12. S. might not read the entire book before a test, but she still gets good grades.

13. According to S., her coach “doesn’t like alternative ways of doing things.”

14. S. tends to do things, “the rockier way, or the more alternative way.”

15. S.’s coach does not understand the way S. does things. The coach thinks that S. should, “change into the mold of what she thinks one of her athletes should be like.”

16. For S., it’s hard for her “to change into a kind of mold that I am not.”

17. S. did not want to take medicine because she wondered, “Why should I have to change so that I can fit into what everyone thinks that I should be?”

18. S. tries to explain things to her coach and it works out okay, but it is hard for her coach, “to understand where I am coming from.”

19. According to S., her coach recruits very intelligent players who are “by the book,” and the coach “tends to judge people by those characteristics.”

20. S. does not believe that you can judge people by those kinds of standards, “because you don’t know what you’re missing.”

21. S. knows that individuals with ADHD might not have high GPA’s and that they might skip class at times, but overall “they’re still good kids, and they deserve a chance.”

22. S. believes that the sports world is “gossipy” and that people are judged
people instantaneously. So it’s kind of hard. For me, too, I can’t take my medicine during the season, the Adderall, because it makes me more susceptible to concussions. So it’s really hard for me to go to school and play soccer at the same time. To try and balance it out, I get so overwhelmed at times. But I take it in the off season, so it’s a little better.

Is this something that you have sat down and talked about with your coach?

About being overwhelmed?

Well, just the disorder in general, or how it affects you?

She knows that I have a learning disorder, that I am ADHD. But I don’t think that she really considers that to be a valid reason for my behavior. She is the kind of person who thinks that you are in control of your behavior. Which I am, to a certain extent, but also I can’t change the way that my brain works. It’s so hard to explain to people who don’t understand what it’s like. Even my boyfriend, he is like “What are you going to do when you are older and you can’t rely on Adderall. What are you going to do then? You’re gonna have to grow out of this sometime.” And I’m like, “I can’t grow out of my brain. It’s just the way that it works.”

And you won’t like me if I do.

Yeah (laughs). I’m just gonna grow out of school. It’s just kind of hard. Even my best friends are like, “Why can’t you just sit down and take notes? Why can’t you just do that?” I just can’t. It just

“instantaneously.”

23. S. cannot take Adderall during her sports season because it makes her more prone to concussions.

24. “It’s really hard for me to go to school and play soccer at the same time,” according to S.

25. S. attempts to balance these things out, but she gets “overwhelmed at times.”

26. S. takes her medication in the off season, which helps.

27. S.’s coach knows that she has ADHD, but S. thinks that she does not see it as being, “a valid reason for my behavior.”

28. S. sees her coach as believing that a person is in control of their own behavior at all times. S. says that she is in control of her behavior “to a certain extent” but that she, “can’t change the way that my brain works.”

29. Says S., “It’s so hard to explain to people who don’t understand what it’s like.”

30. S.’s boyfriend asks her what she is going to do when she is older and can’t rely on Adderall. He tells her, “You’re gonna have to grow out of this sometime.” S. tells him that she can’t, “grow out of my brain.”

31. Instead, S. plans to, “grow out of school.” She describes the situation as “hard.”

32. S.’s friends will ask her why she cannot sit down and take notes.
makes life a little harder. More difficult to go by the steps.

So do you feel like there is a lack of understanding by other people?

Oh yeah, definitely. I think that people think that ADD is overdiagnosed, and if someone is even just a little bit hyper then you are ADD or ADHD. Which I am not an extremely hyperactive person. But, that’s just the way that my brain functions. They think that it’s just a hoax, and that it’s no big deal. Like, “Oh yeah, you’re ADHD, well my little sister is hyper too, so you can go to school, and you can take notes, and you shouldn’t get extra time on tests because that’s not fair.” I’ve had so many people say to me that you got a higher score on the SAT, but you got extra time. Well, I needed it, I needed every second that I had. I think that people totally have a misconception of it. I think that leads into sports. It just affects relationships.

You have made some references to how your brain works. How do you think your brain works?

I think that I have no concept of time. If I was in a blank room, no windows, nothing, no clock, I would not know whether I was in there for three hours or five minutes. I can go into a room for days and come out, and not know whether it was November or December. And I just... forget dates, or forget that I have an appointment at four o’clock. Do stuff like that. It’s hard for me to stay organized. I’m more of like... I get intensely focused on something for a short period of time. I’ll read a book in four hours. Then I’ll just set it away and not look at it for like a month. So I get...
hyperfocused, then I get just like completely splattered. There is just something doesn’t fire right. On certain things. In my life I’ve never been able to keep an assignment sheet. I always, in elementary and middle school, got points off for having my assignment sheet in the wrong order, or jumbled, or all that stuff. I could never just go straight across everyday and write in what assignments I had and how many points.

How has school been?

In my life? Well, in elementary school I guess it was easy because the teachers let me do whatever I wanted. I guess I missed a lot of elementary school, too. Like sixty absences a year. But I was like the brainiac child all through elementary school. So a lot of the teachers never made me do anything. By the time I got to middle school, they were teaching me the same things. It was like, “Wow, this is kind of pointless.” So I got pretty bad grades in middle school, I got like a 2.0. I had never gotten a B in my life. And then high school, I was home schooled for awhile. So that was a little better, I just read on my own. Didn’t really have grades. By the time I got back into school I was so happy to be there that I got really good grades. Then I kind of got into the downfall of high school. My grades went down. Skipping class. It was like, “Wow, they don’t notice if I don’t go to fourth and fifth periods, I think I’m gonna go to the mall, or I’ll go running instead.” But, I definitely graduated the hard way. I took like eight classes my second semester senior year. I also did Running Start, which is where you take community college classes in high school. So, for me it was good

43. S. says, “there is just something that doesn’t fire right.”

44. In elementary and middle school, S. was never able to keep an assignment sheet.
because I wanted to take college classes because I was bored with high school. And I was sixteen, in high school, and I was ADHD, and I got there and realized that no one cares if I don’t come and they’re not gonna tell my parents. I’ll just not go. I didn’t do very well in that, but I learned my lesson, and now I’m here.

So you had some credits transfer into here, or did they all apply to high school?

Well, they actually apply to both. But I didn’t transfer my credits. I had...I took two years of community college courses, but I only got four credits maybe. I got pretty good grades. I would have had a 3.5, but one of my history teachers failed me. Instead of giving me a no credit. She thought that I deserved it, which I probably did. So I didn’t want to transfer in all of them. I wanted to start off with a clean slate in college. But...I think that high school was definitely rocky, especially since they are not very understanding to people with learning issues, like ADHD, at all. For me, especially, they told me my whole life, you don’t need to get tested because your grades are too good. I had like a 3.0 when I should have been getting a 4.0. I would get a C when I should have gotten an A. They were like, “You’re too smart. Your grades are too good. You don’t need to be tested.” I kind of got caught in the middle.

Because you were doing well enough.

I was doing well enough that I wasn’t failing all my classes, but I wasn’t doing up to my potential. And so no one really paid attention to me.

take classes at a community college. S. did this because she, “was bored with high school.”

52. In this program, S. realized that she could skip classes and no one would tell her parents. She did not fare very well in her classes, “but I learned my lesson, and now I’m here.”

53. S. did not want to transfer these community college credits to her present transcript. Says S., “I wanted to start off with a clean slate in college.”

54. S. notes that, “high school was definitely rocky, especially since they are not very understanding to people with...ADHD, at all.”

55. In the past, S. had people tell her that her grades were too good to be tested for ADHD. She notes that she had about a 3.0 gpa when she should have had a 4.0. According to S., she “kind of got caught in the middle.”

56. S. was not failing her classes, but “I wasn’t doing up to my potential.”

57. “No one really paid attention to me,” according to S.
So, tell me about your diagnosis. How did that come about? How did you find out?

Well, my parents, I guess, always knew that I was ADD or ADHD. I guess I always kind of knew. My mom started reading a lot of books to try to deal with my dad. My dad is a lot like me. He is very jumbled. He does whatever he wants. He just decides to leave his job, then he’ll go find another one, run off. But, she started reading about it. I read one of the books, and I was just like, “Wow, this is me.” Then, I was just like, “Okay, if I don’t want to take medicine then there is no point in going to the doctor.” Up until I was about a junior in high school, I never got actually diagnosed. But then, when I started applying to colleges, I was thinking of going to Dartmouth, and they told me that I should really get the diagnosis because it could help me get into the Ivy Leagues just so they could have a basis to judge me. It would be like, “Her grades aren’t great, but she has this and this disorder, and that makes it harder for her to be in a normal school system.” So, that’s why my parents took me to the doctor. I had like, I was in there for like a half an hour. She was just like, “Oh well, yeah...you’re definite.”

