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DISTRACTION IN RETROSPECT:
A RETROSPECTIVE INTERVIEW STUDY

A Thesis
Presented to
the Graduate School of
Clemson University

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
Communication, Technology, and Society

by
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Accepted by:
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Abstract

Student success, as currently defined, neglects the well-being of some students, specifically those who manage medical conditions such as attention deficit hyperactivity disorder (ADHD/ADD), which complicates the educational experience regardless of age and is not fully addressed. In order to account for the needs of students with ADHD/ADD, it is important to understand how their medical needs manifest and impact them. ADHD/ADD, commonly associated with impulsivity and inattention, often presents with comorbid psychological or physiological conditions. While this combination of symptoms would prove difficult for anyone, it becomes particularly challenging within the context of college life, as students are often living independently for the first time. This study explores and catalogs the ways current and former college students navigated and managed their ADHD/ADD during their college years, with the hope of helping close the information gap needed to holistically define student success. This study contributes to the study of communication as it explores the ways in which uncertainty reduction about a disability diagnosis impacts the undergraduate experience.

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CHAPTER ONE

INTRODUCTION

It is hard to overstate the impact of a good education on a student's life. During their years of formal education, students are exposed to a wide range of topics and disciplines, all of which are curated to help them develop into well-adjusted, successful adults. Thus, the goal of education is not only to give students a solid foundation to grow intellectually within the scope of their academic pursuits. Unfortunately, the impact of even a quality education can vary from student to student. Students, at their core, are people – human beings who have lives beyond the confines of school. Consequently, elements of students' non-school lives can bleed into and affect their education. The classroom does not exist in isolation from the outside world, and education does not happen in a vacuum. Students in the same educational environment could conceivably have entirely different lived experiences, and their outcomes would likely be impacted by their personal circumstances. As a result, a "good" education's demonstrated effectiveness could easily vary from student to student. It does not matter how effectively professors present course material; the outcome will differ if students' personal circumstances, such as race, gender, or disability status, are not considered. There are many examples of how personal circumstances impact communication effectiveness in an academic setting. This study focuses on attention-deficit/hyperactivity disorder (ADHD/ADD) and its impact on student lived educational experiences. Using a qualitative retrospective interview technique, I seek to understand how individuals with ADHD/ADD experience their college education while navigating their disability. The

project's aim is to answer the question: *In what ways does ADHD/ADD affect one's college experience?*

CHAPTER TWO

LITERATURE

ADHD/ADD

While the formal diagnoses of ADHD/ADD have only existed since the latter half of the 20th century, the symptoms of the condition were documented as early as the 18th century. In those early days, the symptoms of ADHD/ADD were described as a “lack of moral control” and were associated with deviant behavior such as “lawlessness” (Lange et al., 2010). So, what is ADHD/ADD? ADHD/ADD is defined by the National Institute of Health as “a disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.” (NIMH, n.d.). It is typically diagnosed in early childhood when symptoms begin to manifest. While the diagnosis has changed since its initial conception, impulsiveness and inattentiveness remain key attributes of the condition. The history of ADHD/ADD research is robust and could be the focus of its own study. However, for the sake of brevity, I will focus on research done after codification of the formal ADHD/ADD diagnoses in the 1960’s.

Upon starting research on ADHD/ADD, it becomes immediately clear that the focus of many investigations center around how the condition affects early childhood. This is not surprising given the CDC diagnosis requirement that ADHD/ADD symptoms must manifest before the age of twelve (CDC, 2021). With this criterion, it only makes sense that a significant portion of the research would be dedicated to this phase of a person’s life. Early childhood is when ADHD/ADD symptoms manifest and become noticeable. Harvey Parker echoed this observation in his 2006 study, which discussed the ways ADHD/ADD presents unique challenges to both the child’s and parent’s lives, such

as dealing with comorbid conditions and medication. The work of Buttross (2007) further cemented this sentiment by stressing the need for parents to use clear communication to curb problematic behavior in children with ADHD/ADD. Within this trend of early childhood research, it is apparent that ADHD/ADD adds a new level of complexity to the already complicated process of child-rearing. ADHD/ADD completely alters expectations of raising a child. For example, in the book “ADHD: Evaluation and Care” the American Academy of Pediatrics (AAP) discussed how ADHD/ADD in children and adolescents is often comorbid with other conditions such as anxiety and depression (AAP, 2020). ADHD/ADD and its potential implications on a child’s development only add to the sometimes-tumultuous nature of parenting. This trend in research demonstrates how all-encompassing ADHD/ADD can be in a child’s life. While the focus on early childhood may be only one facet of ADHD/ADD research, it is essential to include in any meaningful discussion of ADHD/ADD research.

The second major trend within ADHD/ADD research is its impact on childhood education. Parker (2006) discussed that ADHD /ADD has implications in many aspects of life. One of the more notable aspects is how it affects classroom behavior. Parker (2006) suggested ways instructors should go about managing it such as outlining clear expectations for classroom etiquette and implementing organizational strategies for students. Cooper (2002) illustrated at exhaustive length the challenges students with ADHD/ADD face in the classroom and recommended solutions to ameliorate these issues. These solutions range from talking with parents to creating Individual Education Plans (IEPs), in order to best help each student. Cooper’s (2002) work serves to highlight both approaches to ADHD/ADD in education and to frame the condition within the

context of education. In the research discussed up to this point, ADHD/ADD has largely been seen as an interruption to normal functioning. This sentiment is widely apparent in the realm of education, where ADHD/ADD is seen as a major obstacle to students achieving academic success. Works like Cooper's (2002) serve to guide instructors in how to overcome the hurdles ADHD/ADD presents. This approach to research is shared in guidance by the United States Department of Education (2006) which outlines how to deal with ADHD/ADD via behavioral and medical intervention. This shared sentiment is useful in that it creates a common frame within which to understand ADHD/ADD in an educational context. However, it may prove problematic in that this understanding of ADHD/ADD could be extrapolated to non-educational contexts.

It becomes clear through examining the previously mentioned works that ADHD/ADD is an important issue within the realm of education. However, this overview raises the question of why ADHD/ADD is such an important topic. What is it about ADHD/ADD that makes it relevant specifically to the classroom? To begin to understand, one needs to consider when the disorder is first diagnosed. As mentioned previously, ADHD/ADD is often diagnosed in early childhood, when symptoms begin to manifest. Consequently, all aspects of a child's life can be affected by an ADHD/ADD diagnosis, including academics. The framing of ADHD/ADD as a hurdle to academic performance has been widely adopted because symptoms can be severe—sometimes to the point of impeding classroom success. In support of this idea, Geoff Kewley (2010), noted that students with ADHD/ADD who have academic potential can have their learning experiences hindered by symptoms such as inattentiveness and impulsivity. Much like with parents, instructors and staff face a number of unique challenges when

educating children with ADHD/ADD. ADHD/ADD has implications both for the individual student and the entire classroom, which is likely why the child-centric trends in the research are as they are. Both parents and teachers need assistance to navigate the tumultuous waters of raising and educating a child with ADHD/ADD.

However, to say education is the only realm that ADHD/ADD impacts would be misrepresenting the scope of the condition's influence. ADHD/ADD splinters in ways that affect many aspects of a child's life. The realm of communication is one such splinter. When examining the existing communication literature, it is clear that the impact of ADHD/ADD on children is salient. For example, Patrick Briley and Charles Ellis Jr (2018) found that children with a developmental disability such as ADHD/ADD were more likely to stutter their words than their neurotypical peers. This observation is further corroborated by the work of Druker, Mazzucchelli, Hennessey, and Beilby (2019) which centered around creating interventions for children who stutter. This difficulty is but one area of communication that children with ADHD/ADD struggle with. In their study, Nilsen, Mangal, and MacDonald (2012) found that children with ADHD struggled with listening and were more likely to make errors in communication interpretation. Shahabi, Ghiasian, and Ahmadkhani (2020) echoed this sentiment and found that listening and retaining information were among the problem areas within pragmatic skills of children with ADHD. Pragmatic Skills included categories such as social language, subject-maintaining skills, verbal and non-verbal skills. From these examples, it is clear that ADHD/ADD is a salient issue within communication research. The condition has an impact on children's ability to communicate. That rationale should justify this study's placement within the realm of communication.

