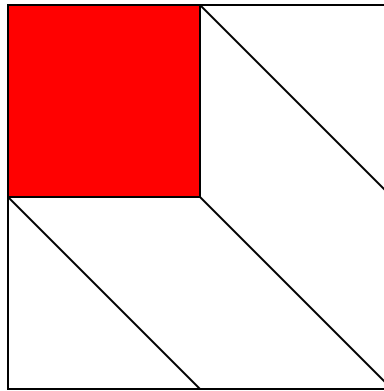

The ADHD Experience: An Investigation into the Minds and Thoughts of Individuals with Attention Deficit Hyperactivity Disorder



Conducted by Sebastian Lowe of the Deerfield River Section
at Four Rivers Charter School in Massachusetts
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Introduction / Prelude to this I-Search Paper

“For ages, mind and matter were thought of as separate entities, and temperament, which was considered to be a purely mental or physic phenomenon, wasn’t considered a proper pursuit for scientists studying ‘real’ events in the natural, physical world” (Woods and Ploof).

These are the words of Sandra K. Woods and Willis H. Ploof, the two authors of *Understanding ADHD: Attention Deficit Hyperactivity Disorder and The Feeling Brain*. In them, there may be seen a dense contrast of scientific values regarding the physical and mental self; the two were separated, and thus, did not necessarily relate to one another in any level higher than, say, two different people living in the same apartment. In today’s world, however, there seems to be an evolution of what psychiatrists and scientists believe. Not only do the mind and the physical self reside in close proximity of one another, they are intertwined, and both may depend on one another. It is important to think about how psychiatry and psychology regard the complex human body and the even more complex issue of consciousness and behavior, both of which seems to have their roots in the physical brain. It may, however, be even more important to not jump to conclusions. For a long time humans have questioned the fundamental nature of the world and our place in it. People have asked from where our behavior really comes from: perhaps our souls, embedded in the depths of our being; or does it come from the environment around us, or from our mother and father? Such questions can not easily be answered, and for now, it seems like we may never know the truth. However, there does seem to be a trend, a consensus, that our behavior may be influenced by our bodies.

When I chose ADHD as my topic, I wanted to see through the surface of the condition, and explore the experience of ADHD in itself, within human beings like me. One of the more difficult parts of human nature is that we cannot see exactly how someone feels just by looking at them. We can make assumptions, we can generalize, and we can label, but we cannot know how it feels to be that person. This question, the question of “being,” is one of the emerging questions facing scientists in our new millennium. As my grandfather once wrote, “We can see what bats are and what they do, but we can not know how it feels too actually ‘be’ a bat.” Because I was once a candidate to receive treatment for ADD, I may be closer to knowing how it feels than anyone else, but my experience is far from complete. I hope to gain a better understanding with this project, and to return to an old but wise saying: “It’s the thought that counts.”

Gathering and Conducting the Interviews

I interviewed three 10th grade classmates, all of them males, none of which were my age at the time. Two had ADHD, one had ADD. Because Four Rivers Charter School, my immediate environment, already included several possible candidates, I did not have to face the frustrations of finding other individuals; everything was arranged within the school itself. This sped things up, as I never found myself in a situation where I was not in control; it was up to me to approach people and set plans in granite. Soon I secured three interviews, two of which took place after school on a Wednesday. This meant that I had a computer available to me directly after the interviews took place, so all the things that I needed for a write-up were still fresh in my mind. The environment was controlled, and in some ways ideal.

My digital voice recorder was instrumental in my extraction of meaning from the

interviews. It meant that direct quotes were not a problem, and that recalling the essence and meaning from the other person was much easier. It also eliminated the need for notes: a great way for me to use my time for more important elements of work, such as writing up the interviews directly from the conversation as they occurred.

Story of the Search: The Amherst Trip

On the 14th of May the entire 10th grade, encompassing both the Deerfield and Connecticut River sections, departed from Four Rivers Charter Schools on a trip to UMass college in Amherst. We left at the start of the school day, cutting the entire community meeting and our first few classes in the process. Soon I found myself stepping out of our bus and onto an interesting campus, with one particularly large building looming ahead. This 26 floor behemoth turned out to be the UMass library, and the inside of it was a hive of activity: computers are arranged and displayed all over the place; there was not a moment when a desktop was not in my peripheral vision. Students were sitting down working, some looked tired and some looked wide awake; there were coffees placed next to some of them. No sooner had we collectively descended to sub-ground level when we were greeted by a large, smiling, and altogether genial man, who immediately began to impress upon us why we should be so impressed. We followed him like children following a piper; all the while he spoke about how this library was, in fact, pioneering the way for a new and improved generation of libraries, with computers and wireless internet becoming standard in the near future. It's all quite interesting, but the show was soon over, and we were all sent on individual missions to fetch books that would help us on our various projects.