And you were a junior at that point?

I think I was a junior, yeah. And that’s when I got put on medicine. But then I had to stop taking it because I had five successive concussions. That didn’t help my grades very much either.

I can imagine. Is that something that the doctors knew about, as far as the

58. Says S., “my parents always kind of knew that I was ADD or ADHD.”
59. S.’s mom read many books to better understand her father. S. and her father are very much alike, in that he is “jumbled...and does whatever he wants.”
60. S. read one of these books, and discovered that it described her own behavior.
61. However, S. said to herself, “Okay, if I don’t want to take medicine then there is no point in going to the doctor.”
62. During her junior year, when she started applying to colleges, S. realized that it might be better if she was actually diagnosed with ADHD. One college told her that it might help her chances of being admitted because they could evaluate her grades knowing that she had the disorder.
63. At this point, S.’s parents took her to a doctor for evaluation. She only saw the doctor for about a half an hour, and the doctor said, “Yeah...you’re definite.”
64. S. was placed on medication at this time.
65. S. had to stop taking the medication because she had five successive concussions, which “didn’t help my grades very much either.”
Adderall increasing the likelihood of concussions, in general?

No. They... because it is such a new drug, it’s only been out for a few years, and they still can’t prove that that’s why I had so many concussions, but I mean I was on it, and for the period that I was on it I had like four or five successive concussions. I stopped taking it, and I’m fine. What we kind of figured out was because the Adderall alters the way that my neurons fire, I believe, and it swells the brain a little bit, because of the way that it affects my brain, because it is changing the brain patterns. And so when I get hit in the head, I’m more likely to swell more. Which would cause more severe concussions, which is why it was detrimental to me. But the doctors are still like, “Well, we can’t prove that, and we don’t know why.” But I’m like, if you look at the dates here and you look at my injuries, there are no other explainable reasons why that could have happened.

Is that all from ball strikes?

I got kicked in the head by a soccer player. I’m a defender, so I slide tackle. I took the ball, then she kicked my head. Then I got knocked in the head by another girl with her head. I did that a couple of times.

Since you’ve stopped taking the Adderall during the season it hasn’t been a problem?

I haven’t had a concussion up until now, actually. I have one now, that’s not because of Adderall. The concussions stopped. But it makes it a lot harder for me to balance my schedule, especially here, because they demand so many

66. Doctors were not able to prove that the Adderall caused the concussions for S. However, they all occurred during the period of time in which she was on it. Since she has stopped taking it, she has been fine.

67. S. believes that the drug alters the way that her neurons fire, and that it swells her brain somehow. Therefore, when she gets hit in head, she is more susceptible to concussions.

68. Although the doctors have been unable to prove this, S. says, “If you look at the dates here and you look at my injuries, there are no other explainable reasons why that could have happened.”

69. S. got kicked in the head by another soccer player, which caused her first concussion. On other occasions, she has struck heads with opposing players.

70. After stopping the medication, S. did not have any subsequent concussions. She currently is suffering from a concussion, but that is not from taking the Adderall.
parts of your life. When I played club soccer at home, you could go to practice and get away, and it was just practice and my coach, and what I did in the rest of the areas of my life didn’t really affect that. But here, it’s like go to class, and my coach talks to the teachers and monitors everything. Then I go to practice and I’m watched there, and I’m there for like three hours. Then after that we have to go to study tables. It’s just like you have no free time. Which is just so hard for me to deal with, being in such a rigorous, scheduled, and controlling aspects of your life. It’s like you can’t do anything, even on campus, without the coach finding out. Just stupid things like throwing water balloons at someone, or something. Because it’s going to come back to you. It takes a lot of impulsive fun out of life, I guess.

So, the season is pretty much over now?

It’s over now. They lost today. I’m a redshirt actually. Because of the Clearinghouse. I love the NCAA. They decided to read my transcript wrong. Which obviously didn’t help my coach thinking that I had academic problems. Then the NCAA looks at my transcript and says, “That’s wrong.” And I’m like, “No, I took all the classes that I needed.” So I was out for four weeks while they decided to go through everything and read it. I had to file a waiver. It was just a very irritating process.

So, will you start taking the Adderall now again, with the season being over?

Yeah. As soon as my concussion goes away I will.

71. Not taking the medication “makes it a lot harder for me to balance my schedule... because they demand so many parts of your life.”

72. When she played club soccer it was easier for S. because, “what I did in the rest of the areas of my life didn’t really affect that.”

73. Now it is more difficult for S. since “my coach talks to the teachers and monitors everything.”

74. S. feels like she is watched constantly by her coach, and that “you have no free time.”

75. This is, “just so hard for me to deal with, being in such a rigorous, scheduled, and controlling aspects of your life.

76. S. feels like, “you can’t do anything, even on campus, without the coach finding out.” This, “takes a lot of the impulsive fun out of life.”

77. The NCAA misinterpreted S.’s high school transcript, believing that she had not taken all the required courses. According to S. this, “didn’t help my coach thinking that I had academic problems.”

78. S. had to sit out four weeks of competition while a waiver was filed, and the NCAA had a chance to re-review her transcripts. “It was just a very irritating process,” says S.

79. Now that the season is over, S. will resume taking Adderall when her present concussion clears.
What are things like when you take it versus when you don’t?

When I take it I have a concept of time. I’ll wake up. My mom used to come in and give it to me at 7 o’clock, say. My eyes would pop open at 8 o’clock. Just like, okay, time to start the day. Normally, when the alarm clock goes off I reach over and pull the blanket over my head. I’m not gonna get up. I’ll just miss first period. Then it’s like noon, and I’m like, “Hey it’s lunch time. I can’t go now. The day’s over. I’ll just stay home.” But when I take it, I’ll sit in class, and I can focus on the teacher and listen to them, as opposed to sitting there with my pen and just looking around and starting to think about whatever else, and not even meaning to. The teacher will be lecturing, and I’ll be like, “I wonder what practice is going to be like today.” I doodle a lot when I’m not taking it. My notes, you can’t even decipher them because I’ll write it, then start writing other things, kind of scribble around. It’s also a lot easier for me to deal with deadlines. Like, I have a paper due in two weeks. I’ll write that down, and then go do the research. As opposed to normally, I would be like, I have a paper due in two weeks, so I’ll do the research three days before. Procrastinate. That’s one of the big things that I have to deal with.

Well, every college student deals with that. So, beneficial do you think, the medication?

Beneficial academically, yes. It definitely helps my grades. I get better grades. All the times that I have been successful in school...by successful I mean I got an A or B, went to class consistently...the only times that I got

80. When S. takes her Adderall, she has a concept of time. After she takes it, “my eyes would pop open.”

81. When she does not take it, she will tell herself, “I’m not gonna get up” when the alarm clock goes off. After sleeping in until noon, she will then say, “The day’s over. I’ll just stay home.”

82. If S. has taken her medication she can sit in class and, “I can focus on the teacher and listen to them, as opposed to sitting there...just looking around and starting to think about whatever else.”

83. S. will think about other things in class when she has not taken her medication, and she will doodle a great deal. Her notes will be difficult to read.

84. On medication, S. says, “It’s a lot easier for me to deal with deadlines.” If she has an assignment due, she will write it down and work on it well before it is due.

85. Unmedicated, S. will work on it just before it is due. S. will “procrastinate” and says, “that’s one of the big things that I have to deal with.

86. S. believes that medication helps her academically. “It definitely helps my grades,” she says. When she has been successful in school, it has been because she took her Adderall.
less than that is when I would have an A in the class and decide not to turn in the last paper and I’d get a C or something. But I think that socially I don’t like taking it, really. Because... I feel like it makes me boring. It slows down my brain so much, and it makes you just want to sit down and do your homework. Which is something that I am completely un-used to. So when I take it I’m like, “Is this what everyone else is like?” Usually, when I do take it, I take it during the day, and then I wouldn’t take the afternoon dose. Then I can be myself at night.

Tell me some more about this social part of it.

