Women with Attention Deficit Hyperactivity Disorder (ADHD): A Lived Study

Submitted by

Lori S. Nawrocki

In partial fulfillment of the requirements for the degree of
Master of Science in Nursing

Date of Defense:

December 7, 2005

Major Advisor
Judith K. Lamp, Ph.D., R.N., CNM

Academic Advisory Committee
Sandra Oehrtman, Ph.D., R.N.
Ann Smith, Ph.D., R.N.

Dean, College of Nursing
Jeri A. Milstead, Ph.D., R.N., FAAN

Senior Associate Dean, College of Graduate Studies
Keith K. Schlender, Ph.D.
Women With Attention Deficit Hyperactivity Disorder (ADHD): A Lived Study

Lori Straub

Medical University of Ohio
<table>
<thead>
<tr>
<th>CHAPTER I: INTRODUCTION</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of Problem</td>
<td>3</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>3</td>
</tr>
<tr>
<td>Purpose</td>
<td>4</td>
</tr>
<tr>
<td>Research Question</td>
<td>4</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>4</td>
</tr>
<tr>
<td>Significance</td>
<td>6</td>
</tr>
<tr>
<td>Assumptions</td>
<td>7</td>
</tr>
<tr>
<td>Limitations</td>
<td>7</td>
</tr>
<tr>
<td>Summary</td>
<td>8</td>
</tr>
<tr>
<td>CHAPTER II: LITERATURE</td>
<td>9</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>9</td>
</tr>
<tr>
<td>Review of Literature</td>
<td>16</td>
</tr>
<tr>
<td>Summary</td>
<td>23</td>
</tr>
<tr>
<td>CHAPTER III: METHODOLOGY</td>
<td>24</td>
</tr>
<tr>
<td>Design</td>
<td>27</td>
</tr>
<tr>
<td>Participant Selection</td>
<td>27</td>
</tr>
<tr>
<td>Data Collection</td>
<td>27</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>28</td>
</tr>
<tr>
<td>Summary</td>
<td>30</td>
</tr>
<tr>
<td>CHAPTER IV: RESULTS</td>
<td>31</td>
</tr>
<tr>
<td>Sample</td>
<td>31</td>
</tr>
</tbody>
</table>
CHAPTER 1

Introduction

Mental health is a major healthcare issue today. Mental health is selected as one of the top 10 leading health indicators for the United States (Healthy People 2010). There are over 20 objectives pertaining to mental health issues. Issues related to mental health affect all ages, with the overall prevalence of children and adults being 21% in 1999 (Mental Health: A Report of the Surgeon General, 1999). Unfortunately, the issue of mental health is not a simple one. It is riddled with stigma, gender and socioeconomic disparities, overlapping diagnoses and symptoms, fragmented care, family difficulties, and even professional disagreement (Pickens, 1999; Quinn & Nadeau, 2002). Mental health is a very complex, ever changing issue that demands attention and improvement in diagnosis and treatment. One of the more complicated mental health issues is Attention Deficit Hyperactivity Disorder (ADHD).

ADHD is a very commonly diagnosed disorder, and is one of the most frequent reasons for referral to family physicians, pediatricians, psychiatrists and other health care providers (Biederman, Newcorn, & Sprich, 1991). This disorder affects an estimated 3-5% percent of all school aged children, from kindergarten to adolescence, in the United States (Barkley, Murphy, & Kwasnik, 1996). This estimate does not include other populations such as preschoolers and adults. ADHD is most frequently diagnosed in children, males being three to nine times as likely as females to be diagnosed with this mental disorder (Barkley et al., 1996; Biederman, 1991). Research suggests that 30% to 60% of children diagnosed with ADHD continue with symptoms into adulthood (Barkley, Fischer, Edelbrock & Smallish, 1990; Biederman, Faraone, & Tsuang, 1991;
ADHD affects up to 2% of the adult population (Mental Health: A Report of the Surgeon General, 1999).

ADHD is characterized by symptoms of inattention, impulsivity, distractibility, and hyperactivity. According to the DSM-IV (1994), there is “ADHD primarily inattentive type, ADHD primarily hyperactive-impulsive type, ADHD combined types (both inattentive and hyperactive-impulsive) and ADHD not otherwise specified (for clients who do not meet the full criteria of ADHD).” The DSM-IV-TR criteria do not take age into consideration. (See Appendix 1 for criteria of ADHD.)

There are a wide variety of treatments for ADHD which range from behavior modification, environmental modification, psychotherapy, education, medication, and biofeedback for the person with ADHD (LeClear O’Connell, 1996; Millstein, Wilens, Biederman, & Spencer, 1997; Quinn & Nadeau, 2002; Ramirez et al., 1997; Resnick, 2000). These treatments are used to understand, control, and manage ADHD.

Few research studies were found to have examined adult women diagnosed with ADHD (Arcia & Conners, 1998; Brown, Madan-Swain & Baldwin, 1991; Kato, Nichols, Kerivan & Huffman, 2001). Of these, none were found that dealt with the lived experience of the adult woman diagnosed with ADHD. No studies pertaining to ADHD were found in the nursing literature. For this reason, a qualitative design was selected to learn about and discover the experiences lived by adult women diagnosed with ADHD. By asking adult women with ADHD to share their experiences with this disorder, an emic or insider’s perspective is captured, thus gaining insight into the language, beliefs, and experiences of these women (Streubert, Speziale, Rinaldi & Carpenter, 2003). With new knowledge regarding the lived experience of ADHD with adult women, different ways to improve the quality of life and health may be determined. Understanding the lived
experience of adult women diagnosed with ADHD will assist nurses to better understand how to care for these women throughout their life journey with ADHD.

This chapter introduces the purpose of this research study. The problem statement and identification of the theoretical framework are discussed. In addition, the purpose, research question, and significance to nursing are presented.

Statement of the Problem

Women with ADHD are confronted with individual challenges different from those of children, adolescents, and males with ADHD. No qualitative research exploring the perspective of women with ADHD could be identified in the literature. Discovering what the experience of having ADHD for adult women, based on the perspective of the women themselves, is an important area of study.

Identification of a Nursing Theoretical Framework

Rosemarie Parse’s (1998, 1999, 2001) theory of human becoming provides the theoretical framework for this qualitative research study. Parse theorized that “humans coauthor their becoming in mutual process with the universe, cocreating distinguishable patterns which specify the uniqueness of both humans and the universe” (Parse, 1999, p. 7). Humans interact simultaneously with their universe and the rhythm of this interaction is human becoming. Humans choose meaning in their experiences. Health is obtained by choosing the meaning in everyday joys and struggles. Health and quality of life are ongoing as the human chooses meaning in the shifting life patterns. The quality of life can only be explained by the person living that life. Quality of life is the embodiment of the lived experience.

Parse (1998, 1999, 2001) theorizes the goal of nursing practice as helping individuals improve quality of life from each person’s experiences and perceptions. The
nurse is attentive to moment-to-moment changes in the client as he or she witnesses the client’s own living of value priorities. It is the nurse’s responsibility to assist the individual in becoming by guiding in true presence, and by being with the person. As women live and experience ADHD, they openly choose meaning in the situation and relate value priorities. As they become, they choose their quality of life and health.

Statement of Purpose

The purpose of this research study was to discover new knowledge about the lived experience of adult women diagnosed with ADHD. The researcher was interested in gaining knowledge and insight regarding ADHD from adult women themselves, the emic perspective. The lived experience is an important way to understand the events as perceived and described by the individual women diagnosed with ADHD. The results of this study can help nurses and other health care professionals to better understand and care for adult women diagnosed with ADHD.

Research Question

The question for the proposed study was: “What is the lived experience of adult women diagnosed with ADHD?” This question was designed to probe the reality and journey of the lived experience of being a woman with ADHD.

Definition of Terms

By using Parse’s (1998, 1999, 2001) phenomenological-hermeneutic method, this researcher wanted to find the meaning of the lived experience of adult women diagnosed with ADHD. Conceptual and operational definitions of terms used in this study are provided for the following concepts: lived experience, woman, and ADHD. These concepts are defined below:
Lived Experience

Conceptual definition.
In this study, lived experience is conceptualized as the event as perceived and defined by the individual woman (adapted from Parse, 1998, 1999, 2001).

Operational definition.
In this study, lived experience is operationally defined as the words of the participants produced from the taped interviews during this study.

Women

Conceptual definition.
In this study, women are conceptually described as females over the age of 18 years of age who are diagnosed with ADHD who are (a) coexisting while constituting rhythmical patterns with the universe (b) open, freely choosing meaning in situation, bearing responsibility for decisions, (c) unitary, continuously coconstituting patterns of relating, and (d) transcending multidimensionally with the possibles (adapted from Parse, 1998, 1999, 2001).

Operational definition.
In this study, women are operationally described as females over 18 years of age, and have been diagnosed with ADHD.

Attention Deficit Hyperactivity Disorder

Conceptual definition.
In this study, ADHD is conceptually defined as the embodiment of the lived experience of ADHD as identified by women participants who were previously diagnosed with ADHD.
Operational definition.

In this study, Attention Deficit Hyperactivity Disorder is operationally defined by the DSM-IV-TR criteria (Appendix 1). For the purpose of this study ADHD includes “ADHD primarily inattentive type, ADHD primarily hyperactive-impulsive type, ADHD combined types, and ADHD not otherwise specified.”

Significance

ADHD is a complex mental health issue that affects children through adults. Much ADHD research has been completed with participants on phenomena such as comorbidity, neuropsychological functioning, and cognitive/social functioning (Barkley et al., 1996; Biederman, Newcorn, & Sprich, 1991; Fischer, Barkley, Fletcher & Smallish, 1993; Hinshaw, 2002; Johnson, 2001; Katz, Goldstein, & Geckle, 1998; Mannuzza, Klein, Bessler et al., 1993; Mannuzza, Klein, Bessler et al., 1997; Mannuzza, Klein, Bessler, Malloy, & Padula, 1998; Milberger, Biederman, Faraone, Murphy & Tsuang, 1995; Newcorn, et al., 2001). Most of this research concerning ADHD has been conducted with children and adolescents (Biederman, Milberger, Farone, Kieley et al., 1995; Brown et al., 1991; Disney, Elkins, McGue & Iacono, 1999; Fischer et al., 1993; Newcorn, et al., 2001; Samuel, 1998; Slomkowski, Klein, & Mannuzza, 1994), primarily with boys (Mannuzza et al., 1991; Biederman, Wilens et al., 1995; Mannuzza, et al., 1997; Mannuzza, Klein, Bessler, Malloy & LaPadula, 1993). Researchers have only recently began to study adults (Biederman et al., 1993; Hill & Schoener, 1996; Kato et al., 2001; Taylor & Miller, 1997; Wiegartz, et al., 1996). Limited research has been completed with adult women with ADHD (Arcia & Conners, 1998; Katz et al., 1998; Millstein et al., 1997; Ramirez et al., 1997). No studies within the nursing literature involving ADHD were found. In addition, no qualitative research related to the lived
experience of women diagnosed with ADHD has been found. Due to this lack of the emic (insider) perspective, there is a great need for nursing research in the area of women diagnosed with ADHD.

Research is needed as it provides direction for practice, expands knowledge of the science and enhances nursing theory (Dossey, Keegan, & Guzzetta, 2000; Parse, 1998). It is research that leads to evidence-based care, which is the ultimate goal of nursing (Omery & Williams as referenced by Burns & Grove, 2001). Without research, using a qualitative approach that examines women with ADHD, appropriate evidence-based care cannot be provided for adult women with ADHD.

Assumptions

Assumptions for this phenomenological study are based on Parse’s theory of human becoming as described in detail in Chapter 3. (In general, adult women diagnosed with ADHD are freely creating meaning from experiences in ADHD in an open process with the universe.) By this process, health is achieved. It was assumed by this researcher that these women would find it beneficial to talk about their experiences. Furthermore, it was assumed that emotions will surface during the interview. This researcher believed that the adult women diagnosed with ADHD have feelings of guilt, sorrow and inadequacy, with the stigma of mental health, and not being understood. Nevertheless, they are strong and independent.

Limitations

Limitations of this phenomenological study were the skills of the researcher. The small sample size limited this study as saturation may not have been achieved. The ability of the participants, adult women diagnosed with ADHD, to accurately report and describe their experiences limited this study as well.
Summary

This chapter presented a brief discussion of ADHD. The research question, problem and purpose of this study were identified. Operational and conceptual definitions were presented in addition to the significance of this study to nursing.
CHAPTER II

Literature Review

This chapter discusses Parse’s theory of human becoming and its conceptual relationship to adult women diagnosed with ADHD. The phenomenological research method that was used in this study also is briefly described. A review of the literature examined documented, relevant research studies regarding ADHD and women. Issues such as nursing theoretical framework, phenomenology, and a review of ADHD research was discussed.

Nursing Theoretical Framework

The theoretical framework used for this phenomenological research study is Parse’s (1998, 1999, 2000) theory of human becoming. Parse focused on the human being as a unitary being who is whole and recognized through patterns. The human being is a unitary being who is in mutual process with the universe. Parse stated human beings are open beings who cocreate meaning in a multidimensional mutual process with the universe. It is impossible to separate the relationship between the human and the universe. Parse’s (1998, 1999, 2001) theory is based on the following several assumptions.

1. “The human is coexisting while coconstituting rhythmical patterns with the universe” (Parse, 1998, p. 20). The human is patterns that coexist and cocreate with the patterns of the universe in a rhythmical pattern. The human and universe relate rhythmically.

2. “The human is open, freely choosing meaning in situations, bearing responsibility for decisions” (Parse, 1998, p. 21). The human being chooses meaning in every situation and has responsibility for these decisions and choices. If one direction is chosen, another is not chosen. By choosing one direction, the human being
is simultaneously responsible for the chosen and not chosen all at once.

3. “The human is unitary, continuously coconstituting patterns of relating” (Parse, 1998, p. 21). The human cannot be divided into separate parts. As the human being relates to the universe, the human being develops into ever evolving patterns.

4. “The human is transcending multidimensionally with the possibles” (Parse, 1998, p. 22). The human chooses to move beyond the actual, the contextual situation, with possibles. The action can never be changed or repeated. The rhythm and patterns of opposites occur as the human being chooses from the possibilities. It is in this way human beings move beyond what is and can choose how to become.

5. “Becoming is unitary human-living-health” (Parse, 1998, p. 23). There is continuous movement of the human-universe patterns that limit and enable human becoming all at the same time. The human being continuously determines who he or she is in given situation. “Inherent in changing is choosing who one will be in a situation” (Parse, 1998, p. 23). Humans choose how they react to a situation and who they become in that situation. It is this choosing that determines health.

6. “Becoming is a rhythmically coconstituting human-universe process” (Parse, 1998, p. 24). The human being continuously chooses what he or she wants to be. This occurs in a rhythm of connecting and separating. It is this changing that constitutes human becoming.

7. “Becoming is the human’s patterns of relating value priorities” (Parse, 1998, p. 24). Human becoming is living chosen values. The human makes choices and this is the way the human being becomes. This pattern of relating values continues to change and establishes human becoming.
8. “Becoming is an intersubjective process of transcending with the possibles” (Parse, 1998, p. 25). The human being interacts with other humans and the universe, mutually. This challenges the human being to take risks, simultaneously revealing-concealing, reflecting the genuine presence of moment-to-moment becoming.

9. “Becoming is unitary human’s emerging” (Parse, 1998, p. 25). “Unitary human’s multidimensional experience of coexistence at many realms of the universe powers the creation of individual patterns of relating that arise as rhythms of human becoming” (Parse, 1998, p. 27). The human being is never the same as just moments before. The human being will never be the same just moments from now.