The impact of ADHD/ADD on non-linguistic communication has not been well researched, perhaps because speech has been a starting point and a cornerstone of the field. While some areas of communication research have developed far beyond speech, very little of the existing literature in those areas is pertinent to ADHD research. Of the ADHD relevant literature, Rachel Smith and Amanda Applegate (2018) discussed the stigma surrounding mental disorders and how it can be addressed in higher education. Unfortunately, the study is weak on ADHD/ADD; ADHD/ADD is just one of many conditions discussed. Thus, the study missed the more nuanced aspects of ADHD/ADD in favor of a more general overview. In addition, the study grouped developmental disorders, such as ADHD/ADD and autism, with treatable mental health disorders, such as depression and suicidal ideation. While the study meaningfully addressed the issue of stigma, it was ultimately limited by its scope. Besides this work, very few studies attempted to address ADHD/ADD in the context of non-linguistic communication. This is a gap in the research literature that must be addressed with future research.

Gaps in existing research

While the previously discussed research is sound and well executed, there are notable gaps within the research. Much of the research discussed so far focuses almost exclusively on young children. While this by itself is a glaring omission, there are other omissions worth discussing. One of the most notable shortcomings is related to biological sex. On a purely conceptual level, ADHD/ADD can afflict anyone regardless of sex. In reality however, the disorder is disproportionately diagnosed in young boys. As Derks, Hudziak, and Boomsma noted in their study, girls with ADHD/ADD are less likely to receive medication and therapy as compared to boys (Derks, Hudziak, & Boomsma,

2007). Presumably, this discrepancy is because young boys are much more likely than girls to exhibit the symptoms most commonly associated with ADHD/ADD. The disorder presents differently in young girls than in young boys and yet these differences are not taken into account in much of the existing research (Quinn, 2005). One could argue that this shortcoming in the research is a major failing to girls and women who deal with ADHD/ADD. A meaningful discussion of these issues is beyond the scope of this paper but future research would benefit by rectifying the lack of representation of biological sex differences in ADHD research.

Another major shortcoming relevant to this study is the lack of ADHD/ADD research on adults. Much of the current research surrounding ADHD/ADD is focused on young children. The importance of the work on young children cannot be downplayed, as much of it serves to guide adult caregivers and educators through the complex web of children's learning disabilities. However, the focus on early childhood exists to the exclusion of adult-oriented ADHD/ADD research. While some of the cited research have minor sections that discuss adult ADHD/ADD, those conclusions are formed based on research done with children. This unfortunate situation is traceable to the CDC (2021) criteria that symptoms must be manifest prior to the age of twelve; it is a logical outcome of the fact that childhood is codified into the very diagnosis of the condition. The focus on childhood in ADHD/ADD research also perpetuates the idea that ADHD/ADD is a disorder unique to children and that people grow out of symptoms as they mature, but ADHD/ADD can have profound implications well into adulthood. As Hechtman noted (2013), many people who are diagnosed with ADHD/ADD as young children are likely to continue experiencing symptoms until they are twenty-five or older. In addition,

people who have ADHD/ADD as young children are more likely to experience comorbidities such as anxiety and antisocial behavior.

Because ADHD/ADD is heavily associated with children and childhood development, academic conversations about the disorder are largely defined by research done with children. James McGough (2014) described the situation, and it is worth noting at length:

For most emotional and behavioral disorders, pediatric treatment strategies are generally derived from those developed initially in adults. ADHD is one disorder in which management of adults is guided by well-established approaches to treating children. Pharmacotherapy remains the only adult treatment with well-established evidence based on large controlled studies. However, pharmacotherapy is rarely sufficient to address the full range of adult impairments. Research on adult multimodal interventions is increasing, but development of adult psychosocial and behavioral therapies lags far behind established approaches for children. (p. 57)

Here, McGough (2014) illustrated the tangible consequences of leaving adult ADHD/ADD largely out of academic conversations. Recent literature begins to fill the gap by discussing the effects of ADHD/ADD in adulthood. An example of such research is the work of Paul Wender (2001), which detailed the ways adults adapt the symptoms of their ADHD/ADD that are deemed more socially acceptable. Research such as this serves to emphasize that ADHD/ADD is not a static condition that children grow out of but an evolving, lifelong disorder that has implications far beyond childhood.

Through the discussion of ADHD/ADD research, one can see the great extent to which childhood frames the current understanding of ADHD/ADD. While the purpose of current ADHD/ADD guidelines is to create a clear and concise definition of the condition, the assumptions implicit in those guidelines limit conversations that can be had about the condition. As it stands currently, ADHD/ADD is defined by both early childhood and diagnoses among those assigned male at birth. This largely excludes both females as well as adults with ADHD/ADD from the conversation. While contemporary scholarship rectifies this exclusion to some extent, it cannot undo biases that inform the definition of ADHD/ADD to this very day. If a study is to meaningfully contribute to the wealth of ADHD/ADD scholarship, its researchers must be critical of the underlying assumptions in existing research and move beyond historical biases that inform contemporary understanding of the condition. While this study alone will not change the underlying assumptions surrounding ADHD/ADD, by focusing on the lives of adults with the condition, this study can move the needle of research in a new direction.

Student Success Outcomes

Since the current study is about the college experience, it is appropriate to review the existing research on student success. As a start: what defines student success? Broadly speaking, a student's success is defined by the ability to successfully navigate and meet the academic criteria specified by the institution they attend (Kuh, Kinzie, & Buckley, 2006). However, this is far from the only definition that exists within the literature. For example, the book "What Matters to Student Success" presented additional success metrics such as post-graduate achievement or satisfaction in the learning environment as being integral to defining student success (Kuh, Kinzie, & Buckley,

2006). This example demonstrates the fact that definitions of student success are subjective and vary depending on who is discussing them. The article “Measuring Student Success” further explained how the process of setting a benchmark for success requires extensive research and communication with various interested parties (Baldwin, Bensimon, Dowd, & Kleiman, 2011). While there are common goals between parties, such as ensuring that a student successfully completes degree requirements, the criteria for achieving student success vary from stakeholder to stakeholder. The myriad approaches to ensuring student success illustrate the enormity of this area of research. The next section of the literature review will highlight some of the various ways that student success can be conceptualized and achieved.

The first major trend within the research discusses predictors of student success. Considering the subjective way in which student success is defined, this trend in the research makes sense. This subset of the research provides evidence for why certain conceptualizations of student success are applicable. Just like definitions of student success can vary, predictors of student success can also vary widely. For example, one subcategory of predictors seeks to improve student outcomes by providing customized assistance to address students’ distinct, individual needs. Pritchard and Wilson (2003) explored the effects of emotional and social health on student retention and proposed an individualistic approach to student success. Their study showed that, while academic success is important, students’ emotional well-being must also be considered. This work serves as an example of a holistic approach. Pritchard and Wilson (2003) provided a framework within which emotional well-being is just as important as academic outcomes. Similarly, Bowman and Felix (2017) found that students who value being a student were

more likely to commit to their academics. This concept of students' emotional well-being being just as important as their academic performance is particularly important because this framework takes into account academic externalities. As discussed previously, ADHD/ADD not only causes problems with inattentiveness but can be comorbid with other conditions such as anxiety and depression. An approach to student success that focuses purely on academic achievement would be unable to meaningfully address these comorbidities. By recognizing the importance of a student's emotional and social well-being, educators might help enable students to not only be emotionally happy but to be academically successful as well. Thus, a holistic approach is critical to full conceptualization of the college experience of students with ADHD/ADD.