Well, I always feel like when I’m taking it that I’m just slower, and kind of off to the side. I guess in soccer too, I’m just kind of boring, I’m just kind of there. I’m not exciting. Normally, when I meet someone I’ll be like, “Hi, nice to meet you” and I’ll start talking to them. But when I’m on it I’m just kind of more reserved. I think about the consequences of things that I do. Like, when I’m not taking it I’ll just go do something random, then realize later that I forgot about something else that I had to do. Like, “Oooh. I had a meeting with my coach at 7. Whoops, I probably shouldn’t have gone shopping.” When I’m on the medicine, I’m like “It’s probably not a good idea to run down the hall with shaving cream squirting people because I’m probably gonna get in trouble.” Normally, I’d be like “Woo hoo. This is fun!” It just helps me to control my impulses. To deal with the consequences.

So, you feel like it helps you

87. However, S. says, “Socially I don’t like taking it, really. I feel like it makes me boring. It slows down my brain so much, and it makes you just want to sit down and do your homework.”

88. S. is not used to this change. When she takes it she asks herself, “Is this what everyone else is like?”

89. S. will usually only take her medication during the day, and not an afternoon dosage. “Then I can be myself at night,” she says.

90. On medication, S. feels “slower” and “kind of off to the side.” She feels that she is “just kind of there” and says that, “I’m not exciting.”

91. Without medication, S. is more outgoing and willing to meet others.

92. When she takes her medication, “I’m just kind of more reserved. I think about the consequences of the things that I do.”

93. Unmedicated, S. will do random things, “then realize later that I forgot about something else that I had to do.”

94. If she has taken her medication, S. will think about the consequences of her actions. “It just helps me to control my impulses,” says S.
academically, but you feel like it changes you socially?

Socially. Yep.

How about other ways?

Umm... other ways as in athletically?

Just however you think.

Well, I would say that it helps me when I'm training, to be more focused. I can sit in the weight room for two hours and lift weights and not be completely bored out of my mind. Or I can go running without losing my focus and stopping at the gas station, or something. But I like to compete in games and have my mind, rather than a drug-altered mind. Because it is more alert, and on a swivel, I guess. I can think more and react impulsively in game situations, which I think is better. Instead of having a more slower process. Instead of, "Well, I think I'm gonna do this, and the consequences of it will be this." As opposed to just going and doing it. So it's good for games to be me, but in training it's usually better to be medicated. And also to deal with coaches and their rules, learning to adapt to different personalities, and not talking when the coach is talking. I was definitely the girl that was like, "If you don't stop talking you're gonna come stand right next to me." I'm like, "I didn't mean to start talking, coach." Sure, just come over here.

That sounds difficult to balance all those things.

It definitely is difficult. It's difficult to adjust to what people want you to be, I

95. S. believes that medication helps her academically, but hurts her socially.

96. Medication, "helps me when I'm training, to be more focused," says S. She can be in the weight room lifting and is not, "completely bored out of my mind." S. can also go running "without losing my focus."

97. In games, though, S. prefers to not take her medication. S. notes, "I like to compete in games and have my mind, rather than a drug-altered mind. Because it is more alert, and on a swivel." She can react more impulsively in game situations, which she prefers.

98. On medication she thinks too much, "as opposed to just going out and doing it."

99. When training S. believes that it is better for her to be on medication.

100. Medication also helps S., "to deal with coaches and their rules, and not talking when the coach is talking."

101. S. has gotten into trouble in the past for talking when the coach is talking, although she did not mean to.

102. For S., it has been difficult to balance this issue, "to adjust to what people want you to be."
guess. Because, I have a couple of really good friends. Actually, one of my best friends is on the soccer team. She is really like, I don't know how to say it, non-ADHD. Straight-brained, almost. She writes her notes, turns in her assignments, does everything, goes to the weight room at eleven o'clock, is there ten minutes earlier than when she is supposed to be there, remembers everything. Sometimes I'm like, “God, why can't I just be like that?” But then I know that she envies me, because I can not go to class for like a week and still get a better grade than her on the test sometimes. It’s hard to balance what you need to be in school, with what you need to be on the soccer field, and what you want to be outside of school. I guess since the rest of the world can do most of the things that I can’t do, normally, it just makes it that much harder. It’s hard to explain that to people who don’t understand. Most people don’t want to understand, either. They just want to go, “You’re lazy.” But actually, I’m not. It’s just...really hard to balance.

Earlier you mentioned about some accommodations, getting some extra time and things like that. What can you tell me about that?

I think it’s a good thing. I don’t think there is any way that I could have gotten a decent score on the SAT if I had to take it in fifty minute increments. Just because I have no...I mean I could sit there and spend fifteen minutes on a problem and not even realize it, and then all of a sudden I have only a half an hour to do the rest of it. For me, I had time and a half. I had like four hours to do the whole test. The sections weren’t

103. S. has a friend on the soccer team who she describes as, “non-ADHD...straight-brained.”

104. This friend writes her notes, turns in all of her assignments, and goes to the weight room earlier than when she is supposed to be there.

105. At times S. will ask herself, “God, why can’t I just be like that?”

106. However, S. knows that this friend envies her because she cannot go to class for a week and still get a better grade on the test.

107. S. says, “It’s hard to balance what you need to be in school, with what you need to be on the soccer team, and what you want to be outside of school.”

108. S. continues, “I guess since the rest of the world can do most of the things that I can’t do, normally, it just makes it that much harder.”

109. For S., “It’s hard to explain that to people who don’t understand.” These people instead tell S., “you’re lazy.” But S. knows that she is not.

110. “It’s just...really hard to balance,” these things for S.

111. S. believes that the accommodations she has received in the past have been a good thing. She acknowledges that without them, “I don’t think there is any way that I could have gotten a decent score on the SAT.”

112. Without the accommodations on the SAT, S. would not have had adequate time to finish it.
split up. I could just get up, for like ten
minutes, and go outside if I needed to. It
honestly took me every single second of
the four hours to do it. And even with
that I turned it in, and the lady came
back to me, I thought I was all done, and
she came back to me as I was packing up
my stuff, and she’s like “Did you mean
to not do the last section?” I just
inadvertently missed the last section and
turned it in without doing it. I was like,
“No.” It’s just so typical. I never read
directions, and I’m was just like “Oh,
I’m done.” I shut it and turned it in.
Forgot to do it. So many people think
that getting extra time is unfair, and that
we shouldn’t get note takers. That there
is no way that we should be able to take
tests in a small, private room. But, it’s
unfair to us to put us in a large room
with a hundred people. You can imagine
all the distractions during an exam. You
have like two hundred people sitting
around you, and you’re just like, “Oh my
gosh. I’m so overwhelmed!” For me, I
always look over, and I see that they’re
on the second page and I should hurry
up. It’s just kind of crazy. Another one
of my friends didn’t know that she had
learning disabilities, and she finally got
diagnosed. The first time that she took
her SAT she got like an 1100. The
second time, with extra time and with
tapes instead of reading, she got like a
1480. Which, it just shows that if you
can alter the system to fit alternative
minds, if you’re gonna measure them by
those standards, it just helps so much
and you can really get the potential out
of people if you adjust it to their needs.

Do you get accommodations through
DSS here?

I should. I had an appointment to, but I
just didn’t go. I haven’t quite made it

113. Even with the extra time that S.
received, “It honestly took me every
single second of the four hours to do it.”

114. Despite the extra time, S. still
forgot to do the last section of the test.
“It’s just so typical,” S. says of such
behavior.

115. S. does not read directions, which
tends to cause her these sorts of
problems.

116. S. says that many people think that
her getting extra time on tests and
notetakers is unfair. These people also
do not think that she should not be able
to take tests in a small, private room.

117. Says S., “It’s unfair to put us in a
large room with a hundred people. You
can imagine all the distractions.”

118. In these situations, S. will tell
herself, “I’m so overwhelmed!”

119. S. will look over at other students
and see that they are ahead of her on the
test, which makes her want to hurry to
catch up.

120. S. has a friend with learning
disabilities who took the test without
accommodations and scored an 1100.
With accommodations, she scored a
1480.

121. S. remarks, “It just shows that if
you can alter the system to fit alternative
minds... it just helps so much and you
can really get the potential out of
people.”
down there to get another appointment yet. But I usually just find someone, and get their notes. But I'm definitely supposed to have private testing, and time and a half, and notes. But I finally went down there and made an appointment with a guy, but I was taking a nap and completely forgot about the appointment.

So those things you were talking about were in high school, when you got extra time and note takers, and what not?