These assumptions are further synthesized into the following three themes. First, “Human becoming is freely choosing personal meaning in situations in the intersubjective process of living value priorities” (Parse, 1998, p. 29). Second, “Human becoming is cocreating rhythmical patterns of relating in mutual process with the universe” (Parse, 1998, p. 29). Third, “Human becoming is cotranscending mulitdimensionally with emerging possibles” (Parse, 1998, p. 29). From these assumptions, three major themes arise: meaning, rhythmicity, and transcendence (Parse, 1998).

1. Meaning is the value that is given to something. It is the valued-image of what is now, what was, and what will be. Meaning occurs with and without words. Meaning is “…not static but ever-changing, and thus portends the unknown, the yet-to-be truths for the moment” (Parse, 1998, p. 29).

2. “Rhythmicity is the cadent, paradoxical patterning of the human-universe mutual process” (Parse, 1998, p. 29). Rhythmical patterns happen all at once and are unable to be repeated. In this moving rhythmical process, the human being connects-
separates and reveals-conceals all at once with the universe. The human is both enabled and limited by this rhythm and the opportunities that arise from it, but is never the same.

3. Transcendence is the ability of the human to go beyond the now by choosing individual paths to becoming. By navigating this chosen path to becoming, other paths are realized and taken, further enfolding more possibles.

Parse’s theory was grounded in the previously identified assumptions. In addition, three principles of Parse’s theory of human becoming emerge, which are paradoxical truths fundamental to Parse’s theory. The principles of Parse’s theory of human becoming are as follows (Parse 1998, 1999, 2001):

1. “Structuring meaning and multidimensionality is cocreating reality through the languaging of valuing and imaging” (Parse, 1998, p. 35). Human beings are in continuous rhythms of silence-speaking and moving-being still while simultaneously knowing the spoken-undeclared reality and confirming-not confirming values of the human being’s personal experiences. In this way, human beings participates in creating what is real for them through self-expression in their values as they choose personal meanings of every moment of the day and the personal meanings and purposes of life.

2. “Cocreating rythmical patterns of relating is living the paradoxical unity of revealing-concealing and enabling-limiting while connecting-separating” (Parse, 1998, p. 42). Human becoming is a rhythm that appears opposite but is really two dimensions of the same rhythm present all at once.

3. “Cotranscending with the possibles is powering unique ways of originating in the process of transforming” (Parse, 1998, p. 46). Stretching and moving beyond the now
and current situation is making a new and unique individual path for the client in the
middle of uncertainty and ongoing change.

Parse posits that nursing is a basic science that has its own body of knowledge. In
this view, “…the human is considered unitary, and indivisible being recognized through
Nursing is a “basic science embracing a unified body of knowledge with the human-
universe-health process as the phenomenon of concern to the discipline (Parse, 1999, p.
1383) This is different from the traditional role nurses hold using the medical model. The
medical-model which remains predominate in nursing practice, views the client as a
biophysical-social-spiritual being who can be “fixed.” The nurse, practicing under the
philosophical principles of the medical model, assesses, diagnoses, plans, implements,
and evaluates situations to guide people in what is right for their healthcare (Parse, 1999).
In Parse’s theory, the nurse is not an expert who has the duty to “fix” a client’s problems.
Instead, the nurse seeks to understand and be with the client through his or her becoming.

In this theory, the findings of the lived-experiences as described by participants are
structures or the very basic form of the theory of human becoming. Structures are the
findings of the phenomena that emerge as the paradoxical living of the remembered, the
now, and the not-yet all at one time (Parse, 1999). Understanding the lived experience
and how it materializes as the remembered, the now, and the not-yet help the nurse and
client understand the process of human becoming (Parse, 1981). In human becoming, the
individual is the past, present, and future all together, unable to be separated. The process
of human becoming does not only occur in sick clients but also nurse-nurse, nurse-
family, and nurse-community. Human becoming is facilitated by the “true presence” of
the nurse (Parse, 1981). The nurse focuses (centers) on the client, and makes himself/
herself available to the client. The nurse is non-judgmental and does not hold views which label the client (Parse, 1999). The nurse is with the client as his/her health patterns change by witnessing the experience of the client. When nurses practice in the school of human becoming, the processes are as follows (Parse, 1999):

1. “Illuminating meaning is explicating what was, is and will be. Explicating is making clear what is appearing now through languaging” (Parse, 1998, p. 69).

2. “Synchronizing rhythms is dwelling with the pitch, yaw and roll of the human-universe process” (Parse, 1998, p. 70). Dwelling with is immersing with the flow of connecting-separating.

3. “Mobilizing transcendence is moving beyond the meaning moment with what is not-yet” (Parse, 1998, p. 70). Moving beyond is propelling with envisioned possibles of transforming.

By practicing in the school of human becoming, the nurse comes along with the client as they change and make choices regarding their health. The consequences are not the nurse’s, but are the client’s (Parse, 1981). Appendix 2 shows the Human Becoming Theory and the lived experience of the adult woman diagnosed with ADHD (the client). The woman describes her personal experiences and the nurse assists with recognizing patterns and rhythms of the human-universe process while helping to illuminate meaning in the woman’s life. The nurse in true presence assists the adult woman diagnosed with ADHD with going beyond the now by choosing individual paths to becoming.

It is this unique and very individualized theory that fits well with this research. The theory of human becoming recognizes and supports the journey of change and emphasizes the importance of lived experiences. Through lived experiences, the health perspective of women with ADHD can be learned. It is essential to examine the
experiences of women diagnosed with ADHD to determine particular rhythms, patterns and the possibles through the client’s personal description. It is a privilege to be present with women participants to discover how it is to “live with” and “become with” ADHD.

Phenomenological Research

Phenomenology is a philosophy and science and a systematic method for qualitative research to increase understanding about ourselves and the “lived experience” related to various phenomena (Parse, 2001). In phenomenology, the person and environment are viewed as integral parts of each other. The phenomenon that is being studied is described by the participants. These “lived experiences” provide opportunity for further understanding regarding the phenomenon being studied. Glimpsing at life through another’s experience provides information unique to that individual. The truth of the experience is just an interpretation. Phenomenology seeks to understand each individual’s reality, realizing it is subjective and belongs to the individual. It is used to describe the lived experience without labeling the experience good or bad. Phenomenology searches for patterns or structure within the lived experiences that are being studied.

Not all phenomenologists believe exactly the same way. Different research questions call for alternate methodologies consistent with the background philosophy. Heideggerian phenomenologists believe the person is a “self within a body.” The person sees experiences through his or her own particular world. He or she is restricted to experience life through his/her world. The person’s history, culture, and concerns shape the context of his/her experience. Although a person is able to understand the context of his/her experience, it is impossible to completely suspend his/her beliefs (bracketing)
because it is forever part of the person’s becoming or life experience (Burns & Grove, 2001; Parse, 2001).

Phenomenology seeks to understand shared meanings by obtaining the lived experience from participants (Sorrell & Redmond, 1994). It is a science that attempts to find the meaning and essence of the lived experience. Because nurses help clients through many journeys in life, it is easy to see how beneficial phenomenological research is to the client and the discipline of nursing. In addition, this qualitative phenomenological research increases the body of knowledge specific to the profession of nursing.

“Knowledge is built in a discipline (nursing) though discipline-specific research” (Parse, 2001, p. 4). As the knowledge in nursing increases through nursing research, nursing practice improves.

**Review of Literature**

There are a multitude of documented research studies on the diagnosis of ADHD, focusing on children and adolescents, with the majority being completed with boys (Biederman, Milberger, Farone, Kiely et al., 1995; Samuel, et al., 1998; Slomkowski et al., 1994). Fewer research studies have been conducted with females or adults. Even fewer regarding adult women with ADHD have been found (Arcia & Conners, 1998; Brown et al., 1991; Kato et al., 2001). No literature specific to the lived experience of adult women diagnosed with ADHD was found. Only one nursing, non-research article addressed the topic of ADHD (LeClear O’Connell, 1996). This literature review examines both non-nursing research and nursing research specific to ADHD.

**Children and Adolescents**

As mentioned in Chapter 1, much of the research related to ADHD has been done with children and adolescents. Early research mainly examined males, with some
research studies following these males into adolescence. Today, research continues to examine children, with focus now beginning to include females (Gender differences will be discussed later in this chapter).

Children diagnosed with ADHD show certain behaviors such as attention problems, hyperactivity, learning problems, conduct disorders, aggression, decreased social skills and difficulty making friends (Manning & Miller, 2001; Newcorn et al., 2001). Children with ADHD report increased anger (Kitchens, Rosen, & Braaten, 1999) and are at greater risk for depression (Brown, Borden, Clingerman & Jenkins, 1988; Kitchens et al., 1999; McClellan, Rubert, Reichler & Sylvester., 1990).

Children with ADHD are also at a greater risk for anxiety (Kitchens et al., 1999; McClellan et al., 1990), and with a higher risk if parental anxiety or depression is present (McClellan et al., 1990).

Often, these children learn helplessness and develop a lower sense of self-esteem (Milich & Okazaki, 1991). These children can often be taught new skills to better understand and cope with their ADHD attributes and increase their self-esteem (Reid & Borkowski, 1987). Adolescents diagnosed with ADHD, who report higher self-esteem, have better psychosocial adjustment (Slomkowski et al., 1995).

**Adults**

Fortunately, the focus of research is slowly changing to include adults (Johnson et al., 2001; Mannuzza, Klein, Bonagura, et al., 1991; Weiss, Hechtman, Milroy, & Perlman, 1985). Although early ADHD research concluded that children outgrow ADHD, longitudinal studies indicate 30-60% of children diagnosed with ADHD meet the diagnostic criteria of this disorder as they move into adulthood (Biederman, 1991; Barkley et al., 1990; Mannuzza et al., 1991). Weiss et al. (1985) reported 66% of those
with ADHD in childhood continued with at least one disabling symptom of ADHD into adulthood. Adults most commonly present with symptoms such as difficulty sustaining attention, frequently shifting activities, difficulty following through with tasks, fidgeting, interrupting, intruding, speaking out of turn, and difficulty waiting for their turn (Manuzza et al., 1998; Milstein et al., 1997).

Adults diagnosed with ADHD have less schooling, lower occupational rankings, and increased incidence of antisocial personality disorder (Mannuzza et al., 1993; Mannuzza et al., 1997). Johnson et al. (2001) report memory deficits, poor visual-motor integration, and slowed psychomotor speed in ADHD adults. A study by Biederman et al. (1993) found adults have high rates of antisocial, major depressive and anxiety disorders. Ramirez et al. (1997) report adults with ADHD report higher levels of anger than adults without ADHD.

**Gender**

Most studies concerning ADHD have been predominately male. Multiple documented studies included only male participants (Biederman et al., 1995; Mannuzza et al., 1997; Mannuzza et al., 1993). Females are severely underrepresented and underserved in a number of areas of research including psychiatry.

Boys tend to show more aggressive and hyperactive problems than girls, although girls may present with the same degree of distractibility (Biederman, Newcorn, & Sprich, 1991; Arnold, 1996). In a study by Breen & Altepeter (1990), females were shown to be less likely to display aggressive behaviors than males. In addition, females are less likely to be referred to a clinic for treatment due to bias based on hyperactivity, resulting in females being older at initial diagnosis and are often underdiagnosed (Brown et al., 1991).
Females perform poorly on neurocognitive tasks, and are less popular with their peers, while males improve or stay the same (Brown et al., 1991). A study by Hinshaw (2002) also showed problems with females and behavior, co-morbid conditions, peer relations, parent’s roles, and cognitive and academic performance.

Brown (1991) reported problems for females with ADHD increase with age more than for males with ADHD. Kato et al. (2001) studied girls 4-19 years of age. They reported older females in the study have depression, withdrawal, somatic complaints, anxiety and social problems, suggesting older females with ADHD “suffer significant co-morbid psychopathology” (Kato et al., 2001, p. 312). In this study, Kato et al. (2001) were able to identity older females diagnosed with ADHD by higher verbal IQ scores. These researchers suggested that as females age, their higher verbal IQ scores are less likely to help them compensate as social demands and school become more challenging.

In an interview recorded in the well known ADHD newsletter, Challenge, Sari Solden, a leader of ADHD in women, (1995) indicated women diagnosed with ADHD “… are very competent in certain areas of their lives, such as work, while at home they report that life is more chaotic or problematic. If not understood, these discrepancies can lead to faulty conclusions by mental health professionals…” (Solden, 1995, p. 1). These health care professionals may have difficulty with understanding complicated situations with which these women present. Often, women do not manage money well; others have no sense of time; and for some, organizing piles of clutter is very difficult. Due to the difficulty with disorganization, many women feel shame, have poor self-esteem, have problems with relationships and moods (Solden, 1995). Women are also two to three times more likely than men to experience anxiety and panic, with approximately 12% of all American women experiencing a major depression sometime in their lifetime.
Despite the difficulties females diagnosed with ADHD face, females tend to be excluded from most intervention and research regarding Attention Deficit Disorder despite seeming similar in prognosis and response to intervention (Biederman, Faraone et al., 1991; Gingerich, Turnock, Litfin, & Rosen, 1998; Kato, et al., 2001; Milstein et al., 1997).

**Comorbidity**

There is evidence that ADHD occurs in both children and adults with other psychiatric diagnoses called comorbidity (Biederman, Newcorn, & Sprich, 1991; Fones, Pollack, Susswein, & Otto, 2000; Jensen et al., 1997; Mannuzza, Klein, Bongura et al., 1991; Milberger et al., 1995; Munir, Biederman & Knee, 1987; Taylor & Miller, 1997). Comorbid disorders found with ADHD include depression, anxiety, antisocial disorders, panic disorders, and oppositional defiant disorder (ODD).

Weiss et al. (1985) reported a significantly increased incidence of antisocial personality disorder when they conducted a prospective follow up study of 88 of 102 Caucasian males diagnosed with ADHD as children. In a later study, Mannuzza, Klein, Bonagura et al. (1991) replicated the Weiss study. Results of this study showed an association between ADHD and ongoing conduct disorder. A study by Mannuzza et al., (1998) examined the participants of the Weiss study, showing a significant increase in the prevalence of antisocial personality disorder in the participants with ADHD.

Many symptoms of ADHD and comorbid factors are the same. This account for much of the difficulty with ADHD research, diagnosis and treatment. The overlapping symptoms of each disorder further complicate the client’s life and predispose them to increased risk of adverse outcome.
Substance Abuse

A documented study reported a significantly increased prevalence of nonalcohol psychoactive substance abuse in ADHD adults, mainly marijuana (Mannuzza, et al., 1998). A significantly higher lifetime risk for use of drugs and drugs plus alcohol was shown for adults with ADHD (Biederman, Wilens et al., 1995). A study by Schubiner et al. (2000) showed that 24% of the 106 participants admitted to a chemical dependency treatment center met the ADHD criteria found in the DSM-IV. A study by Wilens et al. (1997) found that ADHD was associated with an early onset of psychoactive substance use in adults. Currently, the Harvard Health Letter (2000) reports 20-25% of substance abusers have ADHD. Two studies that found that increased substance abuse in people with ADHD is contributed to an underlying co-morbidity such as a conduct disorder (Biederman, Wilens et al., 1997; Disney et al., 1999).

Nursing studies

Although many ADHD studies have been conducted by disciplines such as psychology, psychiatry, pediatrics and education, no nursing studies were found related to ADHD. In addition, none of these studies related to ADHD utilize the qualitative approach. Due to this lack of qualitative research, this researcher examined nursing qualitative studies that may have similarities to the lived experiences of adult women diagnosed with ADHD. By utilizing qualitative studies, knowledge can be extracted from the emic perspective, leading to more in depth and useful information to better care for women diagnosed with ADHD.