Another subcategory within the research of success predictors is the impact of policy change or other institutional approaches to student success. In contrast to the individualized approach discussed previously, this trend discusses the way sweeping systemic changes in academic institutions affect students. A notable example of such work is the book "Redesigning America's Community Colleges: A Clearer Path to Student Success", which outlined how to streamline and reform the community college experience. In it, Bailey (2005) presented various approaches to reform such as designing curricula to better fit students' needs and creating institutional supports to help students achieve externally imposed academic goals. While the current study focuses exclusively on students' experiences with four-year colleges, I believe the approaches outlined in this work are relevant to other institutions beyond community colleges. Bailey (2005) interrogated and proposed solutions to what he believes are the flawed assumptions that underpin the community college system. Similarly, the book "Taking College Teaching

Seriously: Pedagogy Matters!” presented a critical analysis, this time focusing on professional development of and pedagogical approaches by college instructors. The book utilized some typical shortcomings and misconceptions about college instruction to support its argument that it is important for instructors to “take college seriously” (Mellow et al., 2015). While the book emphasizes individual instructors, it uses those individual examples to discuss the ways faculty in academic institutions can create overall positive change. The book acts as a guide to help teachers better prepare their students for success. Just like with the work of Thomas Bailey, this work serves as an outline for institutions and their faculty to generate better student success outcomes. This trend also highlights that student success is not the responsibility of only one party. It is just as much the faculty's responsibility to create student success as it is the student's. Students with ADHD/ADD are no different from their neurotypical peers; they need an environment that will enable their success despite any challenges their condition presents.

Facilitating student success in minority student populations is another facet within the student success research space. Study of underrepresented students in academia, such as those belonging to minority groups based on ethnicity, sexual orientation, gender identity, or race and racial identification, has generated a rich body of research. An exhaustive discussion of this area of research is far beyond the scope of this paper, however, I do believe that it merits inclusion in this literature review. Discussions of systemic marginalization are just as applicable to people with ADHD/ADD as they are to any other minority group. Thus, any attempt to understand students with ADHD/ADD would be incomplete without a discussion of their lived experience in the broader context of minority educational success.

The United States is widely considered to be one of the most diverse nations in the world, with citizens from a wide array of backgrounds. Historically, however, people with “non-dominant” identities have been marginalized and discriminated against. As a direct result, many underrepresented students do not have access to the same educational resources as non-minorities. This is a salient issue within the realm of academia and student success. In the following quote, Clifton Conrad (2015) addressed the issue succinctly:

As difficult as it is, ensuring equal access to college is only half of the challenge of providing equal access to educational opportunity in a diverse society. Twenty-first century colleges and universities have to do more than assimilate students into preexisting academic and social communities on campus and help them successfully pursue degrees. Our nation’s colleges and universities also need to provide a heterogeneous student body with equal opportunities to learn. To begin with, this means that institutions need to understand and value the cultural, social, and educational resources that each student brings to college. (p. 18)

This quote serves as a distillation of the larger issues around student success. Because of historical inequity, minority students have cultivated life experiences that are distinct from those of the non-minorities. As the quote implies, this difference has profound implications in the academic lives of minority students. One of the most salient examples is how colleges and universities handle this difference. Many universities are not equipped to deal with the realities that minority students face. As Conrad implied, more often than not minority students are expected to assimilate into a college environment under the assumption they are equipped with the exact same experiences as their non-

minority peers. However, this is far from the reality that most minority students live in. With this context in mind, it makes sense that addressing success in minority students is a notable trend in the research. Structural imbalance is a major roadblock on minority students' path to success. Thus, it needs to be addressed. While the current study is not primarily focused on minority student success, it does highlight narratives which magnify inequities that still need to be addressed to ensure success of future college students.

Much of the previous research criticizes inequities in academia and presents possible solutions. For example, Commodore, Baker, and Arroyo (2018) illustrated challenges Black women face in higher education and outlined how they can succeed despite those challenges. The book highlighted many of the struggles that Black women face in academia, such as fulfilling negative stereotypes and experiencing microaggressions (Commodore, Baker, & Arroyo, 2018). These findings echo similar observations made by Conrad in a 2015 study. Both works suggested that Black women are marginalized because their mere presence in academia challenges views widely held by the white majority. These studies have made it abundantly clear that the juxtaposition of dissimilar cultures has a tangible effect on Black female students' ability to succeed. Recall earlier discussion of student success predictors. A portion of that research highlighted the importance of meeting individual student needs. In many cases, Black women do not have their individual needs met by the academic institutions they attend, which can dramatically impact their ability to meet academic goals. For example, the additional pressure of attempting to avoid playing into negative racial stereotypes can negatively impact Black women's ability to perform academic tasks (Commodore, Baker, & Arroyo, 2018). The literature clearly shows that the treatment of minorities is an

integral component of any meaningful discussion of student success, as these students face unique circumstances that hinder their ability to succeed as students. If one wishes to address issues surrounding student success, one must confront the inequities that many minority students face.

The addressing of student's unique circumstances is a prevalent theme throughout the literature focused on minority student success. A salient example of this trend is the work of Norma Angelica Marrun (2020) and her discussion of the role that Latino families play in the success of their undergraduate children. Marrun (2020) discussed how unique factors of Latinx family engagement, such as being the first in the family to go to college, can compound with academic and social stressors. Much like the discussion of Black female student experience, the cultural identity of Latinx students creates its own distinct obstacles to student success. While Marrun's work does not propose solutions to the problem, it does serve to shine a light on aspects of the Latinx student experience that may have otherwise gone unaddressed. By doing so, her article implicitly broadens the scope of student success research simply by existing. My reason for including such research within this literature review is that I believe many of the issues faced by minority students also affect students with ADHD/ADD. More so, a student's status as a person with ADHD/ADD does not exist to the exclusion of other minority statuses. To illustrate this, I will move beyond discussion of racial minorities.

I would be remiss to discuss minority student success without mentioning non-racial minority students. There are several avenues by which one can be considered a minority. For example, many people within the LGBTQIA+ community are considered sexual and/or gender minorities. Like the aforementioned minority groups, members of

the LGBTQIA+ community have been historically marginalized and oppressed. Thus, they face their own unique struggles with student success. A 2018 study found that LGBTQIA+ students felt affirmed by their college when it provided services and resources to them (Pitcher, Trace, Renn, & Woodford, 2018). In this example, we see academic institutions attempting to meet the individual needs of its LGBTQIA+ students. Thus, while the populations may vary, discussions of marginalization and affirmative action remain largely the same. By offering such resources, academic institutions are trying to rectify the alienation that people within the LGBTQIA+ community have historically faced. However, this affirmation is not one-dimensional. Some minority statuses can coexist with other identities. Being a member of the LGBTQIA+ is an example of this type of status. The multi-faceted nature of identity means that marginalization often compounds to create its own distinct problems. As pointed out by Commodore, Baker, and Arroyo (2018,) many Black women who are members of the LGBTQIA+ community feel the need to downplay or hide characteristics related to their sexual orientation. In this example, we see how intersectionality can compound issues of marginalization. In addition to experiencing the systemic issues of race and gender, Black women within the LGBTQIA+ community have to deal with the additional stressors that come along with their gender and/or sexual orientation. Identities do not exist in isolation; they often weave into each other to create the distinct tapestry of self that is the individual (Crenshaw 2012). If one wishes to develop a comprehensive understanding of student success, they need to consider how both a student's identity and systemic issues affect their ability to succeed.