Yeah, I got those things in Community College, too. And they definitely would help me here, but I just kind of lacked the follow through to go down there and do it. But, I always have people help me with my follow through. For me, it's really hard to...you think it would be the easiest thing in the world to get up and get from the dorms to a building over there. But for me, if I get up, there are so many things in between that sometimes I don't end up there. So a lot of times I'll have somebody walk me to the door. Well, I know that I can get there by myself, but there are so many things that I might just wander off and not even realize it. A lot of times I'll have my boyfriend walk me to the door, because then I can't get away.

You've figured out some ways that will help you?

But it's really hard to ask for help. People will say, "Can't you just do it yourself?" I'm like, "Well, no not really." And you're so tempted to be like, "Yes, I can do it myself. I don't need any help." But deep down, you know you do. It's kind of hard.

122. S. does not receive accommodations through DSS at this time. She made an appointment to, but didn't go.
123. S. will usually find someone in her class and get notes from that person.
124. Earlier this semester, S. made an appointment with a person at DSS, "but I was taking a nap and completely forgot."

125. S. received accommodations in high school and in Community College.
126. S. knows that accommodations, "definitely would help me here, but I just kind of lacked the follow through to go down there and do it."
127. S. has people help her to follow through on things that she has planned.

128. For S., getting from one building to another should be a very easy task. However, "for me...there are so many things in between that sometimes I don't end up there."

129. To account for this, S. will have somebody walk her to the door of the building she needs to go to. "Because then I can't get away," says S.

130. S. remarks, "It's really hard to ask for help."

131. People will ask her if she can do it on her own. She is tempted to say yes, she can do it without help, "but deep down, you know you do."
So, how is that? Have you had some of those thoughts with talking to DSS here?

Thoughts about...?

About how you know it’s going to help, but it’s kind of hard to ask for help.

Yeah, I guess so. It’s just the whole process of it. There are so many steps in between. One day I was like, “Okay, I’m gonna go do this.” I go down there, I talk to this lady, and she’s like you have to come back another time. I go down there that time and they are like, “You have to call this person.” There are so many steps between getting from here to there that it’s really hard for me to follow through completely on each step. I mean, I know that if I just went down there and said, “I need this, and this and this.” But, it’s so far into the semester now, that I’m just going to not get it this semester and wait until next.

If I go in now and show my teachers, they’ll be like, “Why didn’t you have extra time before?” Then you have to sit there and explain it to them, and they’re like, “Okay, you’re a weirdo.” So many teachers think that kids who have ADHD, and get special accommodations, are just slackers and that they shouldn’t. They tend to consider them to be the stupid kids, which in all reality, they’re usually the brightest.

Yeah. How do you see yourself doing this semester?

I’m doing pretty good. I could be doing better. But, I just...I know I could get straight A’s, but it’s just the little things

Gotting help from DSS has been difficult for S, because there have been so many steps.

S. went to DSS, but they told her that she would have to come back another time. When she went back, they told her she needed to call a different person.

For S., “there are so many steps between getting from here to there that it’s really hard for me to follow through completely on each step.”

S. knows that she could get the accommodations if she went in and told them what she needed.

At this point S. is hesitant to go to DSS because, “it’s so far into the semester now, that I’m just going to...wait until next.”

If she tries to get the accommodations now, S. is concerned that her instructors will ask her why she waited so long to set them up. She believes they will say, “Okay, you’re a weirdo.”

S. believes that many teachers think that, “kids who have ADHD...are just slackers...the stupid kids.

However, S. thinks “they’re usually the brightest.”

In the present semester, S. says she is doing pretty good academically, but “I could be doing better.”
that I do that keep me from it. Like, say I won’t go to French class because I don’t feel like it, or my head hurts, or I forget that I have a quiz on a certain day and I don’t go. Stuff like that. I do really good in the classes where… like history… we have lectures every day. But I just get the notes, and then we go in and have a blue book, and so since it’s all from memory, and our entire grade is based on the blue book, I’m doing really good because I got really good grades on the blue books. I mean, if you looked at my grades, from the outside you would think that I was doing pretty well, but from the inside, from me, I know that I could be doing better. But no one could really tell that, but me. So, it’s kind of funny like that.

What do you feel like your potential is, then?

My potential for school? I know that if I took my Adderall everyday and if I studied a decent amount, I could get a 3.5 or 4.0 easy. But, a lot of times for me, I think, it’s a lot easier to take the B and not do as much work, then it is to have all the effort that goes into all the follow through, and all the assignments, and the busy work, and all that horrible stuff. A lot of times I just end up taking the lower grade because it’s just so hard to do everything perfectly. I think, well I could have got an A, but I got to do so many other things and I got a B.

Tradeoffs?

Yeah. But I definitely think that I have potential to get really good grades. I just don’t have the follow through. Which I guess ties into athletics, too. Just like putting things off, like lifting weights.

141. S. says that she could get straight A’s, “but it’s just the little things that I do that keep me from it.”

142. S.’s grades are hurt by not going to class.

143. S. does really well in those classes where she can get the notes and she is tested with blue books. “Since it’s all from memory,” she is doing really well.

144. Says S., “if you looked at my grades, from the outside you would think that I was doing pretty well, but from inside, from me, I know that I could be doing better.”

145. However, “no one could really tell that, but me.”

146. S. believes that if she took her Adderall everyday and “studied a decent amount, I could get a 3.5 or 4.0 easy.”

147. For S., it is easier to take a B instead of an A, because then she does not have to put forth all that extra effort.

148. Says S., “A lot of times I just end up taking the lower grade because it’s just so hard to do everything perfectly.”

149. S. knows that she could have gotten an A, “but I got to do so many other things and I got a B.”

150. Notes S., “I have (the) potential to get really good grades. I just don’t have the follow through.”

151. For S., this follows through into her athletic life, as well.
Study tables. Sometimes I forget to go. You’re supposed to get five hours in a week. I thought I had five, and it would only be like four and a half, the coach is like mad at me. I’d be like, “But I thought I had five, coach.” She doesn’t really care. Close is not there, though, she would say.

How about the future?

Where do I see myself? I want to go to law school. Become a lawyer. That is my goal. I don’t know how long it will take me to get to law school. Probably like five years I would say. That’s what I want to do, because I love to argue my point. I love to win. I love debating. In high school I never lost. I would always appeal my attendance. We had an attendance policy, where after twelve absences you lost credit. I used to love to go in there and argue my point. I’d be like, “It says this, so according to these rules I shouldn’t have to lose credit.” I always like arguing my parking tickets and speeding tickets and to win. I think it’s fun. Then there is also a lot of paperwork that goes into law, which I’m not so eager about, but I figure I can hire someone to do all of that.

Yeah. A legal secretary.

Exactly. That is what I don’t want to be. But the only thing about that is then I know I’m gonna be in school for the next eight years. By that time I’ll be 26. Now I’m out of law school, and I’m 26, and now I have to get a job. Okay, when am I gonna have a family? That’s the only thing. I mean, I want to be a career woman, but at the same time I want to have a family. So I don’t know how I’m gonna balance that just yet. I definitely

152. At times, S. will forget to get in her study table hours. She needs five hours per week, but sometimes does not get them all.

153. S. would like to go to law school and become a lawyer. She is not sure how long this will take, but knows it is what she wants to do. “I love to argue my point. I love to win. I love debating,” says S.

154. In high school, S. would appeal her absences. S. says, “I used to love to go in there and argue my point.” S. would often times refer to the attendance policy to make her arguments.

155. S. also likes to argue her parking and speeding tickets.

156. S. is concerned about the amount of paperwork that comes with being a lawyer. However, she says “I figure I can hire someone to do all of that.”

157. S. does not want to be a legal secretary.

158. S. is concerned about being in school for the next eight years. She would be 26 years old by that time, and she wonders, “Okay, when am I gonna have a family?”

159. S. wants to be a career woman, but she also wants to have a family. “I don’t know how I’m gonna balance that just yet,” notes S.
don’t want to have kids before I can support them. Pregnant women in the workforce are definitely looked down upon. In the professional things. So, I don’t know about that one.

**But that is a ways down the road though, right?**

Yeah, that’s really far down.