I found myself walking to an area of elevators, four in total. The tenth grade class of Four Rivers made its way, with a certain kind of hive mentality, upwards: together, we formed a vertical assault on the books that rested above each of our heads. I needed to go to the highest floor, the 26th, and so that was where I went. I rummaged around and found my book, but not before I had taken a look out of a nearby window and witnessed a view that was beautiful and unsettling at the same time. Having found my books and seen the view, I made my way back downwards. Many of us had gathered around tables in the center of the sub-level, and notes were being taken. I found myself with two books about ADHD, one of which stimulated my thought that ultimately lead to the prelude to this paper.

Background / The Western Way: Treatment of ADHD in America

Many studies have shown that the most efficient and effective way to treat ADHD is with stimulant medications. The most common of these treatments are methylphenidate (Ritalin), amphetamine (Adderal), and dextroamphetamine. These drugs have been concluded to help children and adolescents with ADHD overcome their lack of attention, to provoke new focus in schoolwork, and to tame hyperactivity (Attention-deficit hyperactivity disorder). Such substances will produce similar results in regular humans without ADHD, and thus are sometimes subject to abuse (which has lead to some controversy on the subject of ADHD medications). Most ADHD treatments (all but Adderal, which is prescribed to persons age 3 and older) are prescribed to children 6 and older, which make many medications of this kind inaccessible to certain people. (NIMH).

Such medications come in several variations. Adderal, for example, can be prescribed in varying degrees of active ingredient, which include 5, 10, 15, 20, and 30

milligram strengths. There are also so-called “extended release” (XR) versions of the medications. Many medications besides Adderal are available in different dosages (Novartis).

The dosage of any given drug is an important decision, usually made by a certified psychologist, psychiatrist, pediatrician or neurologist (social workers do not have the authority to prescribe medication) (NIMH). Because dosages and cycles of activity relating to the drug vary, it is important to determine which prescriptions will be made to children or adolescents. Younger children will generally be given lower doses, which then may be raised accordingly should the need to increase the dose present itself. Adolescents and adults will be given higher dosages by default (Attention-deficit hyperactivity disorder).

It is important that children be given their doses consistently, without fail. Missing a dosage can mean that the last dose can wear off before a new dose takes effect, meaning that the child is made to suffer without need. Panic about the missed dose could result in paranoia, along with returning hyperactivity symptoms (Woods and Ploof).

Are We Handling Things Wrong?

Our Western culture seems to place emphasis on convenience, the subduing of symptoms whilst ignoring the root of the problem. There are methods of treating excessive inattention in ways other than stimulant therapy. Meditation and time spent outside are both natural ways to deal with ADHD without the use of generic chemicals. Also, having an animal about the house can give a child something to invest in.

Children with ADHD have a lot of energy, but this is not necessarily a bad thing. I have heard ADHD being likened to watching several television screens at once, and I

agree: nothing escapes the attention of a child with this condition. Among a tribe in the ancient wilderness a man would be required to hunt down food. This task required tracking and paying close attention to everything going on, something that the ADHD child displays in vast amount. Historically, ADHD would have been a virtue, something that not only encouraged survival, but probably warranted respect from other tribesmen. Today, the education system has taken such children and put them into a situation that is out of context with what nature has overseen thus far. Students are expected to sit down, be still, pay attention to one thing, and behave. This is against the personality of such students, but instead of changing the public school system to better accommodate these students, we sell them overpriced stimulants that, while effective, can slow growth and artificially change the personality of those who are affected.

I am personally of the opinion that we, as a society, are taking the wrong attitude when it comes to things like ADHD, which have complex biochemical relations in the body. We give young children drugs so that they are not a disturbance, which is a perfect example of the “solution” causing more harm than the problem. Other people’s drugs can end up in our drinking water; we don’t educate other students, we just change our more energetic ones so that they better resemble the others. We are standardizing our naturally diverse students. Ultimately, the Western world must stop viewing ADD and ADHD as problems with the students themselves. We must start acknowledging that such classification, while in existence, is largely based on the woes of the public school system. There are adults that can effectively multitask: they turn their “problem” into an advantage, and a real one at that. We must start showing these unique individuals the

right direction to go in, and offer them the services they need, even if it means starting new kinds of public schools.

In the meantime, drugs that can tone down the symptoms of ADHD have great potential for misuse. Just as coffee can provide increased wakefulness and mental clarity, amphetamines and methylphenidate can simultaneously produce such effects to greater degrees while inducing excitement and euphoria not incomparable to the effects of adrenaline. These drugs are addicting, and can leave users depressed and sleepless. Nothing special is required; the situation could not be simpler for would-be abusers: buy a pill or two and swallow. The demand for such substances can develop into a profitable black market that flourishes in the high school environment. Impressionable students can be convinced to sell their medication to other students who are eager to obtain such drugs for relatively low prices. These students are finessing the system, using drugs to study all night for tests and to gain the performance-enhancing effects of such strong physical and mental stimulants.