Student success goes beyond the idea of simply working harder to achieve academic goals. If there is one thing to take away from all the research discussed, it is this; students are the product of many intermeshing systems that inform their experience. To find effective approaches to student success, not only must educators be aware of systems that help or hinder student success, but they must also hold their institutions accountable to address systemic failures as they arise. For student success initiatives to succeed, they have to take into account the wide spectrum of student needs and backgrounds. Thus, it is evident that predictors and metrics of student success are relevant areas of research for my study. Much of what has been discussed about individual student needs—systemic marginalization, sex/gender, sexual orientation, and intersectionality—are important areas in the field of ADHD/ADD research. Much like with other minority statuses, ADHD/ADD can intersect with any number of identities, thereby compounding issues of marginalization. Not only do students with ADHD/ADD have to deal with the unique hurdles that come with their disability, they may also experience systemic issues caused by other identities. For this reason, such research is integral to the current study. Any study that neglects to discuss minority student success in favor of studying solely ADHD/ADD student success would be incomplete. Thus, I am tapping into a rich history in order to afford my research additional layers of insight.

ADHD/ADD and The College Experience

As indicated previously, much of the existing ADHD/ADD literature focuses on how the disorder affects students' classroom experiences and educational outcomes. While this aspect of the research is important to student success, other life circumstances must be considered in any comprehensive study. For example, in addition to developing

ADHD/ADD-specific coping skills, college students with ADHD/ADD, like their neurotypical peers, experience personal adult autonomy for the first time in college. This can be disconcerting, and many students fail to manage it well. The first notable trend within this research area describes how ADHD/ADD manifests specifically in college students. ADHD/ADD manifests differently in adults than it does in children. This distinction between child and adult ADHD/ADD informs much of the research within this trend. The impact of college students transitioning into their young adult lives on ADHD/ADD is illustrated in a study by Brown (2014.) One of Brown's study participants, Brian, experienced dramatic effects of the symptoms of ADHD/ADD, combined with significant life events. In his interview, Brian cited his breakup from a girlfriend who, prior to the breakup, had been encouraging him with schoolwork, as a major event that led to his eventual medical withdrawal from school (Brown, 2014). While this is but a small anecdote from Brian's story, it serves to illustrate a larger trend within the research. The transition into college presents a myriad of new challenges that all students, including those with ADHD/ADD, are often experiencing for the first time. The difficulty of this transition is described in Shea, Heckler, and Lalor's book "From Disability to Diversity: College Success for Students with Learning Disabilities, ADHD, and Autism Spectrum Disorder."

The transition to college marks a move away from constant adult supervision, monitoring, support, and guidance and requires life skills that many young people, with and without LD, have not yet acquired. For example, doing laundry, opening a bank account and writing checks, eating balanced and healthy meals without prompting, and picking up after themselves are all tasks that are inconsistently

modeled for many first-year college students. (Shea, Heckler, & Lalor, 2019, p. 36)

Brian's story is representative of the heightened difficulty that many neurodiverse students, including those with ADHD/ADD, face in their transition to college. This sentiment is echoed by Weyandt and Paul (2008), who found that students with ADHD/ADD not only had increased academic problems upon entering college but they also had issues maintaining a social life. Studies such as these serve to fill some of the gaps in the adult ADHD/ADD literature.

While such adult-centered research remains limited, what little research does exist offers valuable insights into the college experiences of young adults. Firstly, the research provides tangible examples of how ADHD/ADD manifests in adults, such as increased difficulties with academic and social functioning. Secondly, and more importantly, these findings highlight the need for enhanced institutional support for students with ADHD/ADD. Much of the research that exists about ADHD/ADD in college focuses on approaches to student success. Similar to other research of student success, such research aims to examine various approaches that could help students with ADHD/ADD succeed in college. For example, the book "ADHD in Schools" discussed various interventions for college students with ADHD/ADD, such as therapy and educational accommodations (DuPaul, Stoner, & Reid, 2014). Similar to the research on minority student success, the research within this trend stresses the importance of meeting individual student needs.

The interventions outlined in the previously mentioned studies serve as a form of affirmative action that improve chances of student success for marginalized students, in this case students with ADHD/ADD. Within this context, affirmative action is any policy

formed by an academic institution to aid historically marginalized students. Given what has been discussed so far, the comparison between academic intervention and affirmative action is apt. Consequently, it makes sense that a large portion of the research within this trend focuses on affirmative action. The work of Andrew Fleming and Robert McMahon (2012) serves as an example as they discuss the need for interventions that enhance and maintain academic motivation in college students with ADHD/ADD. This finding further cements the idea that interventions for ADHD/ADD are a form of affirmative action. While these recommendations are distinct from affirmative action geared toward racial and gender minorities, both types of interventions seek to create an equitable academic environment. Through providing students with ADHD/ADD a means to minimize the impact of their symptoms, academic institutions are giving these students a better likelihood of success. Thus, the discussion of college students with ADHD/ADD is a necessary component of the discussion of student success in general.

The current work would be incomplete without discussing the potential of students faking ADHD/ADD in a college setting. This trend could be seen as potentially problematic for both the current study, and to the realm of ADHD/ADD research at large. Even addressing this trend could cast doubt on the very concept of adults with ADHD/ADD and put the integrity of the current study at risk. That being said, why would anyone fake an ADHD/ADD diagnosis? The literature presents several reasons why students might potentially fake having ADHD/ADD. For example, Grant (2020) suggested that students without ADHD/ADD believe that they would benefit from accommodations that are offered to students with ADHD/ADD. Further, in their study, Sollman and her colleagues found that some individuals who took the ADHD/ADD

diagnostic exam deliberately provided inaccurate test responses with the hope of being diagnosed with ADHD/ADD (Sollman, Ranseen, & Barry, 2010). Another reason proposed by the literature is to gain access to stimulant medications that are typically prescribed to treat ADHD/ADD symptoms. Once acquired, these stimulants could be used for performance enhancement or for recreational use (Weyandt & DuPual, 2008). Examination of the reasons presented reveals some potential shortcomings of the affirmative action offered to students with ADHD/ADD. Because ADHD/ADD has a rigid, well-known diagnosis, it can potentially be taken advantage of by bad actors who do not have the disorder to gain access to the accommodations and other tools that are intended to level the playing field for students with ADHD/ADD. As such, it is possible that some could abuse diagnostic procedures to gain access to those benefits. These gaps must be addressed for the benefit of the students with ADHD/ADD. I hope that the literature review thus far has adequately illustrated that adult ADHD/ADD is real and needs to be meaningfully addressed within academic conversation.

While critical analysis is integral to meaningful scholarship, the skeptical voice that serves to invalidate peoples' experiences should not be the only one heard in academic conversation. I include this discussion of faking ADHD/ADD because it illustrates the need for validating voices. This trend not only provides a holistic view of the academic discourse but showcases the ethos that is guiding this study. The current work, and others like it, serve to document that adult ADHD/ADD and the experiences that come along with it are real and are worth discussing. It is entirely valid to have some degree of skepticism after seeing this research. However, I hope the literature presented so far, and the interviews summarized in the findings of this study will help dispel any

doubt about the existence of adult ADHD/ADD diagnoses, and shine light on the need to refine the concepts of student success to accommodate the needs of students with ADHD/ADD.

Uncertainty Reduction Theory

For this project specifically, the use of Antony Bryant & Kathy Charmaz's (2019) constant comparative approach, a concept began to emerge through the data analysis process related to the need for college students with ADHD/ADD to reduce their uncertainty. Using this type of inductive reasoning, I offer now a review of Charles Berger and Richard Calabrese's (1979) Uncertainty Reduction Theory (URT). URT proffered uncertainty as endemic to the human experience. Their work attempted to explain the ways people attempt to reduce the uncertainty of an unknown element (Littlejohn & Foss 2009). During its inception, it was oriented toward interpersonal contexts. However, since then it has seen a number of applications in a wide variety of contexts. For the sake of this study, I will focus purely on uncertainty reduction in the context of medical diagnosis.