**So what else can you tell me about living with ADHD?**

Living with ADHD. I think that my parents definitely had a lot harder time raising me than normal children. Because they would tell me to do something, and I’d be like, “Why? Why should I do that?” And they would say, “Well, that’s just the way that it is.” And I would be like, “Why? Why is that a rule?” Sometimes they would just give up. In school, it would be like you only have five minutes to get between classes. I’m like, “Does it really matter if I’m five minutes or six minutes? Does it really matter if I come in thirty seconds late? Why is that tardy?” And they would just say, “It just is. You just have to deal with that.” For me, it’s hard to deal with arbitrary rules. Like say... tardies, for instance. I had like three hundred in my high school life. You have to be from Point A to Point B in this amount of time, otherwise you are tardy. Well, it takes different people different amounts of time to get there. And for me it is just so hard, with a place with so many distractions, to get from Point A to Point B. That’s the story of my life. Especially in college, it’s hard because you don’t have anyone telling you to go, or being like, “You have to do this and this.” You have to

160. S. does not want to have children before she can support them, and is concerned that pregnant women are looked down upon in the workforce.

161. S. remarks, “I think that my parents definitely had a harder time raising me than normal children.”

162. S. would question the rules set up by her parents. Says S. of her questions, “Sometimes they would just give up.”

163. S. also questioned some of the rules at school, especially those that dealt with her being tardy. “For me, it’s hard to deal with arbitrary rules,” she says. S. notes that she had 300 tardies in her high school career.

164. S. believes that it takes different people varying amounts of time to get from one place to another. “For me it is just so hard, with a place with so many distractions, to get from Point A to Point B,” says S.

165. This is particularly difficult for S. in college because, “you don’t have anyone telling you to go, or being like, “You have to do this and this,”” comments S. In college, “You have to
do it all for yourself. Which isn’t that big of an adjustment for me because my parents decided when I was kind of young, like in middle school, like “Fine. If you don’t want to go to school, then you don’t have to go to school. But you have to deal with the consequences.” So they stopped waking me up, and they stopped doing whatever. So, if I wanted to go, then I had to get up, wake myself up on my own, and go to school and talk to my teachers. My parents were like, “Fine. If you want to work at Burger King for the rest of your life, then go right ahead.” So I had to learn how to self-discipline myself. Which is kind of hard.

But you have?

I’ve gotten better. I wouldn’t say that I have total self-discipline. But I definitely can self-talk. I’ll be like, “Okay, I have to get up. This is really important. I need to go to it.” I can focus myself enough to get there. Or like, I’ll write reminders around my room so that I don’t forget. But, I definitely don’t have the discipline to be like, “Okay, I have a chapter to read by this date. I’m gonna read five pages everyday.” I can never do that. But I can sit down three days a week and read thirty pages. It’s just that I can’t do things on a daily basis. Like little by little. Which is what makes life easy, but it makes it hard for me. I guess in relationships, with family and stuff, and with coaches and athletes, it’s a little harder to deal with relationships, just because you tend to say whatever comes to your mind without censoring it. When I was younger I just blurted out whatever I thought. Teachers and coaches and parents, they don’t exactly like that. So, as you go through life you

do it all for yourself.”

166. However, this has not been that big of an adjustment for S. because her parents told her that she had to deal with the consequences of her own missing school.

167. S. had to wake herself up on her own, and talk to her teachers when she did miss class. She says, “So I had to learn how to self-discipline myself. Which is kind of hard.”

168. S. believes that she has gotten better, but that she does not have “total self-discipline.” Says S., “I definitely can self-talk.”

169. Also, S. will write reminders around her room so that she does not forget important dates and times.

170. S. has difficulty working on her assignments each day, but will instead read large sections a couple of days per week. Says S., “It’s just that I can’t do things on a daily basis. Little by little, which is what makes life easy, but makes it hard for me.”

171. ADHD also makes other aspects of S.’s life more difficult. “I guess in relationships... it’s a little harder to deal with relationships, just because you tend to say whatever comes to your mind without censoring it.” When S. was younger, she tended to blurt out whatever she thought.
have to build in like an extra thick censor. So like, it comes into your head and you’re like, “If I say that, the coach is probably gonna bench me.” So, I had to learn how to deal with that. And referees, too. That was hard for me.

I can imagine.

They are like, “Foul.” And I’m like, “No, it’s not.” And they’re like, “Oh, that’s a yellow card. Dissent.” And I’m like, “Okay, anger management. Self talk, now. I’m not angry about this. This is okay.” I just think that the world is made for people who are normal. And that we are starting to make adjustments for people who have a little bit out of the ordinary brains, but we are not even close to there, yet. Especially in our school systems.

So, how about some of these techniques that have worked? How have you learned those? Like the self-talk, or those kinds of things?

Um…trial and error. Screwing up a lot of times. And...I guess I have realized what doesn’t work. I hate going into tests unprepared, so I just have to regulate myself sometimes. It’ll be like all my friends are going out, but I really have to do this, I should do this, I know that if I don’t do this I’ll never get it done. You just kind of develop your own ways of dealing with things, I guess. It’s kind of like, the way that the British have developed their political system, by trial and error. It’s not really a good system, but it works for them. It’s just kind of how I regulate myself. It might not work for anyone else, but through trial and error it’s the best way for me. I may not go to class every

172. To deal with this, S. has had to, “build in like an extra thick censor.” This has helped her to deal with coaches and referees.

173. S. has had trouble dealing with referees. She will engage in self-talk when problems arise with them.

174. According to S., “I just think the world is made for people who are normal. And that we are starting to make adjustments for people who have a little bit out of the ordinary brains, but we are not even close yet. Especially in our school systems.”

175. S. has learned through a process of trial and error, and “screwing up a lot of times.”

176. S. does not like going into tests unprepared, “so I just have to regulate myself sometimes.” When her friends might be going out, she will remind herself of the many things that she has to do. “You just kind of develop your own ways of dealing with things,” she says.

177. Through this process of trial and error, S. has learned what works best for her.
single day, but I still go the majority of the time. I mean, if I get graded down for that, then that’s fine. But, it works best for me to have a little break. Stay up on the material.

That’s awesome. You’ve really been able to tell me pretty distinctly what it has been like for you.

Well, I’ve had practice.

Yeah. Practice...

Practice dealing with it, or just talking about it with people who aren’t. They get kind of upset with me a little. They’re just like, “You’re just lazy. You don’t have ADHD. You’re not hyperactive. You can control yourself.” And I’m like, “You’re not me.”

Yeah. You see, I can’t imagine people saying that to you, but I know that it happens.

Oh, even my closest friends do. They don’t realize anything is wrong with it. They don’t... they don’t even think that it’s that big of a deal. That’s the way that people are brought up, I guess. Just do this, go to school, get good grades. And then get a good job, have kids, you’ll be fine. Do everything by the book, by the rules, in the system. But what about people who don’t fit in the system? I’ve seen so many people who don’t... if they don’t have sports, or they don’t have something to turn to, and maybe they do have the problems that I had, that just get lost and drop out of high school, and turn to drugs, and other stuff, because they can’t deal with it. They don’t have anywhere to turn to. I guess that’s kind of where soccer kind of regulated my life, kept me on track.

178. S. does not go to class everyday and knows that this might cause her to be graded down, “but it works best for me to have a little break,” she says.

179. Other people will tell S., ‘You’re just lazy. You don’t have ADHD. You’re not hyperactive. You can control yourself,’ but she knows that they don’t understand her.

180. According to S., even her closest friends do not understand what it is like to live with ADHD. They believe that if one does everything by the book, by the rules, then they will be fine. S. wonders, “But what about people who don’t fit in the system?”

181. S. has seen people who, “if they don’t have sports, or they don’t have something to turn to, and maybe they have the problems that I had, that they just get lost, and turn to drugs... because they can’t deal with it.”

182. S. says, “I guess that’s kind of where soccer kind of regulated my life, kept me on track.”
You feel like it has done that?

Well, because I always had soccer to turn to. Like, if I wasn’t doing good in school, or... it always just gave me something to do. Because I always had this energy. And, like I could go to practice and get my energy out and be fine, rather than just sitting in a house with absolutely nothing to do and causing problems for society. So, it just... it helps to install teamwork, and values, it helps you to deal with authority.

Yep. There is a lot of that.

Getting used to coaches. I think it has worked out good.

Well, that is excellent. Do you have anything else that you want to talk about?

I think I’ve about covered it.

183. For S., “I always had soccer to turn to. Like if I wasn’t doing good in school... it always just gave me something to do.”

184. Soccer allowed S. to release some of her energy, “rather than just sitting in a house with absolutely nothing to do and causing problems for society.”