One qualitative study focused on the lived experience of feeling understood (Jonas-Simpson, 2001). Ten women described their experiences of a chronic health problem, day to day life, and understanding themselves in light of feeling understood.
The women then directed the researcher to play a melody on her flute to represent the feeling of being understood. Descriptions of being understood were validation and acceptance, while lessening the feelings of loneliness of being stereotyped or labeled (Jonas-Simpson, 2001). A core concept from the Jonas-Simpson (2001) study related the connectedness with someone who cared and understood, while distancing from those who did not understand. Connectedness is key in assisting clients in reaching a better state of health, and may be an important concept in this researcher’s proposed study on adult women with ADHD.

A second qualitative, phenomenological research study discussed the lived experience of serenity using participants diagnosed with cancer (Kruse, 1999). The way these cancer survivors used to describe their navigation through their experiences provided the researchers understanding of each survivors particular voyage, giving a very real and vivid knowledge and appreciation to the researcher (Kruse, 1999). Each participant chose photographs of their own to show their voyage. It would be very important to have an in-depth understanding of women diagnosed with ADHD and how they navigated through their own voyages.

A third qualitative phenomenological research study discussed the experience of contentment (Parse, 2001). Contentment was described by 10 women, each in their own way. One finding related the need for independence as being a core concept in contentment (Parse, 2001). If the goal is to assist a woman to achieve contentment, it is beneficial to have insight regarding the journeys of others. Contentment was described as “valuing the powering of connecting-separating” (Parse, 2001, p. 198). The insight gained from this study of the lived experience of contentment not only provided a better understanding of the woman, but also a better ability to communicate to the woman or
another woman in the future. Valuable information could be discovered on particular ways women with ADHD experience contentment.

Summary

In this chapter a review of the current literature was provided. Many studies involving male children with ADHD have been conducted. Although research with adults is more prevalent now than in the past, much more is needed. Females have been neglected in ADHD research. Limited research on young girls has been conducted with even less research on adult women with ADHD. The prevalence of comorbid factors has been identified in the current documented research studies, but these factors are not related specifically to women with ADHD. This researcher could not find documented research on ADHD within the discipline of nursing. In addition, all studies found were quantitative in nature. This researcher selected several qualitative research studies that may have similarities to women with ADHD.

Parse’s (1998) theory of human becoming provides a relevant foundation for this study. By using Parse’s theory of human becoming in the proposed phenomenological research study, this researcher will attempt to obtain indepth insight and understanding of the lived experience of women diagnosed with ADHD. This researcher will endeavor to describe and interpret the phenomena of the lived experience of women diagnosed with ADHD.
Chapter III
Methodology

In this chapter, the design of the study of the lived experience of adult women diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) is discussed. Included in this chapter is the setting for the study, sample description, data collection procedures, data analysis and a brief summary.

Design

Qualitative research is a systematic, rigorous form of research that is used to discover life experiences and thereby give these experiences meaning (Dossey, Keegan, & Guzetta, 2000). Through qualitative research, insights are gained “through improving our comprehension as a whole” (Burns & Grove, 2001, p. 61). Generally, qualitative research is based on such beliefs such as:

1. There is not a single reality.
2. Reality, based on perceptions, is different for each person and changes over time.
3. What an individual knows has meaning only within a given situation or context.

(Burns & Grove, 2002).

In this research study, the Parse phenomenological–hermeneutic research method was used. This method is comprised of phenomenology, hermeneutics, and heuristic interpretation (Parse, 2001). In order to better understand this research method, it is necessary to further describe phenomenological, hermeneutic, and heuristic research.

Phenomenology is a philosophy and science and a systematic method for qualitative research to increase understanding about ourselves and the “lived experience” related to various phenomena (Parse, 2001). “The aim of phenomenology is the description of an experience as it is lived by the study participants and interpreted by the
researcher” (Burns & Grove, 2001, p. 31). In phenomenology, the person and environment are viewed as integral parts of each other (Parse, 2001; Burns & Grove, 2001). The phenomenon that is being studied is described by the participants (Parse, 2001; Burns & Grove, 2001). These “lived experiences” provide opportunity for further understanding regarding the phenomenon being studied. Phenomenology seeks to understand shared meanings by discovering the lived experience from the participants (Sorrell & Redmond, 1994). Glimpsing life through another’s experience provides information unique to that individual. The truth of the experience is an interpretation. Phenomenology seeks to understand each individual’s reality, realizing it is subjective and belongs to the individual. It is used to describe the lived experience without labeling the experience good or bad. Phenomenology searches for patterns or structure within the lived experiences that are being studied.

Not all phenomenologists believe exactly the same way or use the same methods to extract information from the lived experience. Parse’s research method is consistent with Heideggerian phenomenologists (Parse, 1998, 2001). These phenomenologists believe the person is a “self within a body.” The person sees experiences through his/her own particular world and is restricted to experience life through his/her world (Parse, 2001). The person’s history, culture, and concerns shape the context of his/her experience. Although a person is able to understand the context of his/her experience, it is impossible to completely suspend his/her beliefs (bracketing) because it is forever part of the person’s becoming or life experience (Parse, 2001). On the other hand, Husserlian phenomenologists believe it possible to completely bracket one’s context of experience, achieving the true meaning of the phenomenon (Burns & Grove, 2001; Parse, 2001, 1998). As previously stated, this current proposed study will be based on the philosophy
of Heideggerian phenomenology, used to conceptualize Parse’s (1999, 2000) phenomenological research method.

Hermeneutics is a method of research that is interpretive. This method suggests that much understanding can be gained by studying human expressions of life. In hermeneutics, the perception of the interpreter (researcher) and the lived experience of the women diagnosed with ADHD intertwine and illuminate the meaning of being human. The method of hermeneutics occurs by the researcher dwelling with the text, while looking for the meaning in the phenomenon that is being studied. The dialogue is interpreted in the researcher’s frame of reference, and then synthesized into formal research findings. The Parse research method is based on the Heidegger-hermeneutic method which follow a pattern of searching for the overall meaning, interpreting parts to the whole and whole to the parts, and sharing what is new (Parse, 2001).

The heuristic research method is derived from humanistic psychology. According to this method, the phenomenon to be studied is pulled from the researcher’s own experience and concerns (Parse, 2001). The research question stems from a concern of the researcher, but the researcher is not fully aware of the depth of the issue. Through communication with others and self-inquiry, the heuristic researcher seeks further understanding and meaning to human experiences. This is accomplished by initial engaging, immersion, incubation, illumination, explication, and creative synthesis of an individual’s experience (Parse, 2001) and will be further explained in the data analysis section. New knowledge is then disseminated and suggestions are made for further research (Parse, 2001).

The Parse (2001) phenomenological-hermeneutic method combines Parse’s human becoming theory with hermeneutics, phenomenology, and heuristic method of
research. All parts compliment each other, pulling together common themes of the lived experience of women diagnosed with ADHD. Because nurses help women through many journeys in life, it is easy to see how beneficial phenomenological research is to the woman and the discipline of nursing. In addition, this qualitative phenomenological research increases the body of knowledge specific to the profession of nursing.

“Knowledge is built in a discipline (nursing) though discipline-specific research (Parse, 2001, p. 4). As the knowledge in nursing increases, nursing practice improves.

Participants

The setting for the study varied. The 3-5 participants came from a variety of backgrounds. The small sample size of this study was adequate and was better for the researcher to examine the in depth lived experiences of the participants (Burns & Grove, 2001).

The following were inclusion criteria for the proposed research study:

- Females over 18 years of age
- They have been diagnosed with ADHD
- They speak English
- They are willing to participate in the study
- They are willing to share their experiences

Data Collection

The participants were obtained in a variety of ways. All participants heard about the proposed research study through casual conversation with the researcher and voiced an interest to participate in the study. Interviews were conducted at a private location convenient to both the researcher and participant. Utmost attention was given to provide for the privacy of the participants.
During any research, it is extremely important to protect the rights of the participants. The participants were informed of the purpose of the study, both written and verbally. All of the participants were advised of the voluntary nature of their participation in the study and their ability to withdraw from the study at any time without repercussions. Participants chose an alternate name to provide the most privacy available. The Institutional Review Board (IRB) of the Medical University of Ohio reviewed the study and provided approval for the study. Signed informed consent was obtained from the participants before participation in the study. Audiotaped interviews were 1 hour to 2 hours in length and then transcribed by the researcher. The data and tapes are kept in a locked file cabinet in the CNRE for 6 years following the conclusion of the study, with only the researcher and her thesis committee having access to the data.

Data Analysis

Data were analyzed using Parse’s phenomenological-hermeneutic methodology. The process of the method is as follows (Parse, 1998):

1. Dialogical engagement is a discussion between the researcher and the participant, in true presence, focusing on the phenomenon being studied.

2. Extraction-synthesis is obtaining the essences from the dialogue. This happens through the researcher dwelling with the transcribed audiotaped dialogues. The structure coming from this process provides answers to the research question and involves the following (Parse, 2001):
   a. Constructing a story that captures the core ideas about the lived experience of ADHD from the participant’s dialogue.
   b. Extracting-synthesizing essences from transcribed descriptions in the participant’s language. The essences are succinct expressions
about the lived experience of ADHD described by the participants.

c. “Synthesizing-extracting essences in the researcher’s language. These essences are expressions of the core ideas conceptualized by the researcher at a higher level of abstraction” (Parse, 2001, p. 171).

d. Formulating a proposition from each participant’s description. “A proposition is a non-directional statement conceptualized by the researcher joining the core ideas of the essences in the researcher’s language. The essences arise directly from the participant’s descriptions” (Parse 2001, p. 171).

e. “Extracting-synthesizing core concepts from the formulated propositions of all participants. Core concepts are ideas (written phrases) that capture the central meaning of the propositions” (Parse 2001, p. 171).

f. “Synthesizing a structure of the lived experience from the core concepts. A structure is a statement conceptualized by the researcher joining the core concepts. The evolved structure answers the research question” (Parse, 2001, p. 171).

3. “Heuristic interpretation weaves the structure into the theory and beyond. Structural transposition and conceptual interpretation are processes that move the discourse of the structure to the discourse of the theory of human becoming” (Parse, 2001, p. 171).
Figure 1. Data Analysis Using Parse’s Phenomenological-Hermeneutic methodology

Summary

In this chapter, the goal of qualitative research is briefly described. Parse’s phenomenological-hermeneutic research method is explained. The study design, setting, steps for data collection and analyses are given. In addition, the steps for data analysis are outlined. Through this qualitative research study, increased knowledge and understanding of women diagnosed with ADHD will be discovered.
CHAPTER IV

Findings

The purpose of this study was to discover the lived experience of adult women diagnosed with ADHD. In this chapter, the selection process of the participants is discussed. In addition, the lived experiences of four women who have been diagnosed with ADHD are presented. Using Parse’s research method, their experiences as discussed in interviews have been reviewed. Using extraction-synthesis and interpretation, the common themes of the interviews were derived and presented in Parse’s theoretical framework.

Sample

Participants were obtained through word of mouth. The participants in this study learned about this research study through casual conversation and voiced an interest in participation. Interviews were conducted at locations convenient and safe for both the participant and the researcher. Utmost attention was given to privacy and confidentiality for the participant.

All participants were advised of the purpose and voluntary nature of the study, both written and verbally. All of the participants chose alternate names in order to provide for their privacy. The Institutional Review Board (IRB) of the Medical University of Ohio reviewed the study and provided approval. Signed informed consent was obtained by the researcher prior to the conduction of the audiotaped interviews. Each participant chose the site for the interview. Each interview lasted 1-2 hours and was immediately transcribed by the researcher. A second interview lasting approximately 15-30 minutes was conducted by phone to verify the researcher’s understanding of the initial interview. In each of the interviews, casual conversation occurred after the tape recorder...
was turned off. The researcher recorded written notes at the conclusion of the meeting.

The data and tapes were kept in a locked file cabinet with only the researcher and her committee having access.

Initially, four women voiced intent to participate in the study. Of these initial four, two decided not to participate due to personal reasons. Three additional women learned about the study from another participant and voiced interest in participation. Of these three women, two did participate.

Four women participated in the study, ages 19-47. Two of the participants were diagnosed with ADHD as children and two were diagnosed as adults, with the age of diagnosis ranging from 3 1/2 – 40 years. All of the participants went to public schools. All completed high school, with two completing at least six years of college. All four of the women were Caucasian. Two have at least one child diagnosed with ADHD. Two women are currently married. One participant is divorced, but is currently involved in a relationship. One woman has never been married and has never been involved in a steady relationship.

Table 1.

<table>
<thead>
<tr>
<th>Name of participant</th>
<th>Age of participant in years</th>
<th>Age at diagnosis</th>
<th>Education</th>
<th>Marital status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann</td>
<td>31</td>
<td>30 years of age</td>
<td>Highschool</td>
<td>Married</td>
</tr>
<tr>
<td>Tina</td>
<td>33</td>
<td>9-11 years of age</td>
<td>Graduate level</td>
<td>Re-married</td>
</tr>
<tr>
<td>Kalie</td>
<td>19</td>
<td>2nd grade</td>
<td>Highschool</td>
<td>Single</td>
</tr>
<tr>
<td>Sue</td>
<td>47</td>
<td>40 years of age</td>
<td>Medical school</td>
<td>Divorced</td>
</tr>
</tbody>
</table>

Findings

The data derived from the four participants reveal common elements. The following narratives tell the participant’s stories. The spirit of each woman’s story is
revealed in her own language. The researcher then explored these essences and transformed the essences into the researcher’s own language. Finally, propositions formed from the researcher’s essences are identified. These are declarative sentences that express themes gleaned from the participant’s essences.

Sue’s Story

“Sue” is a 47 year old developmental pediatrician. She is divorced but in a steady relationship. Sue was diagnosed with ADHD at the age of 40. She has 2 children; one of them has ADHD. She realized that she may have ADHD after reading information about adult ADHD in her office. Sue said she had many clients with ADHD. She was very knowledgeable about the diagnosis with children but not with adults.

As a child, Sue related, “I didn’t have a clue. No clue at all (regarding having ADHD). I knew I was different.” She continues to explain her experiences. “I was in middle school…all the other girls started getting interested in boys and dating and who likes who and I was interested in dolls…still really immature.” She related, “I used to cry easily. I used to just…get really irritable and cry about nothing at all …” She recalled, “Me and my friends tried to ignore the rest of the world basically.” She explained that she had so many embarrassing moments that she attributed to ADHD. She related that they are very difficult to talk about. She mentioned one such incident. “You know we were tired of all the other kids harping us with, who do you like? Who do you like? Who’s your boyfriend? We both had crushes on boys and we’d talk about them between ourselves, but we weren’t going to share it with all the other people…We told them we liked each other. No idea, absolutely no concept about what that meant…You know, they humiliated us so much after that comment.”
Sue explained that she was very good in school and received excellent grades. She recalled that she first became aware of some difficulties when she went to college. “College was very hard…I just would read something and I would have to read it 20 times before it would sink in.” Sue talked about studying over and over again during college and medical school. She recalled that college and medical school were difficult, but worth it.

Sue explained how her son was diagnosed with ADHD at 5 years of age. “I spent a number of years wondering, well gee, I wonder where he got that. I still had absolutely no clue that it was me.” She eventually realized she may have ADHD and was diagnosed at age 40 years. After she was diagnosed she thoughtfully recalled, “It was just a whole new grieving process. It was like… all these years of my life that I struggled with this and suffered with a feeling of being different and not knowing why.” Sue lamented, “If I only had those years, I could live over, I could do things so much differently.” She explained that although she wished she could do things differently, she had to do her best now.