It has been argued that the situation is not as bad as all that. America is already notorious for its caffeine-hungry consumers; coffee can be purchased from almost anywhere, from airports to gift-shops. This plant, while not immoral or particularly harmful, is, in fact, a mild neurostimulant, and has been used for centuries by many cultures to promote wakefulness. Amphetamine, although chemically different from coffee, produces effects that are somewhat comparable, albeit to a much amplified effect. Because things like all-night studying and intense workloads can be made less stressful and easier by strong stimulants, on the surface it would appear to be a good thing that people are taking these drugs as opposed to other, more dangerous substances like

Cocaine. I think that this mentality is foolish. While these drugs do have a legitimate use, it is wrong to offer them to American consumers who do not need them. Workplace expectations would quickly rise with the presence of this new breed of drug, just as they did when coffee was unveiled. I don't like the prospect of a future where pills can be spilled out of a container and into brown-bags like coffee beans, or the possibility of pills being handed out to cubicle office workers to make them less tired. We would turn into a race of machines. We will lose part of our humanity when we sacrifice our normal mindset for a more work-efficient one that is tailor-made for businesses-interests and poor farm workers. I don't like this future, and it can be ensured not to happen by lowering our Ritalin-prescription rate as soon as possible. It is not extremely difficult to obtain such a prescription, because ADHD is diagnosed with a combination of behavior-assessment techniques and knowledge acquired from teachers and parents about how the child is handling life at home and school. This being the case, someone wishing to obtain a prescription needn't have much besides acting lessons and a taste for strong mental stimulants. This must be stopped if we are to have any hope of curbing the trend of prescription drug abuse.

The Economist magazine, in its 'science and technology' section, wrote the following:

“Mind-expansion may soon, therefore, become big business. Even though the drugs have been developed to treat disease it will be hard to prevent their use by the healthy. Nor, if they are without bad side effects, is there much reason to. And if that is so, there may be a very positive side-effect on the profits of their makers” (All on the mind).

Although ADHD was not the topic being discussed by this excerpt, such drugs already exist, and indeed they are already big business. Novartis, the multinational

pharmaceutical company responsible for Ritalin, had a revenue of 37 billion U.S. dollars in 2006 (Novartis). There is much money to be made in the market of generic drugs, provided enough people feel that they need them, which is just what is happening with Ritalin: children who don't need the medication are given it anyway by distressed parents; doctors do not hesitate to recommend stimulants. Not only do these drugs have a number of adverse side effects, such as insomnia and loss of appetite, they can also cause a stop in growth (which can only be deflected by "drug holidays" where subjects do not take any medication for months at a time).

It is not hard to see how prescribed drugs will be taken for "off-label" purposes en-masse if they promote mental clarity and have no side effects. This might mean less people are subjected to complications, but at the same time it means that we are getting even farther from nature than we already are, along with putting a lot of money into the hands of corporations who already have more control than is necessary in the everyday lives of American citizens. A typical CEO would gladly take the money of our people in exchange for cheap drugs. Whoever resigns to that corporation's product is now essentially dependent on that business to make it through the day. It's one of the largest swindles ever, and one of the reasons why this country needs a new health-care system, where more people get what they need and fewer third parties can make astronomical profits. It is also possible that such a situation could alter the foundation of American values, where suddenly humans are turned into organic machines for no reason other than to put money in the already-bulging pockets of corporations. This is something America does not need.

Jakob Dubreuil, Student

Interview conducted May 14, 2008, at Four Rivers Charter Public School

Jakob Dubreuil enters the room with me, a space devoid of people save for him and myself. Jakob seems to walk with purpose, as if every step he takes is a step for a reason. We sit down, whereupon I produce my voice recorder and give a brief explanation of its function. Two tests of its ability ensure, as I wished to have useful documentation of our conversation. I am the first to speak; I tell Jakob that he may talk freely, that my reason for choosing ADHD as a topic was because I was interested in people, and that the project is not just about ADHD, it is about him, my fellow tenth grader, male and human being. I offer my salutations, and he nods his head in casual acknowledgement.

Jakob found out that he had ADD in seventh grade. He was tested, he recalls with a laugh, right next to the Laser 99.3 radio station. His diagnosis was followed by a prescription of Ritalin. He eventually stopped taking the medication, but a conversation with his doctor at an appointment brought up the subject, and soon he was taking methylphenidate for a second time (to see if it would “help out at all”). This was in eighth grade. Jakob tells me that his treatment has changed before, making a quantum jump from 10 milligrams to 40 milligrams, a thirty-milligram difference. “They didn’t go in smaller steps,” Jakob chuckles at the memory.

At the time Jacob’s outlook on life did not change at all, he tells me, because he didn’t care. He didn’t have a clue what ADD was. Hearing this, I find myself looking back in time as far as my consciousness would take me. When did I find out that something was different for me? I did get tested, but at the time this did not mean anything to me, it didn’t register. Thinking about it, I did suspect that the various

symbolism and presentation I was supposed to decipher did mean something deeper, some test of my ability, but I did not give this any more thought.