185. For S., her sport “helps to install teamwork, and values, it helps you to deal with authority.”
Cindy- Level Three

In elementary school, S.’s teachers let her do whatever she wanted to do. She describes herself as the “brainiac” child during these elementary school years, and notes that her teachers did not make her do much work. S. states that she had approximately sixty absences a year, however. When she entered middle school, S. discovered that teachers were teaching many of the same things that she had previously learned. She told herself that it was “pointless,” and as a result she attained very poor grades. S. was home schooled for the early portions of high school. During this time, she read on her own and did not have formal grades. When she re-entered a traditional high school, S. says, “I was so happy to be there that I got really good grades.” Eventually, though, she got into the “downfall” of high school, and her grades went down when she began to skip class. S. continued to have problems in the secondary setting. She repeatedly describes this time as, “rocky.” S. was not failing her classes, but “I wasn’t doing up to my potential.” In the past, S. had people tell her that her grades were too good to be tested for ADHD. She notes that she had about a 3.0 gpa, when she should have had a 4.0. According to S., she “kind of got caught in the middle.”

According to S., “my parents always kind of knew that I was ADD or ADHD.” When S. was younger, her mother read many books in order to better understand her father. According to S., she and her father are very much alike, in that he is “very jumbled... and does whatever he likes.” S. read one of these books that her mother had picked out, and realized that it accurately described her own behavior as well. From her own reading, S. realized that she probably had ADHD. However, since she did not want to take any medication for it, she decided “there is no point in going to the doctor. She did not want to take medicine because she wondered, “Why should I have to change so that I can fit into what everyone thinks that I should be?” High school continued to be difficult for S., both at school and at home. She remarks, “I think that my parents definitely had a harder time raising me than normal children.” S. would question the rules set up by her parents. Says S. of her questions, “Sometimes they would just give up.” S. also questioned some of the rules at school, especially those that dealt with tardiness. “For me, it’s hard to deal with arbitrary rules,” says S. She notes that she had approximately 300 tardies during her high school career. At this time, her parents told her that she had to deal with the consequences of her own missing of school. She had to wake herself up on her own, and talk to her teachers when she did miss class. S. says, “So I had to learn how to self-discipline myself. Which is kind of hard.”

During her junior year, when she started applying to colleges, S. realized that it might be better if she was actually diagnosed with ADHD. One college told her that it might help her chances of being admitted because they could evaluate her grades knowing that she had the disorder. At this point, S.’s parents took her to a doctor for evaluation. According to S., she only saw the doctor for about a half an hour, and after this short amount of time the doctor told her that she definitely had ADHD. S. was placed on medication. Additionally, S. also enrolled in Running Start, a program where high school students take classes at a local community college. These courses count towards both high school and college credits. S. did so because she, “was bored with high school.” In
this program, S. realized that she could skip classes and no one would tell her parents. She did not fare very well in these courses, "but I learned my lesson," says S. S. notes that she "graduated the hard way," by taking eight classes during the second semester of her senior year. However, she did not want to transfer the community college credits that she had earned to her present transcript. "I wanted to start off with a clean slate in (this) college."

In describing her ADHD, S. says "there is just something that doesn’t fire right." She notes that if she were to go into a blank room without windows or a clock, she would have no idea how long she was in there. "I have no concept of time," notes S. She will also forget dates or appointments that she has set up. "It’s hard for me to stay organized," S. states. While being late to an appointment or missing a deadline would be seen as "slacking off" by others, S. says "that’s just how my brain works." S. believes that it takes different people varying amounts of time to get from one place to another. "For me it is just so hard, with a place with so many distractions, to get from Point A to Point B," she says. For S., getting from one building to another should be a very easy task. However, "for me...there are so many things in between that sometimes I don’t end up there." To account for this, S. will have somebody walk her to the door of the building she needs to go to. "Because then I can’t get away," she says. S. also gets, "intensely focused on something for a short period of time." She will read a book for four hours straight, then set it down and not look at it again for a month. She will get, "hyperfocused, then I get just like completely splattered."

Academics pose a challenge to S. She does not go to class everyday and knows that this might cause her to be graded down, "but it works best for me to have a little break," S. says. S. believes that she has the potential to get straight A’s, but says, "I just don’t have the follow through" to do so, and that "it’s just the little things that I do that keep me from doing it." S. has difficulty working on her assignments each day, but will instead read large sections a couple of days per week. Says S., "It’s just that I can’t do things on a daily basis. Little by little, which is what makes life easy, but makes it hard for me." S. does really well in those classes where she can get the notes and she is tested with blue books, since she can rely on her memory. In the present semester, S. says that she is doing pretty well academically, but “I could be doing better.” Says S., “If you looked at my grades, from the outside you would think that I was doing pretty well, but from inside, from me, I know that I could be doing better.” However, according to S., “no one could really tell that but me.” For her, it is often easier to take a B instead of an A, because then she does not have to put forth all the extra effort. S. knows that she could have gotten the higher grade, “but I got to do so many other things and I got a B.” S. says, “A lot of times I just end up taking the lower grade because it’s just so hard to do everything perfectly.” Because of her ADHD, S. might not read the entire book before a test, but she still gets good grades. Her friends will often ask her why she cannot sit down and take notes. S. often does not read directions, which tends to cause her problems on tests. She will look over at other students and see that they are ahead of her on the test, which makes her want to hurry to catch up with them. Says S., “It’s unfair to put us in a large room with a hundred people. You can imagine all the distractions.” At times, S. will also forget to get in her study table hours required for athletes. College is
difficult for S. because, "you don’t have anyone telling you to go, or being like, ‘You
ever to do this and this,’” comments S. “You have to do it all yourself,” she says.
Summing this up, S. notes that ADHD “makes life a little harder...more difficult to go by
the steps.”

Regarding athletics, S. says, “I always had soccer to turn to. Like if I wasn’t doing
good in school... it always just gave me something to do.” For S., soccer allowed her to
release some of her energy, “rather than just sitting in a house with absolutely nothing to
do and causing problems for society.” Her sport “helps to install teamwork, and values, it
helps you to deal with authority.” S. has seen people who, “if they don’t have sports, or
they don’t have something to turn to, and maybe they have the problems that I had, that
they just get lost, and turn to drugs... because they can’t deal with it.” S. says, “I guess
that’s kind of where soccer kind of regulated my life, kept me on track.” However, it has
not been an easy process for S. S. believes that the sports world is “gossipy” and that
people are judged “instantaneously.” Also according to S., “It’s hard to balance what you
need to be in school, with what you need to be on the soccer team, and what you want to
be outside of school.” S. repeatedly notes that it has been difficult to “balance” the
different aspects of her life. Attempting to do so results in S. being, “overwhelmed at
times.” ADHD has also affected how S. gets along with other people. “I guess in
relationships... it’s a little harder to deal with relationships, just because you tend to say
whatever comes to your mind without censoring it.” When S. was younger she tended to
blurt out whatever she thought, but has gotten better about not doing this. For S. ADHD,
“affects personal relationships, especially with authority.” S. has had trouble in the past
dealing with referees. When problems arise with them, she will engage in self-talk, and
remind herself to stay calm.

ADHD has also caused S. to have difficulties with her coaches. To deal with this, S.
has had to, “build in like an extra thick censor” to keep from saying things out loud to her
coach. When she played club soccer in high school things were easier for S. because she
could keep her athletic life separate from the rest of her life. In college, that has not been
the case. Now it is more difficult for S., since her coach talks to her teachers and
monitors her academic progress. S. says, “This is just so hard for me to deal with, being
in such a rigorous, scheduled, and controlling aspects of your life.” S. feels like she is
watched constantly by her coach, and that she has no free time. Says S., “You can’t do
anything, even on campus, without the coach finding out.” For S. this, “takes a lot of the
impulsive fun out of life.” According to S., her present coach “does not understand me,
and my ADHD, and how it affects school.” S. repeatedly notes that her coach “doesn’t
understand what I have and where I’m coming from.” Her coach knows that she has
ADHD, but S. believes that her coach does not see this as being, “a valid reason for my
behavior.” To S., her coach assumes that she is “not smart” and that she is a “bad
person” because of her academic difficulties. S. believes that her coach, “makes arbitrary
judgments about my character based on (my) past school performance.” S. has attempted
to explain her situation to the coach, but does not feel as if it has done much good. S.
sees her coach as a straight-laced, “by the book” type of person. According to S., her
coach recruits very intelligent players who are also “by the book,” and the coach “tends
to judge people by those characteristics.” For S. it has been challenging because she
tends to do things, “the rockier way, or the more alternative way.” However, the coach does not like alternative methods. S. believes that her coach does not understand the way she does things. The coach thinks that S. should, “change into a mold of what she thinks one of her athletes should be like.” By S.’s viewpoint, her coach believes that a person is in control of their own behavior at all times. S. says that she is in control of her behavior “to a certain extent” but that she, “can’t change the way that my brain works.” For S., it’s hard to “change into a kind of mold that I am not.”