Sue started on medication, which she found to be exceptionally helpful. She related that she does a good job at work and is focused due to the medication. She went for counseling and attended a few courses on ADHD. She believed that as an individual who treats ADHD, has a child with ADHD, and was diagnosed herself with ADHD, she wanted to attend all of the sessions. She commented on a session that she attended, “…we all pretty much went through the exact same thing…We all felt different, and just having the diagnosis was just such an eye opener.” She explained the courses offered assistance in coping with the new diagnosis. She explained that the class was very helpful. Sue mentioned that she enjoys working in the garden where it is quiet and peaceful which helps her relax. She explained that she left her previous job that required
her to juggle teaching, research, and patient care. At the time she was going through a divorce and could not handle the stressors. She related, “So now I can just focus on patient care, which is really my big love anyhow. And you know, it’s much better.”

Sue shared some of her experiences as an adult with ADHD. “I get up in the morning. And even though you’ve done this every day for your whole life, you just cannot seem to get ready in time.” She continued, “So you finally get ready and get to work, late.” She explained, “…You know, then I get home and home is tough. I think I’d almost rather be at work…At home it’s tough, because I get really distracted.” She discussed the difficulty she has with transition when going from one area of her life to another, such as from home to work to home.

Sue shared another story. “I had a big chocolate chip cookie in the oven and I went outside and I was feeding the chickens and I thought, Ok, I have to go right back inside because the cookie is gonna be done in a few minutes. So I got out there, and the dog came out with me, and the dog ran over to the pond. So I had to stop and pick the weeds out of the grass. By the time I finally got everything done, I forgot to feed the chickens. I went back in the house, the buzzer was going off on the stove, the chocolate chip cookie was overdone. So that’s kind of like the story of my life.”

When Sue had forgetful moments, she admitted that she was scared at times. She reflected about forgetful moments. “I just flagellate myself. Oh you stupid. How could you do that? You did that 5 times last week. Didn’t you learn anything?”

Sue discussed raising her children. “It was hard raising kids…it was really hard raising them, really hard.” She further explained, “Well it was especially hard with my ADHD… But my ADHD son was extremely difficult to raise. You know as much as I knew about, you know consistency and discipline and you know, ‘Don’t blame the child
‘cause it’s not the child’s fault’. You know I just found myself screaming at him constantly and just very short tempered with him and I just could not… I just feel terrible about the way I raised him.” She compared her situation to mothers who have children with Fetal Alcohol Syndrome. “Listen, nobody does anything intentionally to hurt their child. You know we all love our kids. We’re all doing the best we can with what we’ve got and yeah maybe you’ve made some mistakes…There’s always a place to start over…And if you love your kids, they know it. That’s the best thing that comes through in the end.”

Sue described having ADHD. She laughed as she said, “Well, it (ADHD) sucks. It’s not fun and I wish I didn’t have it.” She remarked, “I have it and have to do the best I can.” She continued and said, “I think it has a positive side. It gives me much more creativity. I just get so, so, so bored with the same old thing again and again, that I’m just constantly looking for something new and innovative. And I just think that makes me incredibly creative. And I wouldn’t want to change that. That can be a lot of fun.” Sue explained that she feels she is a better health care provider because she has ADHD. “I know what it’s like.” She recalled a little girl she saw in her office who was newly diagnosed with ADHD. “…The little girl started crying and I went over and put my arms around her. I just felt so much empathy for this kid.” Sue also explained her empathy for the mothers of the kids with ADHD. “I understand how they can run late and miss appointments. I understand how they operate. I try to be as understanding as I can to those mothers. And that drives my nurse crazy.”

One essence is demonstrated as Sue recalled a little girl that she saw in her office who was newly diagnosed with ADHD. “I know what it’s like…The little girl started crying and I went over and put my arms around her. I just felt so much empathy for this kid.”
She also said, “I understand how they (mothers who both have children with ADHD or have ADHD themselves) can run late and miss appointments. I understand how they operate. I try to be as understanding as I can to those mothers. And that drives my nurse crazy.” Sue said, “You know even teachers a lot of times that I deal with, with kids, have a lot of trouble in accepting it (ADHD) as not a lazy child, this is not a lazy child. This is a person with a disability.” From this, the researcher’s essence is empathy arises with situational knowing.

A second essence is demonstrated as Sue related her situation to moms who have children with Fetal Alcohol Syndrome. “Listen, nobody does anything intentionally to hurt their child. You know we all love our kids. We’re all doing the best we can with what we’ve got and yeah maybe you’ve made some mistakes…There’s always a place to start over…And if you love your kids, they know it. That’s the best thing that comes through in the end.” From this, the researcher’s essence is forgiving self and accepting failures.

The third essence is revealed as she explained that although she wished she could do things differently, she had to do her best now. “If I only had those years, I could live over, I could do things so much differently.” Sue said, “I would like to go back and be able to talk, to go through some of those experiences that I went through, before, that I really, really botched up bad. You know, and do it all again.” From this, the researcher’s essence is wishing for more while accepting the now.

The fourth essence is shown as Sue talks about how she quit her job. “Well, I think the one thing I did to help that helped me the most was leaving my job, because you know, that was just trying to juggle teaching, research, patient care and there was just no way that I was going to do any of that well.” Sue said, “Ok. I get up in the morning. And
even though you’ve done this every day for your whole life, you just can’t seem to get ready in time. So, you finally get ready and get to work, late. At work, I do great because I’m focused. My medicine is in effect and everything goes really well. I think I do a good job at work.” From this, the researcher’s essence is realizing limitations while striving for success.

The fifth essence is demonstrated as Sue laughed and said, “Well, it (ADHD) sucks. It’s not fun and I wish I didn’t have it.” She continued and remarked, “I think it has a positive side. It gives me much more creativity. I just get so, so, so bored with the same old thing again and again, that I’m just constantly looking for something new and innovative. And I just think that makes me incredibly creative. And I wouldn’t want to change that. That can be a lot of fun.” Sue wondered where her son “got that (ADHD).” She said, “It was my gene, my defective gene.” From this, the researcher’s essence is accepting the bad and celebrating the good.

The sixth essence is shown as Sue discusses her counseling and attendance at a few courses on ADHD. She felt as a person who treats ADHD, a person with a child with ADHD, and as a person with ADHD, she wanted to go to all of the sessions. She commented on a session that she attended, “…we all pretty much went through the exact same thing…We all felt different, and just having the diagnosis was just such an eye opener.” She explained the courses offered assistance in dealing with the new diagnosis and helped offer coping strategies. Sue said, “You know, I think the thing that is real important to stress is that it’s an organic problem. It’s not a learned behavior. It’s not the person trying to be obnoxious or difficult. It’s definitely a difficulty in dealing with activities, your daily life skills that makes us act different. You know? I think people understand, or they tend to be a little more understanding when they realized there’s an
organic problem behind it.” From this, the researcher’s essence is understanding the past while creating knowledge of now.

The seventh essence is demonstrated with her comments. “I didn’t have a clue. No clue at all (regarding having ADHD). I knew I was different.” She explained that she had so many embarrassing moments that she attributed to ADHD. She related that they are very difficult to talk about. She mentioned one such incident. “You know we were tired of all the other kids harping us with, who do you like? Who do you like? Who’s your boyfriend? We both had crushes on boys and we’d talk about them between ourselves, but we weren’t going to share it with all the other people... We told them we liked each other. No idea, absolutely no concept about what that meant... You know they humiliated us so much after that comment.” She also said, “… all these years of my life that I struggled with this and suffered with the feelings of being different and not knowing why.” From this, the researcher’s essence is hurting while not understanding.

The eighth essence is shown as Sue mentioned to the researcher off tape that she enjoys working in the garden where it is quiet and peaceful and helps her relax. “I like to work in my garden and take care of my animals. It is relaxing. From this, the researcher’s essence is tranquility during chaos.

The ninth essence is demonstrated as Sue talks about how she feels about the balance between her job and home. “Ok. I get up in the morning. And even though you’ve done this every day for your whole life, you just can’t seem to get ready in time. So, you finally get ready and get to work, late. At work I do great... I think I do a great job at work. But, you know, then I get home and home is tough. I think I’d almost rather be at work. In fact I think that a lot of people who are workaholics are probably ADHD people who just can’t deal with the lack of structure at home so they stay at work longer
than they should. At home it’s tough, because I get really distracted.” Sue talked about her difficulty and yet spoke about how well she does at work. She used the word ‘you’ when talking about her failure and changed it to ‘I’ when talking about her success. From this, the researcher’s essence is dignity during imperfection.

The final essence is shown when Sue related, “I just found myself screaming at him constantly and just very short tempered with him…I have managed to raise him without using…physical discipline.” She stated, “I went to a couple of ADHD courses. CHAD has a great, great course. It’s fabulous. I went as a parent of and ADHD person, as a person who treats ADHD people, and as an ADHD person myself so it was like I wanted to go to every single one of the session and I couldn’t and it was awful. But um, that was helpful.” From this, the researcher’s essence is controlling while uncontrolled.

After being present with the essences of Sue, a proposition was formulated. ADHD is having empathy with situational knowing, forgiving self and accepting failures, wishing for more while accepting the now, realizing limitations while striving for success, accepting the bad and celebrating the good, understanding the past while creating knowledge of now, hurting while not understanding, maintaining tranquility during chaos, having dignity during imperfection, and controlling while uncontrolled.

Figure 2. Essences from Sue’s Story

<table>
<thead>
<tr>
<th>Essences from Sue’s story</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy arises with situational knowing</td>
</tr>
<tr>
<td>Forgiving self and accepting failures</td>
</tr>
<tr>
<td>Wishing for more while accepting the now</td>
</tr>
<tr>
<td>Realizing limitations while striving for success</td>
</tr>
<tr>
<td>Accepting the bad and celebrating the good</td>
</tr>
<tr>
<td>Understanding the past while creating knowledge of now</td>
</tr>
<tr>
<td>Hurting while not understanding</td>
</tr>
<tr>
<td>Tranquility during chaos</td>
</tr>
<tr>
<td>Dignity during imperfection</td>
</tr>
<tr>
<td>Controlling while uncontrolled</td>
</tr>
</tbody>
</table>
ADHD is having empathy with situational knowing, forgiving self and accepting failures, wishing for more while accepting the now, realizing limitations while striving for success, accepting the bad and celebrating the good, understanding the past while creating knowledge of now, hurting while not understanding, maintaining tranquility during chaos, having dignity during imperfection, and controlling while uncontrolled.

Tina’s Story

“Tina” is a 33 year old who was diagnosed with ADHD at 9-10 years of age. At the time of the interview, Tina was married with 2 stepchildren not currently living with her. She is a nurse practitioner who dealt primarily with adolescents. Tina was diagnosed at about 9 to 10 years of age by her pediatrician. Tina seemed to have some difficulty talking about the painful experiences in her life. She often laughed when the conversation went in the direction of painful issues. Having ADHD as a young child was very difficult. She said she did not fit into the little box that was expected of her. She always felt like she was doing something wrong and couldn’t please everybody. She remarked, “Hyperactive was a fancy word for saying you were a pain in somebody’s ass.” She talked about not understanding her symptoms. She stated, “I guess then I was very flustered ‘cause….I couldn’t understand why I couldn’t focus and pay attention…” She also quietly reflected “…always being told to sit still. And I couldn’t. I didn’t know why I couldn’t. I used to get (silence). It’d piss you off. I didn’t even realize that I was fidgeting. I didn’t realize that I was doing that…that would hurt my feelings cause people wouldn’t sit by me cause I’d drive them crazy.” She also recalled, “I was the only one that was hyper…I felt bad as a kid. I’m driving people crazy and because I couldn’t sit still, nobody would want to sit with me.” In addition, she viewed some of her young childhood experiences with ADHD as being hurtful. “I remember being in the corner and crying. I hated that…something was wrong with me.” One occasion was particularly
hurtful. “When my dad would go out of town, my younger sister could sleep with my mom, but I couldn’t ‘cause I moved all night long…So she wouldn’t let me sleep with her which hurt my feelings…” As a kid, Tina felt she had low self-esteem.

Tina recalled other difficult experiences as she grew up. She described getting up very early in the morning to study. “I didn’t have the frustrations of people not understanding…I couldn’t communicate with you because I can’t.” Tina recalled school, “People always thought you were weird because you sat up close in the classroom. You must be a nerd, but I wasn’t a nerd. That was the only way I could.” She talked about a time when she was in driver’s training. An instructor wanted her to talk and drive at the same time. This presented a tough situation for Tina. She explained, “…She wanted me to do something I couldn’t do. I…couldn’t just do two things at the same time…I felt like crying because she wanted me to do something that I just couldn’t do.”

Tina frequently described learning behavioral modifications to help her cope with ADHD. She has personally adapted various methods throughout her life to assist her with coping with ADHD. She recalled being in school, “It was hard…I had to…sit in front…if I sat in the back then the kids moving in front of me would be distracting…I always tried to sit in the front closest to the teacher…that would help me focus.” Tina thoughtfully remembered, “I really started to…become very organized and have set ways of doing things which some people would consider me incredibly anal, but that’s the only way I can remember or I can keep myself focused on doing things.”

The ability to adapt to different situations by using learned coping strategies has played a very important role in Tina’s life with ADHD. When explaining her experience with using coping strategies, Tina stated, “I feel more in control. I feel like I understand myself better. I used to get flustered very easily to the point where I would cry or I
would need to leave…I think with the techniques or the things that I have come up with, I
don’t get to that point as much as I used to. I feel like I am more in control. That for me is
really important…”

Tina further related that she has learned to read herself and use adaptive, coping
skills to keep control of the situation. She stated (with a smile), “I feel like I use it
(ADHD) to my benefit now…Now that I have my coping mechanisms, I can have a list
of 20 things and say, well OK, let’s start with number 1. I get that done and go to number
2. Then, I’d feel good.” She stated, “The coping mechanisms…have become second
nature. I feel like I can deal with it (ADHD) and in many ways it is actually positive
versus the negative, just ‘cause I understand how to use it for my benefit. Tapping into
the energy that is there. Just knowing, having the lists, priority things. I can use it more
that way versus overwhelming. I don’t feel like it controls me anymore. I control it.”

However, there were times when Tina was not in control and blew up. Tina
explained that she doesn’t like it when she blows up and wishes that she would not do
that. That is why she continues to work on strategies to help her in finding ways to
control her anger. In a very quiet and somber voice, Tina explained, “I usually feel bad
‘cause I don’t like to do that…that makes me feel bad. It makes me feel anxious. I don’t
like the way that I feel. So that’s why I guess I’ve tried to learn…I’m dealing with…if
someone’s in my face, getting on my nerves, how to figure out what this means, how I’m
feeling before I get to that point, and then coming up with ways to…(adapt).”