Our conversation turns to ADHD (in his case, ADD) and whether or not it is an inherited trait. “I would imagine it’s partially inherited,” Jakob muses, before indicating that he and his father have certain things in common, such as memory abilities that are much alike, and similar issues focusing on one thing. I find myself with the idea that parents do play a part in the process. I ask Jakob if he thinks his treatment is effective, and I am not surprised by the answer. Although the help with remembering things is minimal, it does help him stay on track (more), and gives significant aid in terms of focusing and listening. In other words, the claims made by various studies seem to have merit; and that Ritalin, at least, does “work” in everyday life. I make a mental note of this legitimacy, saving it for later.

Jakob acknowledges that on some days he can feel completely different from other days. “Sometimes when I take it [Ritalin] I feel like...I feel really good, because I’m listening to the person better, and if I forget it then I’m just a complete jerk because I don’t pay attention and I just get...wicked distracted.” Jakob talks to me as if I was a personal friend, and I almost feel like I have been given a free ticket to inside his head. I can see that he means everything he says, and he seems to think and choose just the right words to describe what he means, if he thinks that he hasn’t done his thoughts justice with vocabulary the first around. I note how this contrasts vastly to the torrent of words and changing pitches that I have observed in other, more social students at my school. Every word has to make sense for Jakob; every syllable has to be carefully placed and

constructed into purposeful sentences, often simple but utterly honest, never esoteric, but always interesting.

He has been misunderstood before, just as everyone has at some point. When people make comments, “because you take pills or whatever,” then Jakob does feel bad. As one may expect, it hurts his feelings, and he passionately explains to me that would-be commentators should look into whatever it is that are making fun of. Jakob also references the diversity of people in terms of sensitivity; person A “could care less” about something, whilst person B could be “really really hurt by it.” This is the most intense part of the conversation, I infer, because Jakob seems to be taking an opportunity to say something to one who is totally open to listening. I am grateful to be so entrusted.

Jakob suspects that most of the time people don’t know he has ADD. He does, however, make clear to me that if he gives someone that personal information, then they should be respectful, and not go and “tell the whole world.” However, if that’s what happens for Jakob, then that’s what happens for Jakob. “If they do, they do.” He doesn’t think it would really affect him that much. “Most of my friends wouldn’t care at all. They’d be more understanding about it.”

Jakob is dependent on his medicine, as the effects it bestows on him socially have improved his relationships with friends and other students. Because of this Ritalin is a two-edged sword, as his social problems can return when he inevitable forgets it, creating a seemingly arbitrary gap in the way he carries himself. Things are getting better though, not least because Jakob is becoming more independent, and better at not blaming his medicine for problems at school. It’s also getting easier for him to talk about it, openly, with other people, something that might at one time have been something of a secret.

This part of the conversation does concern me, as the idea of someone relying so heavily on their medication to support their life does not strike me as a good thing, though I am happy that this is diminishing. Even so, I give Ritalin a negative point in my head.

Jakob has always been interested in “models and stuff.” He can concentrate on things he is interested in no differently after taking his medicine – things have stayed mostly the same. However, he does have more patience, which enables him to spend more time doing things like reading the directions thoroughly, and thinking through the building process more. He already had the passion of an engineer; all he needed was the discipline. I look forward to Jakob’s future in a job that he genuinely likes.

There was real trouble for Jakob in elementary school regarding homework, and I grin a little on the inside: somehow, I knew this might be the case, just as it was for me. At first he didn’t reckon that his ADD had a lot to do with it; it was his lack of interest and knowledge of presentation. He didn’t know how to do it, and that was the problem, which lead to the issue of not wanting to try due to frustration. I know just how he feels. Spanish was a large problem for me as well, although this was not necessarily because I was not capable of doing the work, but rather, because I couldn’t understand the directions, which were written in Spanish. Jakob had similar problems with understanding directions. As we talk, he tells me that it might, in fact, have been the ADD, as he had trouble listening in class and understanding what he needed to know for the homework. At any rate, he has gotten a lot better as of late, with school subjects “getting easier as I go.”

On this note, the conversation develops into the subject of high school. I ask Jakob how he thinks that ADD and ADHD could be better supported in that environment.

This provokes a few seconds of silence; I believe I have asked Jakob a probing question, one that is making him think. When he answers, he tells me how conditions like ADHD could be explained in health classes, to give other students information to help them recognize and mutually respect the condition. This measure, however, need not be to a high degree; it should be touched upon, but not taken too far (for example, an entire class dedicated to the subject would not be needed).

In the next few years, it may be possible to ensure that children are not born with ADD and ADHD with the use of advanced genetic technology. Jakob is not going to take that route. He would rather his child or children be born naturally, to whatever end. “The kid wouldn’t be who he is if I changed it,” Jakob says. “If he was born a certain way, it happened for a reason. So...I wouldn’t change it, personally, because I know I could help him get through it, or she get through it, because I’ve been through the same thing.”