The application of uncertainty reduction theory within health communication largely deals with patient reaction to a diagnosis. For example, Lisbeth Wiering (2005) utilized this theoretical framework to interrogate reasons why patients seek out information. Thus, we see the theory extrapolated beyond interpersonal contexts. Here, it provides a framework within which to understand how understanding their illness gives a patient a greater sense of control. In managing uncertainty around an illness, a patient is better able to cope with their diagnosis. The relationship between diagnosis and uncertainty reduction is a common trend within this area of study. Another example can

be seen in the work of Carcioppolo, Yang, and Yang (2016) who studied patient information-seeking behavior in response to a cancer diagnosis. This study is particularly apt because of how it explored the multifaceted nature of uncertainty. While there was a contingent of patients in the study who actively sought cancer information, there were those who avoided the information whenever possible. The researchers largely attribute this variability to the idea that cancer patients sought whichever method of information management provided them hope for a positive health outcome (Carcioppolo, Yang, & Yang 2016). This study illustrated two things that are important for this current project. Firstly, it shows that uncertainty reduction has a place within discussions of medical diagnosis. Both previously mentioned studies are examples of its potential application in that context. Secondly, this study shows that uncertainty reduction is not always the end goal for patients. While there are those who would seek out information as a coping strategy, there are also those who would rather remain ignorant of their illness.

Further, URT is a complex conceptual heuristic with many interwoven facets. In their article, Babrow and Kline (2000) argued that the uncertainty reduction gained through breast self-examination for cancer is deeply flawed. This is because, due to complex individual factors such as changes in breast texture over the span of a woman's life, uncertainty reduction can actually create more uncertainty for patients than unawareness might. This shows once again that uncertainty reduction is a complicated concept. Tools for uncertainty reduction are not always perfectly applicable, and even if they are effective, they could cause undue psychological harm to the patient. The article further suggested that one should view uncertainty reduction as a method of assessing and coping with risk rather than reducing or eliminating it (Babrow & Kline, 2000).

Uncertainty reduction theory's application in these studies highlights just how complex a patient's relationship with their illness can be. While Berger's initial framing of uncertainty reduction remains salient, uncertainty reduction itself has proved to be a complex concept.

Given all that has been said regarding uncertainty reduction theory, the question arises, why is uncertainty reduction theory a better choice for this study than other theoretical frameworks? The answer is that the nature of the interview data gathered in this study showed uncertainty reduction to be the best fit. Many of the participants in this study framed their ADHD/ADD diagnosis as a means by which they understand aspects of their lives they found challenging prior to their diagnoses. For the participants, ADHD/ADD diagnoses served to put things into place, reducing their uncertainty about what was causing their symptoms. Thus, my empirical data fell in line with much of what has been documented in this section of the literature review. Given what I have discussed, I felt the application of this framework to my study was sufficiently apt.

Research Question

In order to meaningfully contribute to the academic conversations about ADHD/ADD, I will be answering the following research question:

RQ1: In what ways does ADHD/ADD affect one's college experience?

CHAPTER THREE

METHODS

Retrospective Interview Technique

For this project I utilized retrospective interview technique (RIT) to conduct a series of qualitative interviews to understand the college experiences of my participants. The goal of these interviews was to understand the participants' individual experiences with adult ADHD/ADD in college. Originally conceptualized by Fitzgerald and Surra in 1981, RIT is the process of mapping a participant's past experiences, highlighting pivotal moments, and discussing them during the interview process (Fitzgerald & Surra, 1981). This interview approach has been utilized in a number of social science contexts. Kristina Egan (2020) utilized the technique to map turning points in information boundaries between the elderly and their adult children. As is commonplace within qualitative research, the narratives associated with each turning point were crystallized into thematic categories. For example, in Egan's study, the turning point category labeled "Relinquishment" focused on how adult child caregivers relinquish their elderly parents' information when transferring them to paid caregivers (Egan, 2020). One of the strengths of RIT is that it allows the interview process to be more collaborative than it would be otherwise. Rather than the researcher unilaterally distilling relevant information into thematic categories, RIT allows for the participant to define what they believe is important for the interview. In having the interviewee map out their own experience, the relationship between researcher and participant changes from interviewer and subject to that of equal collaborators. Conceptually, the researcher's role is to provide participants an opportunity to outline and discuss the turning points in their lives. Additionally,

Horton and her colleagues utilized RIT to understand turning points in the relationship between physical therapists and their patients (Horton, Hebson, & Holman, 2021). Here we see the technique used to compare and contrast turning points between two groups of participants. This study highlights another strength of RIT in that the technique allowed for all parties involved to understand conceptual changes on their own terms. The comparison of turning points enables researchers to uncover discrepancies between the perspectives of each party in a shared relationship.

I chose this technique because I firmly believe in the importance of collaboration during this type of research. While there were other techniques I could have used, the ability to allow interviewees to describe their college experiences in their own words proved too useful to pass up. The interview subjects' ability to map out their own experiences provided invaluable insight into their lives. Additionally, RIT worked best with the variable nature of the college experience. RIT allowed for these variations to be captured accurately without sacrificing the flow of narrative during the interviews.

For this study, I conducted a series of ten qualitative interviews utilizing retrospective interview technique. The average length of the interviews was about thirty-nine minutes. The first half of each interview consisted of five main questions that focused on elements of the participants' college experience and their relationship with ADHD/ADD. Halfway through the interview, we shifted gears and the interviewees were asked to map out on a graph four to five significant points in their college experience. They were asked to start by noting the start and end of their college experience, which served as anchor points. From there, they mapped out two to three moments in their college experience that they found significant. For each of these turning points, the

participant mapped how significant ADHD/ADD was during that point in time on the y-axis (See Appendix A for a sample). In addition, I had participants narrate their reasons why they chose their placement on the graph. After they completed the graph, I confirmed with each participant whether the graph was correct. I then had them summarize their relationship with ADHD/ADD over time.

I recruited participants who had ADHD/ADD and either finished their undergraduate studies within the last five years or who are currently attending a four-year college or university. I recruited through a mix of social media platforms and referrals from either personal acquaintances or networking contacts. I had initially planned to only include those who had graduated college within the last five years. Due to time constraints I believed that it would be necessary to expand my criteria to include those currently attending a four-year college. Using these revised criteria, I was able to recruit ten participants who I will be referring to as Participants A through J. Descriptions of the participants are presented in Table 1.

Table 4.1

Participants

| Name | Age | Gender | Race | Graduation year |
|----------------------|------------|---------------|-------------|------------------------|
| Participant A | 24 | Female | White | 2019 |
| Participant B | 36 | Female | White | 2010 |
| Participant C | 37 | Male | White | 2015 |
| Participant D | 24 | Female | White | 2019 |
| Participant E | 21 | Male | White | Ongoing |
| Participant F | 22 | Female | Mixed Race | 2022 |

| | | | | |
|----------------------|----|--------|-------|---------|
| Participant G | 23 | Male | Black | 2020 |
| Participant H | 24 | Female | White | 2020 |
| Participant I | 23 | Male | White | 2021 |
| Participant J | 28 | Male | White | Ongoing |

Constant Comparative

An integral portion of the methodological approach for this paper is the use of constant comparative theory approach. Outlined by Bryant & Charmaz (2019), this approach allows researchers to retrospectively apply a specific theoretical framework rather than applying it at the initial conceptualization stage. This method borrows heavily from Glaser and Straus’s (1967) grounded theory approach, which used data collected from a study to either inform the use of certain theories or to generate wholly new ones. This raises the question: why would one utilize such an approach to this study? The main reason is the breadth of research I am sourcing. As illustrated in the literature review section of this paper, in addition to communication research, I pulled information from other research fields such as student success and general ADHD/ADD research. While it is not uncommon to draw influence from the research of other disciplines, I felt that the disparate nature of the work I am citing would make imposing a top-down theoretical framework hinder the study. Hence, I utilized a constant comparative approach so that the data could guide the theory rather than the opposite. Within the context of this study, not only did I utilize this approach for guiding the theoretical approach but also to sort the data into thematic categories. I also utilized an open coding scheme outlined by Straus and Corbin (1990) in tandem to further code and sort the interviews. Through this

process, I generated relevant thematic categories that allowed for meaningful discussion of my findings.