Tina described some personal and professional difficulties. Personally she was
often overwhelmed and over-stimulated with the demands placed on her by her step
children. “When they first came in, things were crazy. That was a whole new thing for
me to try and deal with. It was…parts of it were very difficult.” She remembered taking
frequent walks and other strategies to deal with those demands. She described over-stimulation as “so much information and not being able to filter it out.” Tina shared that her husband accused her of not being very good at prioritizing. She stated, “I don’t have necessarily a filter…everything is important. Everything has to be done. I can’t just pick out certain things…I’ve had to learn to do that…versus have it all swirling around in my head and freaking out because I am not getting it all done.” In addition, she recalled he (her husband) did not understand her or how her thought processes happened. She related she had to learn to adapt. She remembered taking frequent walks helped with the step children and teaching her husband how she functioned helped in her personal life. She also commented, “…at first it was hard for them (step children) because I couldn’t do exactly what they wanted me to do…it may have benefitted them after all because I have a lot of energy to get them where they had to go…”

Professionally, Tina recalled times when it was difficult to focus or stay on task. She expressed difficulty with working in a primary care setting due to too much stimulation with charting and the set schedule. She expressed difficulty working in group settings. Tina explained, “I hate working in group settings ‘cause I can’t just free flow ideas like that. I have to think about it and process it and figure out where it fits before I can come up with any answers or any ideas.” Tina further explained that she has learned to put out different signals to help others around her understand that she is overwhelmed and needs some time to process situations. For example, Tina recalled, “I’ve learned to put out signals and they’ve (co-workers) learned to read what those signals are when I’ve just had it and can’t add anything to my list right now.”

Tina explained that she changed positions and now it is easier for her to incorporate methods of adaptation. Despite some difficulties at work, Tina explained that
working in her current work setting allows her more flexibility. She stated, “Here…it
does allow for fluctuation and that makes it, I think, easier for me to be able to schedule
things and do things.” Tina also stated, “…here you can bounce from one idea to another
and that’s acceptable. That’s an OK thing…” She further explained that she has the
ability to adapt her work agenda to accomplish what she needs to accomplish that day.
She also discussed that she has her own office that she can use to get away if she needs to
and have quiet in order to better focus. Tina explained that her work setting has features
that allow her to be able to incorporate her coping mechanisms. She explains, “I’ll close
my door if there’s too much going on outside. I’ll plug my ear when I’m on the phone…I
can’t talk on the phone and listen…what’s going on out there, I hear. I can’t ignore it so I
have to plug my ear or shut the door.”

Tina recalled that the adolescent population she works with often has issues with
being over stimulated. She explained that she helps these adolescents find coping
mechanisms. She understands their frustrations and feels she is more patient with them
now. She said, “I think I have more patience with the hyperactive, crazy kids. I know
what it felt like.”

Tina added that having ADHD as a child and as an adult is different. She began to
realize that there were things she needed to do to cope with ADHD in high school,
although she stated, “not really understanding why.” She reflected on her experiences, “I
think the older I have got, the more I really realize that I had ADHD and still do because
the issues that I had as a kid, I still have.” She related that as an adult, “I’ve been able to
identify in myself what things will over-stimulate me or what are the things that I need to
do so that I can pay attention or listen or hear what it is that a person is saying. So to me,
the difference is beginning to know myself.
Tina thoughtfully explained how having ADHD is for her today. “I used to think ADD was such a bad thing. You know you are messed up…That’d be incredibly frustrating because nobody could understand how I was feeling. And the more that I’ve learned to understand how I feel and why I feel the way I feel, what’s going on in my head and share that with other people, I don’t really feel it burdens me anymore.”

She realized that she does process information differently and understands why she struggles with organization. Recently in a work-related class, she learned to tell people that she needs time to process information. She recalled that she can now say, “I have to process this and as soon as I process it I can give you an answer. But, it’s going to take me a few minutes to think about it.” She related that this makes things a lot smoother for her. However, she admitted that after awhile, she didn’t “like to be…thought of as being different.” She explained that the group called attention to the different way she processed things whenever they were not pleased with her views. “It wasn’t different in a good way. It was different in a negative way.” She continued to explain that she does not like to be restrained by the way she processes things due to her ADHD. She explained that she does not like to be limited by having ADHD.

One essence shown as Tina discussed her feelings on having ADHD. She stated in a matter of fact tone, “You know you are messed up…that’d be incredibly frustrating because nobody could understand how I was feeling. And the more that I’ve learned to understand how I feel and why I feel the way I feel, what’s going on in my head and share that with other people, I don’t really feel it burdens me any more.” Tina mentioned how she felt bad when she blows up. “I usually feel bad ‘cause I don’t like to do that…that makes me feel bad. It makes me feel anxious. I don’t like the way that I feel.” From this, the researcher’s essence is forgiving self and accepting failures.
The second essence is demonstrated as Tina related that she understands their (adolescents in a juvenile detention center) frustrations and feels she is more patient with them. She said, “I think I have more patience with the hyperactive, crazy kids. I know what it felt like.” Tina said, “Kind of figure out what makes the kid work. I don’t think all kids are the same and you need to come up with different ways of helping them to learn to cope (with ADHD), so they don’t have to. I mean kids are going to find out things on their own and maybe even pulling out. You meant to do this ok. How did that work for you, kind of stuff to help kids or grown ups to deal with it, figuring out what they’re…what coping mechanisms that they have and figure out what frustrates them and help them figure out ways that they could deal with it (ADHD).” From this, the researcher’s essence is empathy arises with situational knowing.

The third essence is established when Tina stated that she “…would like to be different sometimes but always will have ADHD. I just have to accept and deal with it.” From this, the researcher’s essence is wishing for more while accepting the now.

The fourth essence is shown as Tina explained that she changed positions (at work) and now it is easier for her to incorporate methods of adaptation. Despite some difficulties at work, Tina explained that working in her current work setting allows her more flexibility. She stated, “Here…it does allow for fluctuation and that makes it, I think easier for me to be able to schedule things and do things.” Tina also stated, “…here you can bounce from one idea to another and that’s acceptable. That’s an OK thing…”

Tina further explained that she has learned to put out different signals to help others around her understand that she is overwhelmed and needs some time to process situations. For example, Tina recalled, “I’ve learned to put out signals and they’ve (co-workers) learned to read what those signals are when I’ve just had it and can’t add
anything to my list right now…then we all work better together.” From this, the researcher’s essence is realizing limitations while striving for success.

The fifth essence is demonstrated as Tina remembered that taking frequent walks helped with the stepchildren and teaching her husband how she functioned helped in her personal life. She also commented, “At first it was hard for them (step children) because I couldn’t do exactly what they wanted me to do…it may have benefited them after all because I have a lot of energy to get them where they had to go…” She also stated, “I feel like I use it (ADHD) to benefit me me now…Now that I have my coping mechanisms, I can have a list of 20 things and say, well OK, let’s start with number one. I get that done and go to number two. Then, I’d feel good.” She stated, “The coping mechanisms…have become second nature. I feel like I can deal with it (ADHD) and in many ways it is actually positive versus the negative, just ‘cause I understand how to use it for my benefit.” From this, the researcher’s essence is accepting the bad and celebrating the good.

The sixth essence is shown as Tina explained that understanding what happened in the past and dealing with it is helping her now. Over the years she has learned more about herself and has really tried to use this knowledge and learned strategies to help her. Recently in a work-related class, she learned to tell people that she needs time to process information. She recalled that she can now say, “I have to process this and as soon as I process it I can give you an answer. But, it’s going to take me a few minutes to think about it.” She said it makes things a lot smoother for her. “And I can just say, ‘you know I need to think about that a little bit. I need to process that because I don’t know where to put that or I don’t really know how to answer that right now. And so, and saying that doesn’t make me anxious. It doesn’t make me feel dumb…It makes me feel better.” Tina
said, “I’ve had time to look at myself…to understand how I work…and that’s helped me.” From this, the researcher’s essence is understanding the past creates knowledge of now.

The seventh essence is illustrated as Tina talked about not understanding her symptoms. She stated, “I guess then I was very flustered ‘cause….I couldn’t understand why I couldn’t focus and pay attention…” She also quietly reflected “…always being told to sit still. And I couldn’t. I didn’t know why I couldn’t. I used to get (silence). It’d piss you off. I didn’t even realize that I was fidgeting. I didn’t realize that I was doing that…but that would hurt my feelings cause people wouldn’t sit by me cause I’d drive them crazy.” Tina said, “I remember being in the corner and crying. I hated that, like something was wrong with me, or you know…and it, it, it, like my other siblings in the household weren’t like that. I was the only one that was hyper, and it was…I felt bad as a kid.” Ann talked about driver’s training. She said, “I had to focus on one thing and my driving instructor wanted me to talk and drive at the same time and I’d never driven before and that was very stressful because she wanted me to do something I couldn’t do. I can’t, couldn’t just do two things at he same time… If I get too many things going, I get overwhelmed and just don’t finish them.” From this, the researcher’s essence is hurting while not understanding.

The eighth essence is revealed as Tina explained that she wanted to be understood and recognized as being capable even though she is different. She expressed comfort and increasing ease in telling people she processed things differently. However, she admitted that after awhile, she didn’t “like to be…thought of as being different.” She explained, “It wasn’t different in a good way. It was different in a negative way.” From this, the researcher’s essence is dignity during imperfection.
The ninth essence is established as Tina explained that she does not like to be restrained by the way she processes things due to her ADHD. She related that she would prefer to be more like everyone else at times. “Towards the end of the class, I started to get a little ticked off because any time anything had to be perfect or rigid…like I can’t do anything outside of the box. Then I began to become offended. They (students in her class) needed to stop it…” From this, the researcher’s essence is being chained while wanting to run free.

The tenth essence is shown as Tina mentioned on several occasions that she took quiet walks or went into her quiet office to focus when there was a lot of things going on. “I’d have to go for a walk. I’d have to go for a run until I could pull myself back together…just to have things be quiet and then I could come in and deal with it. I did that a lot. Walking is a good thing ‘cause it is quiet…I could try to calm down and talk to myself a little. I think that’s, for me if I get stressed out I have to go some place quiet.” She also said, “now I just know that if I need to talk to a person I close the door or find a quieter place to sit, or if I have to study I can understand that I need to sit some place quietly in order to do that. From this, the researcher’s essence is tranquility during chaos.

The final essence is demonstrated as Tina talked about her ability to control herself. Tina said, “Oh my God, how am I going to get all of this done and then I’d say I can’t do it. I’d say, ‘screw it,’ and just then leave.” She commented, “…I just about had it. And so of course I blew ‘cause I couldn’t take that anymore.” She also explained an incident at work. “…if you don’t get this frickin’ man out of my face I’m going to choke him.” She also exclaimed, “I had to go for a run until I could pull myself back together.” Tina mentioned that by understanding how she processes things, she maintains control. “Just knowing, having the lists, priority things. I can use it more that way versus
overwhelming. I don’t’ feel like it controls me anymore. I control it.” From this, the researcher’s essence is controlling while uncontrolled.

After being present with the essences of Tina, a proposition was formulated. ADHD is forgiving self and accepting failures, empathy arising with situational knowing, wishing for more while accepting the now, realizing limitations while striving for success, accepting the bad and celebrating the good, understanding the past while creating knowledge of the now, hurting while not understanding, having dignity during imperfection, being chained while wanting to run free, maintaining tranquility during chaos and controlling while uncontrolled.

Figure 3. Essences From Tina’s Story

<table>
<thead>
<tr>
<th>Essences from Tina’s story</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgiving self and accepting failures</td>
</tr>
<tr>
<td>Empathy arises with situational knowing</td>
</tr>
<tr>
<td>Wishing for more while accepting the now</td>
</tr>
<tr>
<td>Realizing limitations while striving for success</td>
</tr>
<tr>
<td>Accepting the bad and celebrating the good</td>
</tr>
<tr>
<td>Understanding the past creates knowledge of now</td>
</tr>
<tr>
<td>Hurting while not understanding</td>
</tr>
<tr>
<td>Dignity during imperfection</td>
</tr>
<tr>
<td>Being chained while wanting to run free</td>
</tr>
<tr>
<td>Tranquility during chaos</td>
</tr>
<tr>
<td>Controlling while uncontrolled</td>
</tr>
</tbody>
</table>

Kalie’s Story

“Kalie” is a 19 year old who was diagnosed with ADHD at 31/2 years of age. She lives at home with her parents and autistic brother. She graduated from high school and is
employed delivering papers for the local newspaper in her home town. Kalie thinks her life is boring. She is single and reported no desire to date or marry at the time of the interview. She stated that she has a close relationship with her grandmother but has no close friends her age. During the interview process, she requested that her grandmother be present for moral support. Kalie also wanted to use her own name. “I am proud of who I am. I do not need to change my name.” She reluctantly chose a different name for the purpose of confidentiality.

Kalie had difficulty discussing her early childhood experiences. She stated, “I don’t remember that much actually…that whole time period when they gave me medicine for it (ADHD) is a little bit foggy.” She recalled being in second grade and driving the teachers “insane.” She recalled, “I guess I never sat still.” Kalie also explained, “…I guess I was a big handful for my second grade teacher because she kept sending me to the office because I was running around not doing anything at school and that made me a really bad influence.” Kalie remembered people calling her “nuts.” She said she felt terrible about that, although she stated, “It really doesn’t bother me now that people thought I was nuts. Everyone is a little crazy.”

Kalie shared some of her school experiences. She didn’t participate in school activities. “School was basically go, do what you have to, go home…didn’t talk really to anybody.” She did talk about someone she said she hated. She said, “He (boy at school) just pushes people around and treats people bad. And I pointed it out to him. And when I did, he started yelling at me and didn’t like the fact that I have a tendency to just tell people what I think. And nobody likes it…I get told to shut up a lot. She recalled troublesome boys in her class. She said, “I didn’t get bullied at all. Pretty much I wouldn’t stand for anyone bullying me. If anyone tried, they’d regret it.”
Kalie was in learning disability (LD) classes for her school years. She remembers being in the LD classes because “they had no where else to stick me at the time.” Kalie liked her LD teacher. She said, “I had one great teacher, the LD teacher I had for 4 years. Great lady. Real smart.” Kalie went on to describe how the LD teacher would give her reports to do, that involved research at the library. That was her favorite learning activity. She went on to say she did bad in the classes that used lecture format. Kalie recalled, “I don’t like being talked to. People lecture me and I tend to forget exactly what they said a second later. No matter who it is, teachers, I don’t like being lectured.”

Kalie did not have many close friends. She said she had one close friend who moved away in high school. She also said she ignored almost everybody else. She did like middle school more. Kalie stated people were “more friendly there.” She also stated I talked to a lot more people there.” She continued to say she spent most of her time in the library. She mentioned the library several times She talked about the quietness and her love for reading. While laughing, Kalie said, “I like learning. I don’t always remember the things I learn. But, I usually pretty much remember all the books I’ve read…That’s why I read so much.” Kalie also spoke of writing and constantly thinking of stories in her head.

Kalie expressed her dislike for her family. “I don’t like my family most of the time. Every once in awhile it’s all right, but most of the time, don’t like them. She continued to explain that her family was constantly talking, yelling, and were very loud. She explained that her family is closed-minded. She recalled, “Most people are…I get told to shut up a lot because I’ll…say something that they just want to ignore, they didn’t want to hear about and so…I get told to shut up a lot.” Kalie went on to explain, “…they always want me to talk, and I don’t (want to talk).” She described how she put on
headphones to block out the noise. She also mentioned the library and how she enjoys the quiet.

On several occasions, Kalie touched on the importance of understanding someone’s actions and seeing different sides. She mentioned a boy in her class. “…I tolerated him because he didn’t have a great family life and so that’s why he was such a pain, but I tolerated him. It’s kind of fun to argue with him…” Kalie also explained why she wants the dragon to win instead of the knight. “I feel sorry for the dragon…They (knights) just go out and hunt dragons and never wonder their whole life that that dragon might be doing what it’s doing for a reason.” In another example, Kalie stated, “She (Kalie’s mother) thinks we should just go over and blast everybody over there (Iraq) because of what happened. And I’m like, yeah they did it but they have a reason why they did it.” She further explained, “I see both sides…it’s just like my sign, Libra, the scales.”