If Jakob could snap his fingers and find himself without ADD, would he go for it? No. “Personally I think it’s made me stronger as a person, because I can deal with...bigger problems than most people. And it’s a problem you can’t fix, you can temporarily fix it, but it’s not...like a broken leg or something.” It’s nothing Jakob can’t handle.

Randall Morrison, Student

Interview conducted June 1, 2008 at Four Rivers Charter Public School

Randall, a fellow eating enthusiast and classmate at Four Rivers, looks and behaves like no other person I know. He serves as my context for a kind of hybrid human; a cauldron of traits put together to make an appearance that no one will soon forget. He is large, not only in the physical form but in the mental, with a personality that

is about as far from robotic as anyone could think, unbounded and without limit. His face is good natured, and when he smiles it seems somehow jolly and pleasant; his positivity fills the room. Altogether, he is the perfect picture of yin and yang, a mix of Santa Claus eccentricity and history-teacher seriousness.

I had talked to Randall before, and I was always interested in what he had to say, because he never holds his opinion back. In class he says what he thinks needs to be said, and nothing seems to escape his gaze.

I was on the Second Floor learning center in the Four Rivers High School building when Randall enters the room. There is one other person around besides the two of us, and I move our table over to cut down on background noise. As usual, I had my digital voice recorder, and the two of us wasted no time in getting down to business.

The first time anyone ever knew about Randall's possible condition was in second grade. One day he became so angry at a teacher that he picked up a chair and threw it at her. "That's when they really started looking into me," Randall says, as if he is drawing the memory from his mind like a spinning wheel. After things had been investigated it was found out that Randall had ADHD, Bipolar Disorder, and "a little OCD."

As with the other people I interviewed, Randall is not certain when it comes to the question of ADHD and inheritance. He indicates that a stressful point in someone's life could possibly have something to do with the matter, but did not offer a definitive answer.

Randal's methods of treatment seem to change like the weather, with one thing being prescribed one month and another thing being handed out the next. "For the longest time they were experimenting on what combination of medication would work on me,

and they realized after a while that certain medications had to be at certain times of year,” Randall says without a pause. In this way, Randall does not have a set-in-stone treatment plan that others have, nor is he typical in that he seems to have a cycle-plan, with certain things being given over certain time periods, not unlike the fruits that change with the seasons. The most recent medication that Randall was on was Tegretal, in both 200 and 400 milligrams, along with Clonidine. Topamax, a migraine preventing substance, was the latest, and there were others, which seemed to have escaped his mind today.

“At first the medication made me seem calm, and basically mellow. I had a doped up feeling; they kept me from bouncing off the walls, and as the years gone on more recently I felt like I no longer needed them, so I took it upon myself to slowly stop them, and basically work at it even more myself and now I’m more upbeat, happy, and more talkative than I was before, more open and outgoing, now that I’m off them.”

Randall’s situation is unique, in that he has slowly begun to push his drugs aside and learn to live without them. He described the “doped up feeling” as increased somnolence and laziness (“more than I am already,” he jokes), as well as a feeling of solitude and quietness, keeping to himself, subdued. It’s hard to imagine Randall lacking the enthusiasm he so often brings to school, but apparently this is just the kind of thing that the medication succeeded in temporarily eroding.

This says a lot for both Randall’s personality, both past and present, as well as the nature of drugs, which he is now becoming more independent of. While Randall does confirm that his treatment worked, he also gives adequate reference to the way in which the medication itself changed his personality. Randall’s situation might be one that others could look to for inspiration to break away from their medications, which can be

addicting for some and miserable for others. Randall is taking things one day at a time, picking up steam and growing stronger like a vine, reaching ever higher towards the sunlight. “The way I feel now I actually feel better than when I was taking them,” Randall confides. “I...guess I’m able to express myself more.”

Social problems have made an appearance in Randall’s life. Sometimes the words that he says are misinterpreted by those who hear them, meaning that offense can be taken from words where no insult was intended. In other words, people have misunderstood the verbal essence in which Randall expresses himself: the problem is communication. “Sometimes when I’m being serious and joking I kind of have the same tone of voice,” Randall says, referring to how misunderstandings could ensue from the sometimes-ambiguous line between jest and earnestness that can be found in his voice – almost as a monotone.

There is an emotional ambience to Randall as he recounts his experience of pre-Four Rivers education. “All of elementary was just horrible,” Randall says, and I can almost feel the bad taste in his mouth. He had few friends or none at all, and was bullied, made fun of, or shunned. He was excluded from social circles, and picked last in sports. Things became so bad that Randall came to Four Rivers Charter School in seventh grade, the same year I joined the institution. Things were that bad.

For Randal, time does not offer a complete heal for memories like this. The most that can be done is to shove such unpleasant thoughts off to the side, discarded, where they don’t have to be given any attention. At any rate, time does not offer a full solution...but after all, as Randall inquires with the metaphysical gleam in his eye that everyone has at one point seen, “what is time?” We didn’t ‘have time’ to ponder that

further, but those few seconds offered an insight into Randal's mind that I am happy to have witnessed. Despite his balanced duality between seriousness and comedy, Randall remains a thinker, perhaps deciphering the mysteries of the universe while everyone else worries about homework. My fantasy lasts a few seconds, but then it is back to business. Because after developing a thick skin and becoming a little bit older, things seem to be looking up for Randall. "I guess you evolve in life, emotionally, physically," he ponders. It's not hard to become excited over great quotes like this!