S. presently takes Adderall for her ADHD. When S. takes the medication, she has a concept of time, and “my eyes pop open.” If S. has taken her medication she can sit in class and focus on the teacher, as opposed to being distracted by those things going on around her. S. will think about other things in class when she has not taken the Adderall, and she will doodle a great deal. Her notes will be difficult to read. On medication, S. says, “It’s a lot easier for me to deal with deadlines.” If she has an assignment due, she will write it down and work on it well before it is due. Without medication, S. will work on it just before it has to be turned in. S. will “procrastinate” and says, “that’s one of the big things that I have to deal with.” Unmedicated, S. will do random things, “then realize later that I forgot about something else that I had to do.” The majority of the time S. will usually only take her medication during the day, and not an afternoon dosage. “Then I can be myself at night,” she says. When she takes her Adderall S. says, “I’m just kind of more reserved. I think about the consequences of the things I do.” Adding to this, S. notes that the medication, “just helps me to control my impulses.” For S., not taking the medication, “makes it a lot harder for me to balance my schedule... because they demand so many parts of your life.” S. believes that if she took her Adderall everyday and “studied a decent amount, I could get a 3.5 or 4.0 easy.” Elaborating this point, S. believes that the medication helps her academically. “It definitely helps my grades,” she says. When S. has been successful in school, it has been when she was taking the medication. However, while S. feels that the drug helps her academically, she believes that is hurts her socially. S. says, “Socially I don’t like taking it really. I feel like it makes me boring. It slows down my brain so much, and it makes you just want to sit down and do your homework.” S. is not yet accustomed to this change. When she takes the medication, she asks herself, “Is this what everyone else is like?” Taking the drug, S. feels “slower” and “kind of off to the side.” She notes that she is “just kind of there” and says that, “I’m not exciting.” Without it, S. is more outgoing and willing to meet others. S.’s boyfriend asks her what she is going to do when she is older and can’t rely on Adderall. He tells her that she is going to have to grow out of the disorder sometime, but S. will reply that she cannot simply, “grow out of my brain.”

Taking medications has also caused S. other problems. While on the drug in high school, she suffered five successive concussions while playing soccer. S. believes that the drug alters the way that her neurons fire, and that it swells her brain somehow. Therefore, when she gets hit in the head, she is more susceptible to concussions. Doctors were not able to prove that the Adderall caused the concussions for S. However, each of them occurred during a short period of time in which she was competing and taking the medication. Since she has stopped taking the drug during her sport season, S. has recovered. She presently has a concussion, but that is not from taking the Adderall. Now
that she is in the off season from her sport, S. will resume taking the drug when the present concussion clears. When she is training, S. believes that it is better for her to be on the medication. Adderall, “helps me when I’m training, to be more focused,” says S. She can be in the weight room lifting and is not, “completely bored out of my mind.” S. can also go running “without losing my focus.” In games, though, S. now prefers to not take her medication. Besides alleviating the issues surrounding her concussions, not taking the drug does something else for S. “I like to compete in games and have my mind, rather than a drug-altered mind. Because it is more alert, and on a swivel,” says S. She can react more impulsively in game situations, which she prefers. On medication, S. feels that she thinks too much, “as opposed to just going out and doing it.”

While in high school and at community college, S. received academic accommodations. These came in the form of extra time on tests and notetakers. When S. took the Scholastic Aptitude Test in high school, she received extra time and got to take the test in a quiet room. Even with this extra time, it still took S. all of the allotted time to finish the exam. Despite getting this extra time, S. still forgot to do the last section of the test. “It’s just so typical,” S. says of such behavior. S. recognizes that these accommodations have been a good thing for her. She acknowledges that without them, “I don’t think there is any way that I could have gotten a decent score on the SAT.” However, others have told S. that she should not get extra time on tests because it is “unfair.” They have told her that the reason she got a higher score on the SAT was because she had additional time to take it. S. did go to Disability Services for Students (DSS) at the beginning of the semester, but they told her that she would have to come back another time. When she went back, they told her that she needed to call a specific person. S. made an appointment with this person, but when the date and time arrived, S. was “taking a nap and completely forgot.” So far, getting help from DSS has been difficult for S. because there have been so many steps. S. knows that she could get the accommodations if she went in and told them what she needed. At this point S. is hesitant to go to DSS because, “it’s so far into the semester now, that I’m just going to... wait until next.” If she tries to get the accommodations now, S. is concerned that her instructors will ask her why she waited so long to set them up. She believes that they will say, “Okay, you’re a weirdo.” S. knows that accommodations, “definitely would help me here, but I just kind of lacked the follow through to go down there and do it.” Regarding DSS, S. remarks, “It’s really hard to ask for help.” People will ask her if she can do it on her own. S. is tempted to tell them that she can do it without help, “but deep down, you know you do need the help,” she says.

S. is learning how to cope with ADHD. Through a process of “trial and error” and “screwing up a lot of times,” S. is getting better at dealing with the disorder. She will usually find someone in her classes to get the notes from, knowing that taking notes is difficult for her. S. has people help her to follow through on things that she has planned. Also, she will write reminders around her room so that she does not forget important dates and times. S. does not like going into tests unprepared, “so I just have to regulate myself sometimes.” When her friends might be going out, she will remind herself of the many things that she has to do. “You just kind of develop your own ways of dealing with things,” S. says. While S. believes that she has gotten better at regulating her own
behavior, she admits that she does not have “total self-discipline.” However, S. says, “I can definitely self-talk.”

S. does not think that people recognize the traits of ADHD. Says S., “It’s so hard to explain to people who don’t understand what it’s like.” S. believes that people view ADHD as “an excuse for being lazy,” and that others do not see it as being a “serious disorder.” Instead, S. thinks that others see the disorder as a “hoax, and that it’s no big deal.” For S., it is difficult trying to explain to others just what ADHD is like. Other people will tell S., “You’re just lazy. You don’t have ADHD. You’re not hyperactive. You can control yourself,” but she knows that they don’t understand her. S. thinks that people see ADHD as being over-diagnosed, and that if you display even the slightest bit of hyperactivity, then you are ADHD. “People totally have a misconception of it,” S. says of the disorder. According to S., even her closest friends do not understand what it is like to live with ADHD. They believe that if one does everything by the book, by the rules, then they will be fine. This makes S. wonder, “But what about people who don’t fit in the system?” S. believes that many teachers think that “kids who have ADHD... are just slackers... the stupid kids.” Also, others will ask S. when she is going to grow out of her ADHD. Instead, S. plans to “grow out of school.”

In response to the misconceptions that others hold about ADHD, S. is developing her own beliefs about the disorder. S. knows that individuals with ADHD might not have high GPA’s and that they might skip class at times, but overall “they’re still good kids, and they deserve a chance.” While others might view those with the disorder as slackers, S. thinks, “they’re usually the brightest.” S. has a friend on the soccer team who she describes as, “non-ADHD... straight-brained.” This friend writes her notes, turns in all of her assignments, and goes to the weight room earlier than when she is supposed to be there. S. will at times ask herself, “God, why can’t I just be like that?” However, S. knows that this friend envies her because she can not go to class for a week and still get a better grade on the test. According to S., “I just think the world is made for people who are normal. And that we are starting to make adjustments for people who have a little bit out of the ordinary brains, but we are not even close yet. Especially in our school systems.” S. recognizes that she has challenges, by noting, “I guess since the rest of the world can do most of the things that I can’t do, normally, it just makes it that much harder.” However, with accommodations “it just show that if you can alter the system to fit alternative minds... it just helps so much and you can really get the potential out of people.”