At this point I would like to discuss my positionality as the researcher of this study and acknowledge my personal bias that may influence the structure and analysis of this work. I was diagnosed with general ADHD in early childhood but in 2016 my diagnosis was refined to inattentive ADHD (i.e. ADD.) My status as a person with these conditions may have influenced aspects of my research methodology but they also gave me unique insights into the lives of my participants. For example, I was able to structure interview questions, sustain conversations, and empathize with emotions expressed during the interviews based on my own experiences as an undergraduate student diagnosed with ADD. Thus, my analysis of the interview content is largely interpreted through the lens of a person who shares the condition with his participants. I feel that it is important to acknowledge my positionality because of its implications regarding my interpretation of results. However, although my experiences and understanding of ADHD/ADD may color my interpretation and analysis of the research data, I believe my position as a former undergraduate with ADHD/ADD provided invaluable insight into the lives of my participants.

CHAPTER FOUR

RESULTS

During the coding process and analyses of the interviews, five thematic categories emerged: comorbidity, transition, makeshift accommodation, awareness, and intersection. However, for the sake of brevity, only the three most critical categories (comorbidity, transition, and awareness) will be detailed in this paper. The rationales and explanation of these three categories will be presented in their respective sections within this paper.

Comorbidity

This thematic category serves to document the fact that, for many of the participants, ADHD/ADD was comorbid with one or more other physiological or psychological conditions. The conditions themselves vary from participant to participant. For example, Participant B mentioned a severe drug addiction during her time in undergrad. She described her experience as follows:

...The thing is I had in 2004, I had a drug addiction problem, So I don't know if my time using meth had an influence on my cognitive abilities, I don't know. So there was a small stint of like you know, I flunked out of my first semester of college [like] it was really rough for me. I got clean in 2005 and then got diagnosed [with ADHD] in 2007.

Participant B's experience with drug addiction is a good example of ADHD/ADD existing alongside other conditions. While other participants did not experience this to the same level of severity, many of them expressed similar sentiments about having dealt with comorbid conditions. Another example of this was Participant A who mentioned

during her interview that she had struggled with anxiety. She presented the following vignette about a time when she contracted COVID-19:

...I guess, a long story is I got a really bad case of COVID like breakthrough. I'm vaccinated type case in September and following that I had like a huge increase in anxiety, which I've always kind of had. I've had a handle on it, or at least like coping mechanisms for it. But I was so ill that I couldn't use my traditional coping mechanisms, so I ended up in therapy to just try to get it back under control. And during that she [my therapist] was like, yeah, you have ADHD, so I've always suspected my best friend is about to become a counselor and she's always been like you have ADHD and it makes a lot of sense.

Both of these experiences from Participants A and B highlight that ADHD/ADD does not exist in isolation—it often exists in tandem with other conditions. This can exacerbate the issues associated with ADHD/ADD. Participant I, for example, expressed this sentiment when discussing a two-week period when he was unable to get his medication for his ADHD and his depression. He commented:

... ADHD rarely comes in a vacuum. I have also been diagnosed with major depressive disorder so I have medicated for that as well. Uh, which is also, you know, a big part of my life and it was during this period of time was that time I mentioned my doctor going out of town and I didn't have. Not only did I not have my ADHD meds, but insurance stopped paying for my depression meds, so I [had to] I quit cold turkey on depression medication. Which is not something you're supposed to do and I'm still really mad about that.

In this case, Participant I was dealing with the full brunt of both his unmedicated depression and ADHD which had a profound impact on his life. Participant I's experience is an excellent illustration of the complicated nature of living with ADHD/ADD. Because the condition is often convoluted with other conditions, it can often be hard to separate various manifestations in one's mind. Participant F described this difficulty in distinguishing between issues during her interview. She had been diagnosed about a year prior to the interview and described the difficulty in issues caused either by her ADHD or bipolar disorder.

I guess I don't look at it as like, a different relationship between like life and like in college. I mean, it's probably affected aspects of life. My abilities in college and school, but in the roundabout of mental illness I can't distinguish between what's ADHD and, you know, bipolar so...

Through these examples it becomes clear how much ADHD/ADD being comorbid with other conditions is a critical issue for many participants. The composite nature of these conditions serves to further complicate the college experience by creating additional obstacles. While the nature of the obstacles is variable, it nonetheless affects the college experiences of those with ADHD/ADD.

Issues with College Life

The transition thematic category pertains to difficult experiences in transitioning into college life or keeping up with the day-to-day demands of college life. Most of the participants described having some degree of difficulty with thriving in a college environment. For some, it was a struggle as early as the first semester of college. The college experience of Participant C is an illustrative example; he spent time at three

different colleges during his undergraduate studies. In the following narrative, he described some of his struggles during his time at the first college.

...I was medicated but it was for depression. And I think maybe some time with my personal experience my depression got a lot of the attention and I you know it's so much energy was expended on tackling just my depression. [...] it wasn't until later that I realized I had been sort of white knuckling it.

Similarly, to what was discussed in the comorbidity thematic category, we see secondary conditions play a significant role in participant C's college experience. The reason I include it here is because I believe that it is an outstanding example of the types of struggles the participants went through. Because of having his undiagnosed ADHD/ADD neglected in favor of treating his depression, Participant C struggled during his time as an undergraduate student. While that struggle was not ultimately the cause for his departure, it was a significant factor during his time at his first college. Participant J also described similar struggles early in his college career. He had spent five years in the Marines prior to attending college and discussed some of the issues he had transitioning from the military into a traditional four-year university. He described it as such:

There was a lot of frustration and at the time I attributed it to life choices up to that point. And I assumed that it was alcohol or drug related and that I had kind of screwed up my ability to get something done or to pursue what to that point I thought was my calling in life.

Here we see participant J's struggles as a non-traditional student early in his college career. Due to his issues with drug addictions and alcoholism after his time in the

Marines, the transition into college life was made even more difficult. As mentioned within the literature review, the transition into college life is often marred with difficulty.

Another illuminating example of this is Participant E. He described how during his freshman year he had an unfortunate encounter with black mold in his dorm.

...I lived with the black mold for a week before developing pneumonia and that put me out of commission for about a month, which kind of negates my orientation and pretty much any kind of normal introduction to college.

Here we see examples of external factors playing into issues with transitioning into college life. In isolation, this would initially seem like an unfortunate incident that was unrelated to ADHD/ADD. However, Participant E describes how the period of time when he was sick may have been lengthened by not taking his pneumonia medication.

I think the biggest example concerning ADD of that is for some reason I just feel I'm not entirely sure there was just some kind of like the compulsion to like stop taking the medication halfway through pneumonia and I guess I would call it executive dysfunction, but something got in the way where I just couldn't take it anymore...

From his perspective, Participant E's stint with pneumonia was made worse due to his ADD. This sickness was pivotal in his time at his first college as it inhibited his ability to transition into college as a freshman. Transitioning into college is already a challenging process but it was made even more challenging when he missed the first month of college and orientation activities.

The transition into college is far from the only context that study participants struggled in. Many of them struggled with other issues throughout their college career.

For example, Participant H's experience with procrastination serves to illustrate the types of struggles that can occur past the initial transition into college. Although she was incredibly busy with her involvement with various extracurricular activities, she had issues with procrastination. When asked how she managed her ADHD in college, she said this:

Never really specifically tried, I didn't [...] Because I didn't know it for what it was and I didn't recognize kind of the signs and the reasons that I was doing things the way that I was doing them. I never really addressed them, so like for example, like with procrastination, I just thought I was being lazy.