In elementary school, homework was not nearly as bad as it could have been. Time allowed for such assignments was allotted within the main school day, meaning that it was possible to find oneself without work to do during the post-school day. Middle school was more frustrating, because no such time for work was arranged in class, meaning that more work needed to be done at home. "It's kind of difficult to do homework at home," Randall confides to my nodding cranium, "but I've been doing better at that lately." For the reason that homework becomes much less of a problem when worked on or completed at school, the time prearranged at Four Rivers is an unmixed blessing – although Randall readily admits that some days this valuable time won't make much difference. "Occasionally I just feel like my brain isn't able to work, so I'll just do something simple and easy." Whether or not this means easy schoolwork assignments or simply just drawing was not clarified, but the message is there: sometimes, school can tire even the most enthusiastic of people.

Randall works well on tasks that have priority for him. He can multitask, and if something needs to get done, it will get done. However, like almost everyone else, it can be difficult to hold onto something indefinitely. "I could get distracted, occasionally.

Like, if someone walks by or something I'll quickly glance up to see who." That's also something about Randal: nothing escapes his attention. If something moves, he wants to know what; if a door opens, he wants to know who has arrived.

Randall doesn't like the idea of being held to someone else's agenda. "I like to do things at my own pace or free will," he says, referring to how repetitive or monotonous tasks can expect to not receive his willful commitment. In gym class, he won't like being told to run, even if that's what more or less must happen. Once things are at a rate on par with Randall's ability, he has no problem doing them.

When it comes to ADD and ADHD as labels, Randall thinks that people with these conditions should not be pointed out or made obvious publicly. Unless there is real harm being done to such people, in terms of peace of mind or tranquility of action, things would be in good faith to stay as they are. The health class here at Four Rivers needn't discuss such topics, unless there are individuals who need to be given information, whereupon knowledge and help could be offered to those who are being disrespectful or oblivious. In other words, things should be dealt with on a personal basis, with any problems being resolved privately, not publicly.

As for the future, Randall is ready to tell me that he would not have his children tampered with, even if that did mean they had no chance of being born with ADD or other complications. Messing around with the DNA is not an option; if it happens, it happens. "I...wouldn't want to drug them up on like a thousand different things." Instead of avoiding the situation, Randall would instead master it, and that same philosophy applies just as much to his children. "Kind of what I'm doing now is basically: adapt to it, and basically try to work around it." Instead of just simply handing out drugs to his child,

he would rather work with him or her hands on, while trying to “keep anger and violence out of it.” This is another testament to Randal’s strong personality: he never takes the easy way out. It will obviously be much more of a challenge than simply obtaining a prescription, but Randall is willing to do the hard work for what he feels is the right way of doing things.

This is yet again proven at the end of our nearly half an hour conversation. When I asked if he would choose to be without ADD in just the snap of a finger, it was hard to imagine an affirmative answer. “There’s a ton of things that happened in my life that I wish I could snap my fingers to change, but then I wouldn’t be here the way I am now,” Randall articulates with absolute honesty. So, it’s made him a stronger person then? “Yes.” And, on this note, our interview is finished.

Beck Andromeda, Student

Interview conducted May 17, 2008 in Ashfield, Massachusetts

I made a trip to Ashfield, MA, to talk to Beck Andromeda, who had given me the privilege of asking him questions. The area around his house is quite beautiful, with trees bursting with green and the sky a welcoming blue. I did not know what to expect, and I was naturally surprised to find myself looking into a genial, smiling face, one that I recognized as belonging to Beck’s brother. I asked him if he knew where Beck was, and at that moment I heard his voice, coming from the direction of a house just a few feet away. My father drove up to meet him, and I, having gotten out of the car a moment earlier, walked slowly up after him. There was Beck, 17 years of age and with a curious look in his eye that never seemed to leave. I had talked to him before, and he seemed the type of person who was just as amazed as I was to be alive, with the question of how and

to what end always floating around when there is no other question left to ask. He greeted me, and I was shown into the area around his house, where other children were working on some task or another. I immediately notice a black-coated dog that skulks around, and, of all things, a duck. “Mack,” the duck smiled, “mack mack,” with a psychotic look in its small black eyes. I stand still awkwardly, not quite sure what to do next. Beck doesn’t seem to care that I’m standing idly; he goes right away showing me things. “This is our duck,” he says, “This is our dog,” “this is our fish pool.” Indeed there are a lot of things to look at, with no pattern at all to be seen, just a random assortment of items placed arbitrarily around the garden for no particular reason.