Kalie recalled wearing a spongy device (leash) that went on her arm. She vividly explained, “…that thing you put on your arm to make sure you don’t take off. I hated that thing. I hated those things. I hated being chained. I couldn’t go anywhere. I don’t like being stuck in one spot for very long.” She further described her experience with “being chained,” “They’d get me somewhere and it was like, you’re like wild so you’re gonna stay in here. So don’t cause problems. I got depressed a lot, I guess.” She also stated that being chained made her really nervous.

Kalie expressed feelings of independence and freedom when doing her paper route. She related that she was on her own and “you don’t get bossed around.” She also pointed out that it is an easy job. She was able to think and listen to her music while she delivered the papers. Kalie also indicated she did a good job with the paper route.
Kalie expressed a dislike for taking medication. “I don’t like medicine. Taking all that medicine kind of put me off.” She stopped taking medicine for ADHD in the sixth grade. She recalled a time when she was taking medication. “I didn’t have any idea where I was, like I could just be sitting somewhere and it suddenly just seems as though I’m not exactly in control anymore. My body is just walking around confused, and I guess that happened like 2 or 3 times, and I could see everything that was going on and look where I was, but my body was just, like, walking off on it’s own. And it was kind of scary. She also explained that often people gave kids medication when they didn’t want to deal with them.

One essence is demonstrated as Kalie has understanding in situations. Kalie mentioned a boy in her class. “…I tolerated him because he didn’t have a great family life and so that’s why he was such a pain, but I tolerated him. It’s kind of fun to argue with him…” Kalie also explained why she wants the dragon to win instead of the knight. “I feel sorry for the dragon…They (knights) just go out and hunt dragons and never wonder their whole life that that dragon might be doing what it’s doing for a reason.” In another example, Kalie stated, “She (Kalie’s mother) thinks we (the United States military) should just go over (Iraq) and blast everybody over there because of what happened (plane crashes in the World Trade Center). And I’m like, yeah they did it but they have a reason why they did it.” She further explains, “I see both sides…it’s just like my sign, Libra, the scales.” From this, the researcher’s essence is empathy arises with situational knowledge.

The second essence is shown as Kalie indicates being held down when she wants to be free. “…that thing you put on your arm to make sure you don’t take off. I hated that thing. I hated I hated those things. I hated being chained. I couldn’t go anywhere. I don’t
like being stuck in one spot for very long.” She further described her experience with “being chained,” “They’d get me somewhere and it was like, you’re like wild so you’re gonna stay in here. So don’t cause problems.” She also explained that she did not like that her parents would not listen to her ideas. They would tell her to shut up when she tried to express herself. From this, the researcher’s essence is being chained while wanting to run free.

The third essence is shown as Kalie mentioned that she is able to think when she is doing her paper route. She talked about how she often thinks of stories and occasionally writes. “Like I write a little bit, mostly short stories….Well most of the time I’m thinking up stories.” She also mentioned that she is able to think when she is doing her paper route. From this, the researcher’s essence is expressing ideas while not speaking.

The fourth essence is demonstrated as Kalie talked about forgetting things. She said that she didn’t do anything to help her to remember to do things. Kalie stated, “…most of the time when I forget stuff, it’s stuff I don’t mind forgetting.” She said, “I always see both points of view, so I don’t really stay mad at anybody for very long…I could have an argument with somebody and the next day they’ll still be mad and I’ve completely forgotten what we were arguing about.” From this, the researcher’s essence is accepting the bad and celebrating the good.

The fifth essence is shown as Kalie stated, “I don’t remember that much actually…that whole time period when they gave me medicine for it (ADHD) is a little bit foggy.” She recalled being in second grade and driving the teachers “insane.” She said, “I guess I never sat still.” Kalie also explained, “…I guess I was a big handful for my second grade teacher because she kept sending me to office because I was running
around not doing anything at school and that made me a really bad influence.” Kalie remembered people calling her “nuts.” She said she felt terrible about that. From this, the researcher’s essence is hurting while not understanding.

The sixth essence is demonstrated as Kalie talks about the quiet. She described how she put on headphones to block out the noise. “Yeah ‘cause I’m away from everybody. And nobody’s bothering me. I usually have my headphones…I guess I zone out when I’m walking.” She also mentioned the library and how she enjoys the quietness. “It’s quiet…It’s really quiet.” Kalie said, “I can’t think that well if there is a whole bunch of noise.” From this, the researcher’s essence is tranquility during chaos.

The seventh essence is shown as Kalie discussed her pride. She wanted to use her own name during the interview. She reluctantly agreed to choose the name Kalie. “I am proud of who I am. I do not need to change my name.” Kalie said, “No matter who it is, teachers, I don’t like being lectured.” From this, the researcher’s essence is dignity during imperfection.

The final essence is related to control. Kalie said, “We get in trouble when we got into big fights like physically clawing or biting, or punching at each other…we do get into yelling fits but we aren’t so much hitting each other any more…. I throw something at him. It gets pretty violent around our house.” Kalie stated, “I don’t like talking to them (her family) most of the time because they always want to talk, and I don’t.” From this, the researcher’s essence is controlling while uncontrolled.

After dwelling with the essences of Kalie, a proposition was formulated. ADHD is empathy arising with situational knowledge, being chained while wanting to run free, expressing ideas while not speaking, accepting the bad and celebrating the good,
controlling while uncontrolled, hurting while not understanding, having tranquility during chaos while having dignity during imperfection.

Figure 4. Essences From Kalie’s Story

<table>
<thead>
<tr>
<th>Essentials from Kalie’s story</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy with situational knowledge</td>
</tr>
<tr>
<td>Being chained while wanting to run free</td>
</tr>
<tr>
<td>Expressing ideas while not speaking</td>
</tr>
<tr>
<td>Accepting the bad and celebrating the good</td>
</tr>
<tr>
<td>Hurting while not understanding</td>
</tr>
<tr>
<td>Tranquility during chaos</td>
</tr>
<tr>
<td>Dignity during imperfection</td>
</tr>
</tbody>
</table>

Proposition

ADHD is empathy arising with situational knowledge, being chained while wanting to run free, expressing ideas while not speaking, accepting the bad and celebrating the good, hurting while not understanding, controlling while uncontrolled, having tranquility during chaos while having dignity during imperfection.

Ann’s Story

“Ann” is a 31 year old who has 3 children with ADHD. She is happily married and states her husband is supportive. She is employed as a school bus driver. Ann was diagnosed with ADHD at 30 years of age. She thought she may have ADHD after reading the literature. She recalled as a child acting very similar to her daughter. Ann wanted to use her own name. “I do not have anything be ashamed of or hide.” Ann reluctantly chose a fictional name in order to maintain confidentiality.

Ann shared her school experiences. She recalled how her teachers would often make comments that were painful for her. She remarked, “the teachers would say, ‘Oh you can do better’…and this and that and they could never understand, you know, I was not getting it. And unfortunately, you know, I struggled real hard and got D’s and F’s and some C”s.” Ann continued talking about school. “I hated it…You had to do certain things…I wasn’t like that…” She said, “…I had to go through the basics in order to pass.
And you know some of the kids thought…different groups…I was in a lower group…I must have been a bad person. No.” Ann became upset when she talked about being in class, “…You are afraid to answer. You’re always wondering, Oh God. Oh God. Please don’t pick me. Don’t call on me. Don’t call on me. I just remember that. Don’t call on me. Don’t call on me…I don’t know if I’m gonna answer it right…And then getting called on, I whisper…I don’t say it really loud…I’m not a real outgoing person…That’s just Ann. It’s frustrating.”

Ann described a very painful experience. I really liked him (teacher) because I liked the way he taught, I really caught on to the math really good. I did so good…And he’s like, Ann, you don’t need to be in this class. I go, Yeah, I do. I need to be in here…Well he switched me over to Algebra. I could not get it. Failed…I was so hurt. These people are lookin’ at me like…What am I doin’ in here? Well then he switched me back and he pulled me aside and goes, What happened? I go…I did not understand what they were doing. I told you, I understand what you’re doin’. But I think it was the way he was teaching it, that was making me click to it…it was something I always remembered…‘cause I remember how I felt going to that other room and I had no idea what they were doin., what she was talkin’ about. She wasn’t showin’ it good enough…You know, I’m like, No way. I gotta get outta here. Oh. That was bad. That is somethin’ I’ll always remember. Always…I felt stupid. That’s the only word I can use to describe it. I felt stupid. And you felt really stupid when you weren’t getting it, and you got switched to the other room…there were some kids that made fun…I didn’t understand. She explained that she felt she has low self esteem mostly due to her childhood experiences.
Ann shared some of her high school experiences. “Oh! I hated it. I hated it…I was over weight then too…and that didn’t help matters…I just got to this point where I didn’t give a shit. I told people off…You know what? I’m tired of it. I’m tired of it.” She told a story of a boy at school not being nice to her and how she finally blew up. “It just was so irritating the way things were just building up. And then the day after that people knew, ‘Just don’t mess with her’.” Ann talked about not knowing good coping skills for ADHD as a child. “I just didn’t know what to do.” She did remark that as time went on, she did learn some skills.

Ann learned she had ADHD after her oldest daughter was diagnosed. She remembered reading about ADHD and thinking, “Ok. I definitely have it.” Ann also voiced great relief when she was officially diagnosed with ADHD, and that she was not the only one who had it. Ann said she finally understood why her life was the way it was. She could finally give a name to her being different. “It was not something made up in my head.” She recalled reading books, pamphlets, and even watching Oprah to get tips to deal with her ADHD.

Ann spoke about her relationship with her husband. She talked about her appreciation for his understanding and help with managing daily life issues. Ann explained that he has helped her through her issues with depression and her heart surgery by being there, supporting her, and by basically trying to understand her, which meant a lot to her. She did recall times when he was not understanding. “It took my husband awhile to adapt. I did horrible things to the checkbook. After awhile, we fixed the problem though. Now he makes lists for me and helps me with the bills.”

Ann explained that she continues to struggle with ADHD every day. She explained that she has done things that she feels bad about. She stated, “I cannot get
organized for nothin’. You know, um, balancing a checkbook. I cannot balance a checkbook. It got so bad, where we absolutely, we went through 3 different banks closing out the account because we had bounced checks. She talked about having problems with cleaning the house and other household chores. She said, “I cannot focus on one room…I’m like all over the place, totally all over the place. To this day I still have a lot of problems with cleaning house and keeping organized.” Ann said she preferred to work outside rather than inside. “It gets really frustrating because I think, personally, your house is the most stressful part of a person’s life. Because you want it done in a certain way, you know or like me, so unorganized trying to get everything organized…and keeping it clean…and then someone goes around and messes it back up…you know what? I’ve had it. I’m on strike. I’ll go outside. I’ll spend the whole day outside. I’d rather be mowing, pulling weeds, doing stuff like that, than be inside where I can see that (dirty house) ‘cause I know I’ll get all frustrated with it.” She said, “What’s really irritating is, when you do clean, like, one room and get that organized, within a week or even a day it’s just back all chaotic again. So, sometimes I try not to make it frustrate me, but, I’d just rather be in my vehicle cruisin’ around. You know? Bein’ outside away from it (house). I don’t want it to tie me down like that.” Ann explained that she tries not to worry about the housework because that is not what her children will remember when they get older. “So I keep that in my head…you know these guys ain’t gonna remember that I had a stack of papers this high.”

Ann talked about her job. She explained that she had multiple jobs, but never fit in. She also explained that she is jealous of people who are extremely organized. She stated, she would like to be like that but does “the best I can.” She said, “I’m a person that likes to be on the go. I think that’s why I like bus driving so much. And being a bus
driver you know exactly what your gonna do the next day. It’s the same route. You’re going the same direction every day. You know who you’re picking up. You know, just everything. You know exactly what you’re doing that day. And… in that sense…your on the go…I just don’t like to be tied down in one spot…

She continued talking, “I love driving big vehicles…this will be a control thing…You’re in a school bus. You’re on the road. You got more control over traffic, anyone on the road. The school bus has so much power to it. It’s uplifting…If someone runs your reds or does something wrong, all I gotta do is call it in and the cops will get ‘em. I helped in my eyes…I just helped somebody slow down…The way I see it. And it’s a challenge too, when you have all those kids on your bus. It’s a challenge and I like that. ‘Cause every day is, every day you might have the same route driving…but the kids ain’t never gonna be the same. And I like that. And too…you’re always looking everywhere. You’re constantly checking, hearing, everything. So it’s keeping my mind very busy.”

Ann realized the challenge of raising children as well. She discussed the difficulty of getting ready in the morning and getting her children ready at the same time. “And it’s a challenge. And then with the parent having it (ADHD) itself …it’s crazy. And in the mornings, oh my God. It is awful. You can tell when they wake up, it’s like, bouncin’ off the walls and real loud.” She explained that she sometimes does stupid things, gets angry, and says things she does not mean to say. “You know you just, you blow. Your temper just blows…Why was I even yellin’ about that? It was no big deal.” She continued, “So with me, blowin’ up, I don’t know. It makes you feel like crap afterwards. It just, you don’t give yourself time to look at the real picture, exactly what happened. I mean, a little stupid thing and your looking at it as something really big and
major that happened. And it was just somethin’ little. I’m not talking about when I blow up. It’s like, a loud voice, I mean I am boiling inside and I’m just like Aarrgh!!”

She explained that she teaches her children to understand the need to look at the situation first and then act. Ann explained that she does everything she can to make her family run smoothly. She related that it is not easy and she makes many mistakes but she tries her best. Ann explained how strongly she feels about her children. She talked about supporting them and being their advocate. She explained that she would do everything and anything to help them succeed in life. “So when it comes to my kids in school, I know. I know exactly how they’re feeling. If the teachers say somethin’ different, I tell them (teachers).” In particular, she expressed her protectiveness of her oldest daughter. “She is just like me. She struggles so much and I will never let her be pushed around.”

Ann recalled the pain she had as a child and refuses to allow her children to go through that. “I wish then my parents knew what I know now. That way I didn’t have to go through all that. And I hated that. I hated it. I see her (oldest daughter) struggling. So, I just wish my parents understood back then because, it was hurtful.” She explained that she stays with her daughter and helps her accomplish what she needs to, no matter how long it takes.

Ann discussed her feelings regarding medication. “You’re more at ease, a lot more at ease.” She related the importance of medication in her life and the lives of her children. She commented on people who think medications are over used. “That makes me very upset. You know what, take all 3 of my kids without their medicine for two weeks (all of her children are on medications), and then come back to me, and tell me that you’re a better person or a more controllable parent or whatever. You think I use this medicine to keep them calm. No. No I don’t. I do it to benefit them.” She recalled a boy
she knew as a child. He was on Ritalin and she knew that was for people who were hyper, not for focusing. “I don’t want my kids on Ritalin...I understand that the other medicines are almost basically the same, but it’s not that word (Ritalin).” She related that she just does not want herself or her children to be associated with the word Ritalin. She remembered children in her childhood that were bad kids and had to use Ritalin.

One essence is explained as she talks about how she supports her children. She explained that she stays with her daughter and helps her accomplish what she needs to, no matter how long it takes. She further explained, “I will do anything that I can to make sure my kids are all right. I know exactly what they are going through.” Ann stated, “She is just like me. She struggles so much and I will never let her be pushed around.” Ann recalled the pain she had as a child and refuses to allow her children to go through that. “I wish then my parents knew what I know now. That way I didn’t have to go through all that. And I hated that. I hated it. I see her (oldest daughter) struggling. So, I just wish my parents understood back then because, it was hurtful.” She explained that she stays with her daughter and helps her accomplish what she needs to, no matter how long it takes. From this, the researcher’s essence is empathy arises with situational knowing.