Unlike the examples examined previously, Participant H successfully managed the transition into college life. During the interview, despite failing out of her initial major in her first semester, she was able to switch majors and find a degree of undergraduate success. She was heavily involved with many organizations on campus as well as being accommodated by her teachers. However, similar to Participant G, there were still struggles in their college career.

Like, well, I wasn't as struggling with transition just because like I was at that point, 'cause I had that thing at some point I realized like I needed to own my own schedule and stuff like that. So, I basically was heavily regimented and I kept that schedule pretty much all of college, but I understand kind of the need for it. Because it was like if I don't because if I if I went off schedule even slightly, I'd my [...] entire mood would just go off like I couldn't do anything"

Here we see a different type of struggle with ADHD/ADD in college. Through this excerpt, we can see that Participant G found a coping mechanism that helped him manage

his ADHD. If that mechanism failed however, it could have significant consequences. Many of the participants struggled at different stages of, and in some cases throughout, their time in college with managing / maintaining coping strategies to stave off the problematic elements of ADHD/ADD.

Awareness

The final thematic category for the results section is Awareness. Broadly, the Awareness category describes participant knowledge of the influence of ADHD/ADD in their lives. All ten interview subjects expressed some version of this awareness. There are two distinct types of awareness that presented in this research: *Unconscious* and *Conscious Awareness*:

Unconscious awareness describes situations where a participant was aware that there was a problem affecting their ability to function in their life but was unaware that ADHD/ADD was the underlying issue. This was largely common to the participants who were diagnosed as adults. For example, Participant J stated that, even though he knew he had issues, he did not develop the practices to better cope with the condition because he wasn't aware he had ADHD. This sentiment is reflected in this quote:

You know it makes sense to me that having not developed the practices or rhythms or routines or [...] tailored the settings, that I tried to be productive in while in school and you know it answers a lot of questions Looking back of why I wasn't successful as a student at that time. But at the time it was, you know, why the hell am I unable to write this when I can say it out loud?

This quote reflects a candid awareness of the effects of ADHD. Participant J was aware of the way symptoms affected his ability to complete his course work, but was not aware

that his symptoms indicated a medical condition. He believed his inability to do this work was caused solely by his history of alcoholism and drug abuse. However, he was able to see in retrospect that ADHD was likely a major contributor to his struggles. Once he was diagnosed, he gained a better understanding of how ADHD was affecting his life.

Another example of unconscious awareness is Participant D. Similar to Participant J, Participant D was diagnosed when she was 24 and in graduate school. Despite that however, she claims that she had always been aware of ADHD effects on her life, even if she was not aware of ADHD itself.

Like I've kind of always known something was off from like my entire life from a very young age, but getting into grad school, having absolutely no structure at all and having masks on, I was just finding it increasingly more difficult to get through class and assignments and stuff.”

On some level, Participant D had always been aware of the effects of ADHD. Those symptoms had been noticeable, but manageable, throughout her life. The impact of the effects of ADHD intensified when she entered grad school during the COVID-19 pandemic. In a fashion similar to Participant D, she was able to recognize these effects as being symptoms of ADHD after she had been diagnosed.

Due to these participants' implicit knowledge of ADHD/ADD's effects without an assignable cause, many of them attributed their symptoms to a personal shortcoming. They viewed the effects of ADHD/ADD as a personal failing; they blamed themselves for previous actions or simply labeled themselves as “incapable.” Consequently, some participants tried to rectify what they believed to be personal failings. For example, prior to entering college, Participant A was firm in the belief that she was a bad student.

Similar to other participants in this category, she had struggled with ADHD symptoms without being diagnosed. If one were to apply uncertainty reduction theory to this situation, Participant A's belief that she was a bad student could be her attempt to minimize the uncertainty as to why she was not performing well in school. While she did not get a formal diagnosis until grad school, she did attempt to understand and work around the effects of ADHD while she was in college. She describes her experience as such:

I think just because I finally had like a lot of personal responsibility without anybody to like, tell me how to do things so it was a learning curve for sure, but in the end, I think helpful for me to figure out that, oh, like I'm not actually dumb, I just have like certain like things that I can do well with.

Even though they lacked a diagnosis, many of the participants were aware of their ADHD/ADD symptoms and the impacts on their lives. While Participant A was not aware that she had ADHD, she was able to recognize its effect on her life. Without any formal diagnosis or medication, she developed strategies to work around her symptoms.

The second type of awareness observed was conscious awareness—an awareness of the impact of symptoms on one's life, combined with knowledge of ADHD/ADD as an assignable cause. Participants who exhibited this type of awareness generally received an ADHD/ADD diagnosis earlier in life. This type of awareness allowed participants to understand the unique ways in which ADHD/ADD manifested in their lives and how it affected their day-to-day functioning. An example of this subcategory is Participant E, who received an ADD diagnosis in early childhood. He provided an example of how his executive dysfunction affects his ability to travel.

Uh, I would say that my ADD is like mostly like it, mostly impacts my school. I don't. I don't really consider other avenues in my life that are related to ADD. I do know I have a problem of like for example I. I do have like a general distaste of the road and cards cars so it's difficult for me to, you know. Situate myself and all of that to like finally get in the car and go on the road so executive dysfunction plus like slight fear of the road and [...]. I don't know if executive dysfunction is the term. I don't know if there's like a separate term for like timing and stuff like being on time, but I would say that ADD relates to that.

This is a specific example of the ways ADD manifests in Participant E's life: the executive dysfunction caused by his ADD combined with existing anxiety prevents him from traveling via car. Participant E is aware of the specific ways the symptoms of his ADD manifest and is able to understand that this is a result of his ADHD.

Another example is Participant H, who was diagnosed while she was in high school. During the interview, she mentioned an aspect of ADHD that affects her ability to remember:

There was something that I meant to think of was one of the things that I don't know if it's actually ADHD or not is like sometimes I have trouble just like listening, and I'm assuming that's probably ADHD. It's like people will be talking to me and like I just like it goes right through but it like it happens very frequently.

Participant H illustrates a different type of conscious awareness. Despite being unsure, she is aware of the effects of ADHD and is able to ascribe that forgetfulness to her ADHD. This illustrates the degree of familiarity she has with her ADHD, how it

manifests, and how it affects her. While there is a degree of uncertainty that was not present in Participant E's account, Participant H is consciously aware because she knows her diagnosis and observes her symptoms even if she is not able to establish causation.

The final example for this subcategory is Participant I, who was diagnosed in early childhood. During his interview, he discussed issues he's had with time management.

About, you know, scheduling things and getting things done ahead of time in pieces, but definitely in college I would write my papers. I'd start them a few hours before they were done. You know before they were due. I would talk to people that were very jealous of my ability to do that to, you know, only write for a couple of hours. But that's just because I'd been like. Thinking about it and stewing about it and panicking about it for the past two weeks.

In this case, Participant I is acutely aware of how his ADHD manifests as procrastination and manages his workload by getting things done immediately before their due dates.

Although he is able to manage his symptoms, it clearly weighs on his mind. He is conscious of his ADHD and aware of the fact that his ADHD is causing him to procrastinate. This is an excellent example that captures the meaning of conscious awareness. In all cases, awareness was present in some form. The implication of this awareness is discussed at length in the discussion section that follows.

CHAPTER FIVE

DISCUSSION

This paper has examined how ADHD/ADD informed the college experience of the participants. From the interviews, three major thematic categories emerged: Comorbidity, Issues with College Life, and Awareness. This section will cover how these results relate to the guiding research question: In what ways does ADHD/ADD affect the college experience? Analysis of the data and results reveals that ADHD/ADD complicates the college experience in two major ways.