Presently Ruth, Becks’ mother, comes out of the house, and my father says something to her. Eventually she asks me if we should do our interview inside, and I agree, knowing things will be less loud and energetic there. We make our way in, sit down in the chairs that are in the room. I lift my armchair over to be closer to them, remembering that my voice recorder would be useless if I was far away from the both of them. I turn on the recorder and ask my first question, but I don’t get far before Ruth gives me a lesson on the importance of anonymity when conducting a formal research paper. Both people suddenly take on code names, and I make a second attempt to start the interview.

Beck found out that he had ADHD when he was six years old. He was “always looking around the room, not paying attention to anything,” and was also hyperactive, which meant that he was taken out of his classroom a lot. When I ask Beck if he thinks ADHD is an inherited trait, he answers with uncertainty: “I’m not really sure if it is or not,” he says honestly, “but it could be.”

Beck takes Metadate, Philaxophin and Prozac. They keep him calm and help his memory; one of them is an anti-depressant. He thinks that his treatment is effective. “If I don’t take my medication I get affected really badly, because if I don’t take my meds I get really hyper and really scared, and...the only way to get me down from that state is if I take my meds.” Beck’s ADHD situation would appear to be more intense than the ADD condition my other interviewee, Jakob, had. When he does have his treatment, the difference is noticeable to him as well as to other people. On the inside, something has changed.

Social problems have cropped up historically as well. “...There’s been things I’ve said and people haven’t understood them and there’s been things I’ve done and people have misunderstood that.” There have also been accusations of stealing that didn’t occur. Beck seems to remember these things with a great deal of bitterness; I find myself looking at him and seeing if he looks like the type of person who would steal things. The opposite is true; he appears more honest than I think of myself as being.

Beck’s intense hyperactivity historically led to social problems, as his classmates were not able to focus. He was shunned, having acquired a negative reputation. Things have gotten better though. His medicates have proved to be a huge help, allowing him to socialize with other people and giving the ability to maintain a constant level of energy. The benefits of medicine are apparent; Beck has found himself in a good situation.

Elementary school was a difficult time, particularly due to the subject of homework. Reading and writing were challenges for Beck, ensuring much frustration when the time came to utilize these skills. He was not able to do all the things that his classmates could do; he found himself in a bad way, as expectations exceeded his

knowledge and execution thereof. He needed extensions on certain things because, Beck tells me, of his “disability.” Up until this point I had thought little on how ADHD could actually be a disability instead of merely an impairment, but Beck’s statement leads my mind to fly a little. Perhaps the impairment is intense enough to qualify for the term “disability,” or that ones’ inability to learn in a classroom lead to a diagnosed disability. As I have said in a past, ADHD is a condition that comes from the schoolroom. Without class in school, such a condition would not exist. Whatever category ADHD falls into, it is simple enough to see that Beck can concentrate no less well on his interests, one of which is the fire department. “I love the fire department,” he confides. I nod, remembering how Jakob was able to maintain his interest in building models. Interests seem to remain irregardless of age, not changing around from time to time, as one might assume from people with such large reserves of forward momentum.

Unlike Jakob, Beck thinks that the high school environment does indeed have things the make the situation un-ideal. What does that mean? “If people weren’t like ‘Oh, he’s a really hyper kid.’ Because if they didn’t know you had ADHD and they made fun of you, that could really hurt your feelings”. The ignorance of his fellow students is something that can lead to fun being made, or classmates drawing away from the unexplainable eccentricity of some adolescents with such a condition. Beck reckons that the topic of ADHD could be discussed in health class (he is the only one of my three interviewed classmates to talk affirmatively on such a possibility), the idea being that if fellow students can understand what is going on, then there will be less bullying, labeling, or hurt feelings.

Beck will not tamper with the birth of his unborn children, should he choose to have any. “I would do testing to see if they had ADHD, and if they did I’d be fine with it and if they didn’t I’d be fine with it.” Perhaps the process of checking to see if ADHD will appear in birth is comparable to finding out the gender of a child before it is born. It could be a thing that couples may choose to find out or not. Beck has made the decision to have a peak, but that does not mean he will put his hand into the equation and change the natural fate of the birth.

As with both Jakob and Randall, ADHD has become part of Beck, intertwining and undulating into the fabric of his life. Having been present his entire 17 years of being, it is now part of his identity. To remove it would be comparable to removing one of the layers of his existence. It is quite interesting that although having ADHD has meant a lot of stress and a lot of frustration, neither of these things are enough to change Beck’s decision about having it. Perhaps if each of us had to live our whole lives in something like Beck’s situation, his decision would be obvious. Having ADHD is only having a name; it is not something separate from the person itself. With this thought in my head, our interview is concluded.