The second essence is expressed as the desire to be free. Ann said, “What’s really irritating is, when you do clean, like, one room and get that organized, within a week or even a day it’s just back all chaotic again. So, sometimes I try not to make it frustrate me, but I’d just rather be in my vehicle cruisin’ around. You know? Bein’ outside away from it. I don’t want it to tie me down like that.” Ann said, “I just don’t like being tied down in one spot. You know. I just like to move a little bit. I guess. Like, I fight with my husband just to try to let me mow the lawn and he can do the housework.” From this, the researcher’s essence is being chained while wanting to run free.
The third essence is shown as Ann explained that she does everything she can to make her family run smoothly. She related that it is not easy and she makes many mistakes but she tries her best. She explained that she has done things that she feels bad about. “I cannot get organized for nothin’. You know, um, balancing a checkbook. I cannot balance a checkbook. It got so bad, where we absolutely, we went through 3 different banks closing out the account because we had bounced checks.” She talked about having problems with cleaning the house and other household chores. “…I cannot focus on one room…I’m like all over the place, totally all over the place. To this day I still have a lot of problems with cleaning house and keeping organized.” Ann also discussed how she felt regarding what is most important in life. She said, “When your children are older, what will they remember most? How neat the towels were folded in the closet, how neat the bedroom was, or how many laundry baskets are sitting there? Is that what you are gonna remember or are you gonna remember spending time with your family…What are they gonna remember…So, I keep that in my head, to where, ok, you know these guys ain’t gonna remember that I had a stack of papers this high…You remember…what is most important…How you react.” From this, the researcher’s essence is forgiving self and accepting failures.

The fourth essence described Ann’s desire to succeed. Ann related that she learns about ADHD from different places. She explained that she teaches her children to understand they need to look at the situation first and then act. She talked about seeing her daughter struggle and helping her accept what it takes to succeed. She said, "I see her struggling. There’s times where it’s like, you know, I have to get really stern with her. Like, “You know it’s going to be harder for you (her daughter). You need to do this.” She continued to say that she talks to her daughter about perseverance. “You know. We (Ann
and her daughter) have to check it over. We have to do it, until you can get it. To where, (we say) Ok, I don’t need you guys to do this anymore. I can do it on my own…We’ll keep doing it (the same homework) every year if we have to.” From this, the researcher’s essence is realizing limitations while striving for success.

The fifth essence is demonstrated as Ann recalled how she realized she had ADHD. She remembered reading about ADHD and thinking, “Ok. I definitely have it.” Ann also voiced great relief when she was officially diagnosed with ADD, and that she was not the only one who had it. Ann said she finally understood why her life was the way it was. She could finally give a name to her being different. “It was not something made up in my head.” She recalled reading books, pamphlets and even watching Oprah to get tips to deal with her ADHD. From this, the researcher’s essence is understanding the past while creating knowledge of now.

The sixth essence is shown as Ann described a very painful experience. “I really liked him (teacher) because I liked the way he taught, I really caught on to the math really good. I did so good…And he’s like, Ann, you don’t need to be in this class. I go, Yeah, I do. I need to be in here…Well he switched me over to Algebra. I could not get it. Failed…I was so hurt. These people are lookin’ at me like…What am I doin’ in here? Well then he switched me back and he pulled me aside and goes, What happened? I go…I did not understand what they were doing. I told you, I understand what you’re doin’. But I think it was the way he was teaching it, that was making me click to it…it was something I always remembered… ‘cause I remember how I felt going to that other room and I had no idea what they were doin., what she was talkin’ about. She wasn’t showin’ it good enough…You know, I’m like, No way. I gotta get outta here. Oh. That was bad. That is somethin’ I’ll always remember. Always…I felt stupid. That’s the only
word I can use to describe it. I felt stupid. And you felt really stupid when you weren’t
getting it, and you got switched to the other room...There were some kids that made
fun...I didn’t understand.” Ann stated, “Teachers are awful, fourth grade teachers, all of
them actually.”

Ann said, “You know, um I was actually tested for a learning disability and I did
not have it. You know they were just saying I was lazy. Saying I was lazy! Saying I was lazy! And then, teacher tellin’ my parents that, then they would tell me that. You know,
and then it makes you feel like an inch high. It’s like I know what I am doin’, I just
cannot understand it. I don’t understand it.” From this, the researcher’s essence is hurting
while not understanding.

The seventh essence is pride. Ann wanted to use her own name. “I do not have
anything be ashamed of or hide.” She only agreed to pick a fictitious name after the
researcher insisted upon it due to confidentiality. Ann talked about school. She said, “I
was in a lower group (school) or whatever, then I must have been a bad person. No!”
Ann also talked about medication. She said, “It was for kids that were hyper. That’s what
that was for. My next door neighbor, he had to go on it. You know, he was, this kid. He
was off the wall. I mean he, he walked on hot coals, got tangled up in...They tried to put
a fence in. He got tangled up in the fence. I mean this kid (neighbor) was an idiot...He
was on Ritalin and you knew when he was on his medicine. I mean that’s what that was
for then, for kids who were hyper, not for people that could not concentrate...That’s one
thing I did specifically say to my doctor, ‘I don’t want my kids on Ritalin.’ I go, ‘Just
because the fact when I grew up, my neighbor took Ritalin for hyperactivity. I understand
that the other medicines are almost basically the same, but it’s not that word.” From this,
the researcher’s essence is dignity during imperfection.
The eighth essence was shown from the desire of peace. Ann said, “…it’s just back all chaotic again. So, sometimes I try not to make it frustrate me, but, I’d just rather be in my vehicle cruisin’ around. You know? Bein’ outside away from it.” She also said, “Cause every day is, every day you might have the same route driving…but the kids ain’t never gonna be the same. And I like that. And too…you’re always looking everywhere. You’re constantly checking, hearing, everything. So it’s keeping my mind very busy.” Ann explained, “I’ve had it. I’m on strike. I’ll go outside. I’ll spend the whole day outside. I’d rather be mowing, pulling weeds doing stuff like that, than be inside where I can see that (mess inside the house). From this, the researcher’s essence is tranquility during chaos.

The final essence is revealed as Ann discussed control. She exclaimed, “I blow up. It’s like, a loud voice, I mean I am boiling inside and I’m just like Aarrgh!!” She further related, “You go off the wall...You get angry.” She discussed control issues. “I still blow up after my medication has worn off. That’s why I’m thinkin’ they should up it (medication).” She said, “You know you just, you blow. Your temper just blows and it’s like, ‘Why was I even yellin’ about that? You know? It was no big deal…I’d tell them (family)to, ‘Hurry up, let’s go. Let’s go. Come on. Let’s go. Hurry up. Let’s go.’ It’s like wait a second. I’m telling them to hurry up and go and I’m still not ready yet.” She related feeling frustrated about not knowing any coping techniques when she was a kid, not even knowing that she had ADHD. She stated, “I just didn’t know what to do.” She said she now understands her problems and continues to do her best. She talked about the difficulty she has with getting angry and how she confronts this issue. Ann said, “Why was I even yellin’ about that? It was no big deal…You don’t give yourself time to look at the real picture, exactly what happened. I mean, a little stupid thing and you’re looking at
it as something really big and major that happened, and it was just somethin’ little.” She stated she was not able to cope like she does now. Ann discussed taking medication. She said, “I’ll take mine (medication for ADHD) and everything’s all calm.” From this, the researcher’s essence is controlling while uncontrolled.

After dwelling with the essences of Ann, a proposition was formulated. ADHD is empathy arising with situational knowing, being chained while wanting to run free, forgiving self and accepting failures, realizing limitations while striving for success, understanding the past while creating knowledge of now, hurting while not understanding, having dignity during imperfection, tranquility during chaos, and controlling while uncontrolled.

Findings

The participants in this study shared similarities as adult women diagnosed with Attention Deficit Hyperactivity Disorder. First, all of the participants were females at least 18 years of age. All were diagnosed with ADHD and did take medication at some
point in their lives. In addition, common central themes were derived from their interviews. A number of these essences were shared by all of the women.

All of the women have suffered through painful experiences. Many of these experiences were associated with personal relationships and experiences as children. The women did not understand why they were going through the experiences at the time. It was later that they understood how the ADHD affected them. It was only then that they related the ADHD to the painful situations. All had empathy due to the suffering. Each woman identified and felt compassion for other people in hurtful situations. Each woman realized her own limitations while she continued to achieve success in her life. All of the women achieved and valued stillness during the chaotic, hectic moments in their lives. They enjoyed the quiet times and anticipated the solitude. Each of the four women struggled with issues of control of their personal lives and their own ability to control themselves. The final essence of all the participants was maintaining personal dignity during imperfection. The women were proud of who they are although they made mistakes and were not perfect.

The following additional essences were noted in three of the four women’s interviews. The women experienced feelings of guilt for past actions. Additionally, they forgave themselves and accepted their failures. Another essence was wishing for more while accepting the present. The women wanted more but accepted the way their current situation was. The women expressed understanding the past while creating knowledge of now. They recognized situations in the past and how the situations related to ADHD. With this knowledge and understanding, they began creating skills and awareness of how they cope with situations now. Three of the women accepted the struggles and hardships incurred by having ADHD and yet celebrated the beneficial and positive aspects of
having ADHD. Finally, three of the four women expressed being chained while they want to run free. They voiced ways that they felt restricted and how they want to be unbound.

**Conclusion**

This chapter summarized the participants’ demographics. Four adult women at least 18 years of age who were diagnosed with ADHD were interviewed. Their interviews were transcribed and the researcher dwelt with the data. The data was grouped into themes or essences. These essences were transcribed into the researcher’s essences. The researcher’s essences were transformed into propositions. Proposition statements were written for each woman. Essences common for all of the women were described. Next, common essences for 3 of the women were identified and described.
Chapter V

This chapter presents the research findings in accordance to Parse’s human becoming theory. By using Parse’s human becoming theory, the lived experience of adult women diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) is discovered and the parts of the experiences are linked together. This structure with supporting literature is presented. Limitations, recommendations and implications for further research are addressed.

Findings

The findings are presented within Parse’s theory of human becoming. Using heuristic interpretation, the progressive abstraction of the core concepts was shown. General ideas were generated by examining concrete examples. These were extracted through interviews with adult women diagnosed with ADHD. This abstraction occurred through structural transposition to conceptual integration. Distinct parts of the women’s experiences were placed into researcher’s language and transformed into guiding principles which combine the various parts of the women’s experiences. The propositions that were found in at least 3 of the 4 participants’ dialogues were taken as core concepts. The progression of the core concepts to the conceptual integration is displayed in the following table and is discussed in paragraph form within Parse’s principles.

The findings of this study are unique. This researcher has found no research studies directly comparable to her phenomenological study. Many phenomenological research studies have been conducted on various topics involving women as participants. There are also several studies including young females diagnosed with ADHD. In addition, little research has been completed related to adult women diagnosed with
ADHD. Unfortunately, this researcher has been unable to find any phenomenological studies including adult women diagnosed with ADHD or even phenomenological studies related to ADHD. This researcher had to utilize other phenomenological studies from such disciplines such as psychology and sociology to examine the results. Some phenomenological research studies were found in the discipline of nursing.

Figure 6. Progress Abstraction of the Core Concepts

<table>
<thead>
<tr>
<th>Core concepts integration (based on synthesizing a structure of the lived experience from the core concepts)</th>
<th>Structural transposition (links structure to theory concepts)</th>
<th>Conceptual integration (concepts transformed into theory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forgiving self and accepting failures while feeling guilty</td>
<td>Forgiveness amid guilt</td>
<td>Valuing</td>
</tr>
<tr>
<td>Hurting while not understanding</td>
<td>Pain amid ignorance</td>
<td>Imaging</td>
</tr>
<tr>
<td>Empathy arises with situational knowing</td>
<td>Empathy flowing from familiarity</td>
<td>Revealing-concealing</td>
</tr>
<tr>
<td>Dignity during imperfection</td>
<td>Dignity amidst faults</td>
<td>Enabling-limiting</td>
</tr>
<tr>
<td>Wishing for more but accepting the now</td>
<td>Desiring more amidst the existing</td>
<td>Enabling-limiting</td>
</tr>
<tr>
<td>Being chained while wanting to run free</td>
<td>Desiring freedom amid restriction</td>
<td>Enabling-limiting</td>
</tr>
<tr>
<td>Controlling while uncontrolled</td>
<td>Control amidst out of control</td>
<td>Enabling-limiting</td>
</tr>
<tr>
<td>Tranquility during chaos</td>
<td>Calm amidst chaos</td>
<td>Enabling-limiting</td>
</tr>
<tr>
<td>Realizing limiting while striving for success</td>
<td>Endeavoring for success amidst realizing limits</td>
<td>Powering</td>
</tr>
<tr>
<td>Accepting the bad and celebrating the good</td>
<td>Reveling the good amidst the bad</td>
<td>Originating</td>
</tr>
<tr>
<td>Understanding the past while creating knowledge of now</td>
<td>Past understanding guiding the now</td>
<td>Transforming</td>
</tr>
<tr>
<td>Structure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHD is forgiving self and accepting failures while feeling guilty, hurting while not understanding with empathy arising with situational knowing, having dignity during imperfection, wishing for more but accepting the now, being chained while wanting to run free, controlling while uncontrolled, maintaining tranquility during chaos, realizing limiting while striving for success, accepting the bad and celebrating the good, and understanding the past while creating knowledge of now.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structural transposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD is forgiveness amidst guilt, control amidst uncontrolled, past understanding guiding the now, empathy flowing form familiarity, desiring more amidst the existing, desiring freedom amidst restriction, endeavoring for success amidst realizing limits chaos.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conceptual integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD is the revealing-concealing of powering, valuing the enabling-limiting of originating while connecting-separating during transforming.</td>
</tr>
</tbody>
</table>

**Forgiving self and accepting failures while feeling guilty**

This core concept, forgiving self and accepting failures while feeling guilty, arose from the women recounting situations when they felt bad or guilty but accepted the situation and forgave themselves. Ann explained that she has done things that she feels bad about. “I cannot get organized for nothin’. You know, um, balancing a checkbook. I cannot balance a checkbook. It got so bad, where we absolutely, we went through three different banks closing out the account because we had bounced checks.” She talked about having problems with cleaning the house other household chores. “…I cannot focus on one room…I’m like all over the place, totally all over the place. To this day, I still have a lot of problems with cleaning house and keeping organized.” She went on to say that she understands that she is this way (because of ADHD) and does things to help herself get over and deal with the household issues. Ann further explained that she does everything she can to make her family run smoothly. She related that it is not easy and she makes many mistakes but she tries her best. Sue compared her situation to mothers who have children with Fetal Alcohol Syndrome. “Listen, nobody does anything intentionally to hurt their child. You know we all love our kids. We’re all doing the best
we can with what we’ve got and yeah maybe you’ve made some mistakes…There’s always a place to start over…And if you love your kids, they know it. That’s the best thing that comes through in the end.” Tina mentioned how she felt bad when she blows up. “I usually feel bad ‘cause I don’t like to do that…that makes me feel bad. It makes me feel anxious. I don’t like the way that I feel.” She further explained, “You know you are messed up…That’d be incredibly frustrating because nobody could understand how I was feeling. And the more that I’ve learned to understand how I feel and why I feel the way I feel, what’s going on in my head and share that with other people, I don’t really feel it burdens me any more.” These women have chosen to accept and forgive themselves for failures although they continue feel guilty at times.