S. has begun to think about the future. She would like to go to law school and become a lawyer. S. is not sure how long this will take, but knows that it is what she wants to do. “I love to argue my point. I love to win. I love debating,” says S. In high school, S. would appeal her absences. She says, “I used to love to go in there and argue my point.” S. would often refer to the district’s attendance policy to make her arguments. S. also likes to argue her parking and speeding tickets. If she decides to go to law school, S. is concerned about being in school for the next eight years. She would be 26 years old by that time, and she wonders, “Okay, when am I gonna have a family?” S. wants to be a career woman, but she also wants to have a family. At this point, she is unsure as to how
she can balance these two topics. S. does not want to have children before she can support them, and is concerned that pregnant women are looked down upon in the workforce. She is also worried about the amount of paperwork that comes with being a lawyer. However, S. says “I figure I can hire someone to do all of that.”
Cindy- Level Four

School has been somewhat of an enigmatic experience for S. She has alternated between doing very well academically to very poorly, as well as functioning somewhere in the middle of these two extremes. In elementary school, her teachers considered her to be very bright and did not demand much from her. When she moved to middle school, S. discovered that they were teaching many of the things that she had already learned. Since she saw no point in this, her grades began to suffer. In early portions of high school, S. was home schooled, which allowed her to work and study at her own pace without the worry of traditional grades. After re-entering high school, S. did well academically because she was excited about being around and learning with other students. Eventually though, the novelty of this setting began to wear off, and S. once again began to do poorly in academic subjects. By her own admission, S. did not perform up to her potential academically. However, since she did well enough, S. was not referred for testing or evaluation regarding her ADHD.

S. believes that her parents knew all along that she had ADHD. Her mother had acquired many books in an effort to learn more about her husband's behavior, which was similar to that of S. S. herself read these books and realized that she probably had ADHD. Believing that she would have to take medication, S. decided to not get tested for the disorder. S. thought medicine would change who she really was, and did not want to have to alter herself in order to fit in with others. She continued to have a difficult time in school, especially with getting to class on time or at all, for that matter. To deal with this, S.'s parents told her that she would have to deal with the consequences of her own behavior, such as when she skipped or was late to school. This approach resulted in S. learning how to self-discipline herself.

When she started applying to colleges, S. began to realize that it might be better if she were diagnosed with ADHD. Doing so would allow post-secondary institutions to review her high school transcripts knowing that she had the disorder, thus increasing the likelihood of acceptance. She was tested and identified with ADHD. S. was placed on medication at this time, and also was put into a program which allowed her to take courses at a local community college to earn both high school and college credits. S. continued to miss class while in this program, which negatively affected her grades. However, since earning a high school diploma was important to her, S. took several courses during the last semester of her senior year in order to graduate.

S. did not transfer any of these earned credits to her present college because she wanted to start off with a clean slate. Academics continue to be difficult for her at the post-secondary setting. S. remains conflicted about school, because she knows that she has the potential to do well, but is hurt academically by not attending class regularly and not always staying current with the readings. While S. believes that from the outside it might appear as if she is doing okay in school, within her she feels as if she should and could be doing better. At this point, S. would rather not study the extra time needed to get the higher grade, as she prefers to take the lower grade and use the extra time as she can.
wishes. College is made more difficult for S. by the fact that there is an emphasis on self-discipline, and no one makes her attend or do the required work.

Soccer has provided a tremendous boost to S.’s self-esteem. It has allowed her something in which to excel, and provided an outlet for the energy that builds within her. By her own account, soccer has regulated her life and kept her on track. S. knows that without sport, her life might have turned out much differently. However, it has been difficult for S. to balance what she sees as three different lives: the life of the student, the life of an athlete, and life as a person separate from school and athletics. Trying to maintain these three different identities cause S. stress, and results in her being overwhelmed at times. ADHD has also caused difficulties for S. in some of her relationships, from family members to referees. To deal with this, S. will often engage in self-talk to calm herself down and diffuse the struggle.

One of the relationship difficulties that S. currently experiences has to do with her current coach. While she was playing club soccer prior to college, S. could keep her athletic life separate from her everyday life. Now that she is in college, S. believes that this is not possible and that her sport identity is commingled with the other aspects of her life. S. feels as if she is constantly watched, and that her life is controlled and dictated by her coach. S. does not gain as much enjoyment from soccer in college, due in part to her belief that the coach knows about or will find out about anything that she does. While her coach is aware that S. has ADHD, S. does not think that the coach understands her or how significantly the disorder affects her functioning. Since she struggles somewhat academically, S. believes that the coach holds this against her and considers her to be a bad person. By S.’s account, she and her coach have vastly different personalities, and this contributes to their interpersonal difficulties. S. sees herself as impulsive and more prone to alternative ways of doing things, while she believes the coach to be more traditional and conservative. S. feels pressure to transform into the coach’s ideal of what a player should be like. However, due to her own stubbornness and independent nature, S. resists this change.

S. currently takes Adderall as a form of treatment for her ADHD. When she is on the medication, it is easier for S. to deal with her academic demands. She can work on her assignments well before they are due and will not procrastinate as much as she does unmedicated. Thus, medication helps S. to attain higher grades. Taking the drug also helps S. to balance the different parts of her life: social, academic, and athletic. S. feels that if she took the drug consistently she could achieve a very high GPA. However, there exists a cost for S. when she takes Adderall. She feels that the drug changes her core personality. S. believes that the drug hampers her socially. While on the drug, S. considers herself to be socially boring, and that it slows her down and places her off to the side. Therefore, taking the drug results in an internal struggle for S. Although she knows that taking it will benefit her academically, S. also believes that the drug changes her into someone she is not entirely comfortable with. A person close to S. also questions her regarding what she is going to do when she can no longer rely on the medication. This also results in S. feeling pressure regarding her usage of Adderall. Additionally, S. holds differing feelings regarding medication and athletics. When she is training, she
prefers to take the drug because it helps her to stay focused and not be bored. However, when competing in games, S. prefers to be off the medication because she believes that she is more alert and impulsive.

S. has received accommodations to help her deal with ADHD. When she took the SAT, S. was allowed extra time and a quiet testing room. S. acknowledges that without these accommodations she could not have attained as high a score as she did on this test. However, receiving these accommodations has caused some anxiety for S. because others have told her that it is unfair that she was granted them. S. has also investigated getting accommodations from Disability Services for Students. While she did inquire about receiving extra help from DSS, she missed a scheduled appointment with a counselor there, and has not followed up with another meeting. S. recognizes that accommodations could and would help her academically, but she has resisted establishing a relationship with someone in this office. At this late point in the semester, she does not want to initiate any contact because she fears that professors will question why she waited so long to set something up with them, and that her instructors will look at her differently if she admits to her disability. Again, this sets up an internal struggle within S. While she knows that accommodations would benefit her, S. worries about how others will perceive her and admits that it is difficult to ask for help.

Through a process of trial and error and learning from her mistakes, S. is growing more accustomed to living with the disorder. She obtains notes from others in her classes, since taking notes is difficult for her. S. also has friends help her to follow through on things that she has set up, and leaves notes reminding herself of important dates and assignments that are due. By self-talk and regulating her own behavior, S. has learned how to better cope with ADHD.

S. does not believe that others fully understand what it is like for her to live with ADHD. By her own account, S. feels that others see ADHD as an excuse for being lazy, and that those with it are seen as stupid and unmotivated. For S., even those closest to her do not comprehend how difficult and challenging the disorder makes her life. S. does not feel like she fits into the system, and this in turn causes her trepidation. To counter these misconceptions that others hold, S. has developed her own beliefs and feelings about the disorder. S. feels that those with ADHD are usually the brightest students, but that current educational practices make it difficult for those with the disorder to succeed academically. She contends that if the system were changed to meet the needs of those with alternative ways of learning, that she and others like her would do better in school. S. states that by giving these students the accommodations they need, then they would find academic success. Interestingly though, S. has to this point chosen not to set up any of these accommodations through DSS. The pressure to be "normal" and to fit in with other students without the disorder is perhaps stronger than S.'s desire to self-disclose her ADHD and get the special attention that she needs to fully succeed in the classroom.

S. has begun to contemplate the future. She is considering going to law school because she enjoys debating and arguing her point. However, this goal is resulting in some apprehension for S. To do so would result in several more years of school, and S.
worries about what impact this would have on her desire to start a family. S. also realizes that law school would mean a great deal of reading and writing, things that she struggles with due to her ADHD. She also understands that being a lawyer brings with it a great deal of paperwork, which is also not one of her strengths. As S. progresses with her collegiate education, this struggle with possibly intensify as she nears completion of her undergraduate studies.