First, ADHD/ADD complicates the college experience by creating additional obstacles that the person with the condition has to overcome. In addition to the normal stressors that college presents, the participants experienced ADHD/ADD symptoms along with comorbid conditions, such as alcoholism, drug use, and depression, among others. When combined with a college course load, these factors can have a dramatic effect on students' ability to succeed. About half of the participants in the current study reported some form of difficulty during their undergraduate years. This ranged from academic challenges to temporary leaves of absence to the need to transfer from one college to another. While one cannot argue causation given the sample size, it is clear that ADHD/ADD combined with comorbidities played a significant role in the college experience of participants in this study.

Secondly, ADHD/ADD affects the college experience by introducing uncertainty and self-doubt within students. Seven out of the ten participants in this study received a formal ADHD/ADD diagnosis either during or after college. Prior to diagnosis, they had spent many years of their lives unaware of their condition, which possibly had a profound

impact on their experience. Without any knowledge of ADHD/ADD, it may seem like these comorbid conditions appeared out of nowhere, and this may be the reason why the issues with these comorbid conditions were internalized as failures of character. Without the context of ADHD/ADD, these conditions seem a result of personal fault rather than a naturally occurring comorbidity. This is supported by sentiments of the participants, as most of them reflected on the feelings of inadequacy and failure during their college experience. They mentioned confusion about why they could not complete seemingly basic tasks. When one considers how many of them received diagnoses well into adulthood, this conceptualization of ADHD/ADD symptoms makes sense. With no other way to understand their symptoms, these participants blamed themselves.

With everything that has been discussed so far, one question still remains: how do these observations align with uncertainty reduction theory? Here, uncertainty is being reduced in two ways. The first method is blaming oneself. Not knowing about ADHD/ADD in one's life creates uncertainty about oneself and one's abilities. Blaming oneself assigned causality and responsibility for the "problem," thus reducing the uncertainty about the root-cause of any issues. The second method of uncertainty reduction comes from diagnosis. The seven participants who got diagnosed as adults all expressed some form of relief after their diagnosis. The diagnosis put everything about themselves and their lives into context; the attributes they could not previously explain could now be framed within the context of ADHD and its symptoms. One example of this was reflected in Participant A's hope that a diagnosis would give her the means to manage problematic coping mechanisms she had developed prior to diagnosis. She said:

I guess it's not even like the official diagnosis because I haven't done the test, but I got the therapist diagnosis from it so now I can like proceed forward with figuring out like what that means to me and maybe like. How I can improve and maybe get rid of some of the unhealthy coping mechanisms I've maybe developed based on like not knowing if I have it or not.

Most importantly, a diagnosis gave her access to medical treatments, as well as avenues to find and develop new coping mechanisms. This sentiment was also expressed by Participant B, who through diagnosis was able to receive medical intervention for her ADHD. She told me:

I initially got on my ADHD meds back in 2007. All of a sudden, I have double time for my exams and I'm passing my exams and I'm passing my classes. I had never realized that I had a learning disability, but I should have.

Through the lens of uncertainty reduction, the ability to label their once nebulous problems and find tangible ways to manage symptoms dramatically reduced participant's uncertainty about ADHD.

However, diagnosis is not the only means by which to meaningfully address uncertainty. Despite the fact that being undiagnosed meant a lack of the medical treatment and clarity that come with diagnosis, many of the participants managed their symptoms well into adulthood before being officially diagnosed. While some attributed the condition's symptoms to personal fault, some built their lives to work around their ADHD/ADD without any formal knowledge of the condition. These participants were aware that something was wrong and decided to create strategies to mitigate their symptoms. Examples of mitigation strategies include exercise, finding quiet places to

work, and even dietary accommodations. In a way these were attempts to reduce the uncertainty that comes with being undiagnosed. This evidenced a form of conscious awareness; participants were aware that something was affecting their lives and tried to address it directly. They reduced uncertainty by implicitly learning the “mechanics” of ADHD/ADD symptoms and finding makeshift solutions.

The relationship between uncertainty reduction and ADHD/ADD is further cemented by the RIT graphs each participant filled out. The graphs depict the participant’s evolving relationship with ADHD/ADD over time. Notably, the trajectory of this evolution varied on a participant-by-participant basis. For example, Participant B’s graph showed a drastic decrease in significance of ADHD/ADD over time, particularly after she acquired medication. Participant C’s graph, on the other hand, showed a notable increase in the significance of ADHD/ADD over the period leading up to his diagnosis. While these are but two examples, they represent the variability of experiences depicted by the RIT graphs.

This begs the question: why is there so much variability in the participant’s relationship with ADHD/ADD? I would argue that it is a product of how each participant conceptualizes uncertainty reduction. For some, having a diagnosis or simply understanding how the symptoms affect them could reduce the significance of ADHD/ADD in their lives. ADHD/ADD and its comorbid conditions essentially become background noise; the conditions are still present but are perceived as less important than other aspects of a person’s life. This is corroborated by the interviews. For some interviewees, the moments where ADHD/ADD was least significant were the times when something other than the condition was at the forefront of their lives. Knowledge of their

diagnosis succeeded in reducing uncertainty to the point it became a background element in their lives.

For others, knowledge of their symptoms, either from formal diagnosis or other means, made ADHD/ADD more central to their lives. In those cases, uncertainty reduction clarifies the role of ADHD in the participant's lives. As a potential consequence, participants are able to recognize how the condition affects them thus making it more significant. This is supported by the interviews in which moments where ADHD/ADD was seen as the most significant to participants were moments they could attribute to the condition. In these cases, uncertainty reduction participants experience changed ADHD from an unknown to an undeniable facet of who those participants are.

Limitations and Future Directions

There are a number of shortcomings to this study that must be addressed in any future research about this topic. Firstly, the disparate characteristics of the participants prevented the result being tightly focused. For example, while there were some participants who fit within the initial inclusion criteria, the broadened criteria created discrepancies in terms of where people were in their undergraduate experience. In addition to people who completed their undergraduate experience within the past five years, there are those who had completed it beyond those five years or were in the process of their undergraduate experience.

A second shortcoming was the compressed research period required significant changes in the scope and design of the study. For example, the inclusion criteria were changed to broaden the study group in order to quickly recruit sufficient participants for

the study. A longer research period would have enabled a larger sample size and more focused study group, as initially designed would have made possible.

As much of the existing research is centered on children, future research could compare ADHD/ADD experiences of adults and children to see how these populations understand their ADHD/ADD. Considering the result of this study, it would be worthwhile to further understand the impact of diagnosis timing as a tool for further understanding risk reduction differences between adults who received a diagnosis in early childhood compared to those who received a diagnosis into adulthood.

CHAPTER SIX

CONCLUSION

For many students, the college years are often challenging. They are in a time of self-discovery as students are making their own life decisions for the first time. Adjusting to such an environment is difficult for anyone regardless of personal circumstances. However, ADHD/ADD complicates that process of self-discovery by creating a set of unique challenges. These obstacles might appear manageable, if taken in isolation, however, as shown by this work, nothing exists in isolation. In addition to the normal stresses associated with college, students with ADHD/ADD have to contend with the numerous complications that the conditions can cause. This situation is far worse for those with undiagnosed ADHD/ADD, who may not know how to manage these “random” additional problems. With ADHD/ADD in college, students are forced to walk the road less traveled toward a chance of succeeding, often without help. Some are able to succeed on their first try but others need to take the time away and reconsider their approach. Either way, it is clear that the college experience for those with ADHD/ADD will never be an easy one, and such students can use all the support their educational institutions can offer them. Most importantly, the definition of college success must be refined to take students' well-being into account.

Appendix A

| | Unsignificant | Slightly Significant | Moderately Significant | Significant | Very Significant |
|------|---------------|----------------------|------------------------|-------------|------------------|
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| Date | | | | | |
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