In Conclusion

ADHD can be a problem, socially and academically. But that does not make it something to be ashamed of. Quite to the contrary, it can make the person stronger, knowing that they are living with a challenge that they can overcome. Jakob described his ADD as being quite different than a broken-leg, more like a leg itself: part of him, with him since birth. ADHD can present an interesting angle on what it means to be a person. Few people think of their bodies as entities separate from the conscious mind, even if it

is. Nobody thinks of how they can be friends with their physical shells, in the same way that they can make friends with other people. But those who have lived and will live with ADHD have developed a unique bond with their bodies, knowing that the essence of the self, the person beyond the bones and neuron activity, can essentially become friends with this person living inside this organic suit. In other words, these people have learned to regard themselves as companions, in the same way that people sometimes talk when nobody is around. In the same way that someone suffering from schizophrenia can learn to ignore his imaginary companions, so can the ADHD teenager learn to embrace his or her condition as something that is not broken, missing, or in any way imperfect, but as something that is a natural part of themselves, in a way that no psychologist or physicist will ever truly understand. Everyone comes into the world with at least one friend; the conscious mind can strike up a fellowship with the physical and organic whole that serves as a living place for the consciousness. The man who plays chess with himself knows this, and soon too will the teenager living with ADHD.

Schoolmates who are not as quick to realize this subtle but important relationship can mistake something that they do not understand as something to shun or fear. This is little more than standard-issue human nature. Misunderstanding occurs because something we are not familiar with can be more safely addressed with caution than acceptance or willingness to extend our thoughts and minds, but what we are actually dealing with could not be more familiar. What we see when we bear witness to the ADHD phenomenon is simply a reflection of us as human animals. In realizing this, parents who find themselves with ADHD-diagnosed children have no more reason to react with panic than the families that bear a homosexual child: both have found

themselves with offspring that sport relationships with their bodies that challenge some people's beliefs, simply because these things are atypical, which can lead families to doubt their own bodies. This is a mirage; these families have just as many reasons to rejoice as any other family.

While there is no denying that teenagers and children with ADHD face a more difficult future than children without such a condition, the task itself is not insurmountable. With help, there is no reason why the affected person will not be able to complete school or experience a social life comparable to other peoples.

My I-Search work has taught me all this and more. It has given me reason to not fear length and volume, because if a picture is worth a thousand words, then an idea is worth a million. It has also taught me various ins and outs of Microsoft Word. And it has taught me how to research. But more than any of that, I was able to approach individuals that I would never have gotten to know otherwise and be able to openly talk to them and be talked to. This is something that I am happy to have done, because I found out a little bit more about myself along the way. Although everyone is different, I can see a lot of myself not just in my three interviewed classmates, but in everyone my age that goes to Four Rivers Charter School. There are times when I have been stressed, but that is the capitalism of my mind: pressure provides incentive to get down to business and start typing. Actually interviewing people and seeing the meaning in their responses was a kind of meditation that was strangely effective. There is little doubt in my mind that I am more socially competent because of it, and not always in the places where one would think.

I recently found myself walking barefoot down the sidewalk, and I saw a cat. There was a strange connection between us, as I found myself looking right into the eyes of this creature and bending down to stroke it. This cat rubbed up against me in a distinctly loving way. I am certain that this cat was a sentient creature that could think, feel, and understand in just that way that I can. I put forward a peaceful gesture to this animal as I had never done before in my life, and the cat did likewise. There was a mutual feeling of compassion between the two of us. I mention this story because I have experienced a much improved connection to my fellow classmates of a similar nature. We are not interlinked because of genetics; we all stand on common ground for a simple reason: we exist; and can acknowledge existence. Anyone who works in the fields of psychiatry or psychology knows a close relationship with their patients; therapists make money by claiming to care and think deeply about the people with money enough to afford their services. Without knowing it at the time, I have now come to realize that my relationship with everything alive has improved. After conducting my I-Search, I am both back where I started and miles ahead; I have gained nothing tangible, yet attained much that is not; and I have found many things, and yet only one thing: myself.

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Appendix

I asked all three people that I interviewed these questions:

- I. Can you remember when you first found out you had ADHD? Did knowing this affect your outlook on life at the time?
- II. A couple that has raised a child with ADHD might be better prepared to handle another child with ADHD. For families that don't have that experience, things can be tricky. Do you believe that ADHD is an inherited trait?
- III. If not, what might it be?
- IV. What is your method of treatment? Has it stayed the same, or have things changed for you before?
- V. Do you believe your treatment is effective? In what ways does it help you?
- VI. How do you find your treatment effects your personal identity? Do you find that you feel exactly the same on the inside after you have experienced treatment? Do you think that the way we act can change how we feel?
- VII. One of the more difficult parts of human nature is that we can't know exactly how someone feels just by looking at them. Have you experienced misunderstanding in your life, or from people you would have liked to have as friends?
- VIII. So, you did (or didn't) have social problems. Do you think that things have gotten easier for you as you've gotten older?
- IX. Are you able to concentrate more acutely on things you are interested in?
- X. Was there any frustration about homework in elementary school? Is there still frustration?
- XI. How might ADHD be better supported in high school?
- XII. If you had the chance to ensure your children did not have ADHD with the use of genetic technology, would you do it? Why or why not?
- XIII. If you could snap your fingers and suddenly find yourself without ADHD, would you go for it?