These ideas illustrate the structural transposition as “forgiveness amid guilt.” The conceptual integration of the idea is “valuing.” By confirming-not confirming personal beliefs, each participant chooses and owns her own belief. At the same time one belief is chosen, another belief is put aside. This is the paradoxical rhythm of valuing. The participants chose to own forgiveness and acceptance and put guilt behind them. These adult women diagnosed with ADHD structure meaning in their lives by valuing.

By choosing to forgive themselves, these participants actively choose to improve their lives. Society places demands on women diagnosed with ADHD that they often need help with or feel inadequate to deal with their ADHD and issues associated with it. This causes guilt. (Solden, 1995, p.94). Women who do not exhibit forgiveness have increased incidences of depression and anxiety. (Maltby et al., 2001; Subkoviak et al., 1995). A study by Williams and Bybee (1994) looked at children from elementary school to high school reported that as age increases, guilt caused by internal issues such as causing problems that hurt others is stronger than guilt caused from external issues such
as breaking traffic laws. Being prone to guilt “leads to increased perspective taking, which leads to higher actual feelings of guilt, which help produce the beneficial relationship outcomes. (Leith & Baumeister, 1998). These participants have chosen to accept the fact that they will fail sometimes. They understand this will happen and forgive themselves. With this understanding, the women allow positives to occur, thus valuing.

**Hurting while not understanding**

The core concept of hurting while not understanding, emerged from the participants speaking about feeling hurt and not understanding why. Ann described a very painful experience. “I really liked him (teacher) because I liked the way he taught, I really caught on to the math really good. I did so good and he’s like, Ann, you don’t need to be in this class. I go, Yeah, I do. I need to be in here…Well he switched me over to Algebra. I could not get it. Failed…I was so hurt. These people are lookin’ at me like…What am I doin’ in here? Well then he switched me back and he pulled me aside and goes, What happened? I go…I did not understand what they were doing. I told you, I understand what you’re doin’. But I think it was the way he was teaching it, that was making me click to it…it was something I always remembered… ‘cause I remember how I felt going to that other room and I had no idea what they were doin’, what she (the other teacher) was talkin’ about. She wasn’t showin’ it good enough…You know, I’m like, No way. I gotta get outta here. Oh. That was bad. That is somethin’ I’ll always remember. Always…I felt stupid. That’s the only word I can use to describe it. I felt stupid. And you felt really stupid when you weren’t getting it, and you got switched to the other room…there were some kids that made fun…I didn’t understand.”
Sue said, “I didn’t have a clue. No clue at all (regarding having ADHD). I knew I was different.” She explained that she had so many embarrassing moments that she attributed to ADHD. She related that they are very difficult to talk about. Sue mentioned one such incident. “You know we were tired of all the other kids harping us with, who do you like? Who do you like? Who’s your boyfriend? We both had crushes on boys and we’d talk about them between ourselves, but we weren’t going to share it with all the other people…We told them we liked each other. No idea, absolutely no concept about what that meant…You know they humiliated us so much after that comment.” She also said, “…all these years of my life that I struggled with this and suffered with feeling of being different and not knowing why.”

Tina talked about not understanding her symptoms. She stated, “I guess then I was very flustered ‘cause….I couldn’t understand why I couldn’t focus and pay attention…” She also quietly reflected “…always being told to sit still. And I couldn’t. I didn’t know why I couldn’t. I used to get (silence). It’d piss you off. I didn’t even realize that I was fidgeting. I didn’t realize that I was doing that…that would hurt my feelings cause people wouldn’t sit by me cause I’d drive them crazy.”

Finally, Kalie said, “I don’t remember that much actually…that whole time period when they gave me medicine for it (ADHD) is a little bit foggy.” She recalled being in second grade and driving the teachers “insane.” She recalled, “I guess I never sat still.” Kalie also explained, “…I guess I was a big handful for my second grade teacher because she kept sending me to office because I was running around not doing anything at school and that made me a really bad influence.” She remembered people calling her “nuts.” She said she felt terrible about that. The women expressed feelings of hurt and they did not understand during the time the painful incidents happened.
These ideas illustrated the structural transposition as “pain amid ignorance.” The conceptual integration of the idea is “imaging.” Imaging is “reflective-prereflective coming to know the explicit-tacit all at once,” (Parse, 1998, p. 36). Imaging is the reflective (critical meditation)-prereflective (precontemplative) construction of personal reality or the explicit (reflective)-tacit (prereflective). These women with ADHD experienced pain (prereflective) when they did not understand (tacit). As time progressed they still had the experience of pain (prereflective) but began to live and experience understanding, explicit (reflective or critical meditation). This process allows for multiple realities all at once. The truth of the painful experiences exists from the past and the women are able to recall their experiences. They understand now, what they did not understand in the past. They also realize what they did not understand. These are ever changing but are the same. These women are the same because their experiences of the past will not change. They are changing as they continue to live and develop further understanding of their experiences and ADHD. These are adult women diagnosed with ADHD who are imaging.

Women diagnosed with ADHD have painful experiences. They do not understand these experiences at the time they occur. This situation is not a common theme in research literature. Often these women struggle with why they are so different, particularly before they have the diagnosis of ADHD. This researcher was not able to find any studies or expert information that specifically discussed hurt associated with the lack of understanding of themselves. There are a few resources (books and articles) that minimally record the experiences of women diagnosed with ADHD. This researcher was not able to find resources recording the feelings of these women. In addition, these resources are not research based. This reflective-prereflective state of imaging is how the
woman diagnosed with ADHD comes to be and know about herself. She continues to live with the tacit-explicit state of her painful experiences related to ADHD.

**Empathy arises with situational knowing**

The core concept, empathy arises with situational knowing, surfaced when the women expressed empathy due to their experiences of living with ADHD. The women are able to identify with the feelings and difficulties of others. Sue said, “I know what it’s like.” She recalled a little girl she saw in her office who was newly diagnosed with ADHD. “…the little girl started crying and I went over and put my arms around her. I just felt so much empathy for this kid.” Sue also said, “I understand how they can run late and miss appointments. I understand how they operate. I try to be as understanding as I can to those mothers. And that drives my nurse crazy.” Tina stated, “I think I have more patience with the hyperactive, crazy kids. I know what it felt like.” Kalie mentioned several situations in which she demonstrated empathy. “…I tolerated him (a boy in her class) because he didn’t have a great family life and so that’s why he was such a pain, but I tolerated him.” She also explained why she wants the dragon to win instead of the knight. “I feel sorry for the dragon…They (knights) just go out and hunt dragons and never wonder their whole life that that dragon might be doing what it’s doing for a reason.” In another example, she stated, “She (her mother) thinks we (United States) should just go over and blast everybody over there (Iraq) because of what happened. And I’m like, yeah they did it but they have a reason why they did it.” She further explains, “I see both sides…it’s just like my sign, Libra, the scales.” Ann explained that she stays with her daughter and helps her accomplish what she needs to, not matter how long it takes. Each participant tried to understand how others feel acted that knowing. This occurred because the participant is familiar with the feelings of the others in the situation.
These ideas illustrate the structural transposition as “empathy flowing from familiarity.” The conceptual integration of the idea is “revealing-concealing.” Revealing-concealing is “disclosing-not disclosing all-at-once,” (Parse, 1998, p.43). It is possible to understand the essential nature of an experience and not unveil the exact manner by which the experience is understood. Each participant reveals and conceals simultaneously. By displaying empathetic actions and feelings, these participants communicate their personal understanding of the situation. At the same time, each participant covers her own personal testimony by not disclosing all of her experiences directly. These women diagnosed with ADHD rhythmically reveal-conceal their experiences with ADHD.

Empathy arising with situational knowing is supported by available research. Again, this researcher could not find research or expert sources that validate this exact essence of adult women diagnosed with ADHD. All of the participants of this study have expressed empathy by knowing about the situation in some way. One coping mechanism of women is empathy. (Deihl et al.,1996). As the participants more fully understand their situations, they have empathy for others they come in contact with. In general Parse discussed the idea that the human is not alone in his/her becoming. Family members impact each other by hiding-divulging experiences. (Cody, 2001). The same could be said about any person who understands a situation. For example by understanding the life circumstances of others with ADHD, the women can bury-uncover their own experiences, resulting in becoming for both the woman and the other involved. “New knowledge is created as dialogue surfaces possibles encapsulated within human experiences.” (Walker, 2000).
**Dignity during imperfection**

The core concept, dignity during imperfection, arose from the participants maintaining dignity while experiencing imperfection during life. Kalie wanted to use her own name. She stated in a very loud, clear voice, “I do not have anything to be ashamed of or hide.” Sue said that she does a good job at work while she continues to struggle with her own ADHD. Tina explained that she wanted to be understood. She expressed comfort and increasing ease in telling people she processed things differently. However, she admitted that after awhile, she said, “I don’t like to be…thought of as being different.” She explained, “It wasn’t different in a good way. It was different in a negative way.” Ann also wanted to use her own name. “I am proud of who I am. I do not need to change my name.”

These ideas illustrate the structural transposition as “dignity during imperfection.” The conceptual integration of the idea is “revealing-concealing.” It is the paradoxical rhythm of showing-not showing the entire person all at once. The continuous rhythm of revealing-concealing shows, “There is always more to a person than what the other experiences in the immediate situation; there is always that which is all-at-once concealed” (Parse, 1999, p. 44). These women diagnosed with ADHD rhythmically veil-unveil the imperfection and dignity of living with ADHD. Although these women realize they do not live absolutely perfect lives, they are proud and want respect for who they are as a person. Dignity surfaces during the imperfect lives of these women diagnosed with ADHD.

Dignity during imperfection is supported by available research. Research studies not related to ADHD validate this essence. The concept of dignity has been studied with populations related to other health care phenomena. For example, a study of women
diagnosed with advanced breast cancer demonstrated dignity during the imperfection by obtaining an increased sense of self worth, purpose in life and interconnectedness with others (Coward, 1990). A study involving the homeless illustrated the concept of dignity during imperfection. The participants of that study voiced essences such as refusal to be defeated, the desire to maintain the minimal dignity that they had, and not being ashamed. (Schmidt Bunkers, 1998). Once more, this researcher did not find any research studies directly concerning adult women diagnosed with ADHD to support this essence. The adult women diagnosed with ADHD in this current study chose to reveal the dignity and conceal the imperfection, while both are simultaneously part of their becoming.

**Wishing for more but accepting the now**

The core concept, wishing for more but accepting the now, arose from participants speaking about longing for more but having acceptance of the present. Sue said, “If I only had those years, I could live over, I could do things so much differently...” She explained that although she wished she could do things differently, she had to do her best now. Tina explained she is “jealous of people who are extremely organized.” She said she would like to be like that but does “the best I can.” Ann said that she “would like to be different sometimes but always will have ADHD. I just have to accept and deal with it.” The women have chosen to accept what is going on in their lives right now and yet they continue to want something different. They want to be organized and not to have ADHD.

These ideas illustrate the structural transposition as “future amid the now.” The conceptual integration of the idea is “valuing.” Valuing is confirming-not confirming cherished beliefs in light of a personal worldview (Parse, 1999, p.37-38). Each participant is valuing by confirming-not confirming beliefs based on her personal experience. There
is a paradoxical rhythm of valuing chosen by each woman. Each woman simultaneously confirms the acceptance of the present and not-confirms the wanting more. She also confirms the value of wanting more when she does not confirm the acceptance of the now. Each value is both confirmed while simultaneously being not-confirmed. These adult women diagnosed with ADHD structure meaning in their lives by valuing.

Wishing for more but accepting the now is also supported by research. Once again, this researcher did not find any research studies directly concerning adult women diagnosed with ADHD that support this essence. Other studies have shown that things are wanted or wished for but it is necessary to accept the now. A study concerning a group of homeless people reveals participants making plans and working to accomplish desired goals. (Schmidt Bunkers, 1998). A study by Coward (1990) shows women’s acceptance of breast cancer. In a study regarding women’s experience of angina, theme is living the reality of illness. The participants learned to accept living with angina and the limitations that are present, waiting to see what will happen and allowing angina to have minimal impact on life. (Miklavcich, 1998). In a study by Pickens (1999), men and women share lived experience of living with serious mental illness. The desire for more and the acceptance of the present was a theme noted. They expressed the desire for a better life, better self, and independence while managing emotional pain and distress. In all of these studies, the participants confirmed-not confirmed beliefs. This was done on experience and the individual values of the participant. This is the same rhythm of valuing as the participants of this study. All live acceptance and the desire for more simultaneously.

**Being chained while being free**

The concept, being chained while wanting to be free, stemmed by the participants feeling like they were chained while the wanted to be free. One participant stated that she
does not like to be restrained by the way she processes things due to her ADHD. She related that she would prefer to be more like everyone else at times. Another participant talked about being physically restrained. “…that thing (leash) you put on your arm to make sure you don’t take off. I hated that thing. I hated those things. I hated being chained. I couldn’t go anywhere. I don’t like being stuck in one spot for very long.” She further described her experience with “being chained,” “They’d get me somewhere and it was like, you’re like wild so you’re gonna stay in here. So don’t cause problems.” She also explained that she did not like that her parents would not listen to her ideas. They would tell her to shut up when she tried to express herself. A third participant talked about her experience. She spoke on several occasions about not wanting the housework and chores to tie her down. “…What’s really irritating is, when you do clean, like, one room and get that organized, within a week or even a day it’s just back all chaotic again. So, sometimes I try not to make it frustrate me, but, I’d just rather be in my vehicle cruisin’ around. You know? Bein’ outside away from it. I don’t want it to tie me down like that.” The participants expressed wanting to be free although they are chained in some way.

These ideas illustrate the structural transposition as “freedom amid restriction.” The conceptual integration of the ideas is “enabling-limiting.” “Enabling-limiting is living the opportunities-restrictions present in all choosings all at once,” (Parse, 1998, p. 44). The women are simultaneously living restriction and freedom all at once. When a participant moves in one direction such as being restricted, the freedom is limited. When a participant moves in the direction of freedom, restriction is being limited. These adult women diagnosed with ADHD cannot live freedom and restraint at the exact time. One must give way to the other in the paradoxical rhythm of enabling-limiting pattern.
Being chained while being free is supported by research. This essence is not exclusive to women diagnosed with ADHD however. In fact, this researcher could not find a published study pertaining to the population studied. A study of elderly men and women supported the essence of being chained while being free (Parse, 1999, ch.13.) These participants discussed their limitations and how they were free to move around them. The feeling of being chained while being free is a part of the rhythm of human becoming. Freedom amidst restriction is a theme in multiple studies involving chronic states of illness. (Parse, 2001, ch.18; Pickens, 1999; Santopinto, 1989; Schmidt Bunkers, 1998). In this enabling-limiting cadence, opportunities-restrictions are lived all at once.

**Controlling while uncontrolled**

This core concept, controlling while uncontrolled, arose from the participants learning their limitations while they are controlled while they are simultaneously uncontrolled. They felt uncontrolled while at the same time tried to be controlled. All of the women voiced periods of being uncontrolled and ways they have learned or are learning to be more controlled. One participant related, “I just found myself screaming at him constantly and just very short tempered with him…I have managed to raise him without using…physical discipline.” She continued, “I went to a couple of ADHD courses. CHAD has a great, great course. It’s fabulous. I went as a parent of and ADHD person, as a person who treats ADHD people, and as an ADHD person myself so it was like I wanted to go to every single one of the session and I couldn’t and it was awful. But um, that was helpful.” Another participant said, “Oh my God, how am I going to get all of this done and then I’d say I can’t do it. I’d say, ‘screw it,’ and just then leave.” She commented, “…I just about had it. And so of course I blew ‘cause I couldn’t take that anymore.” She also explained an incident at work. “…if you don’t get this frickin’ man
out of my face I’m going to choke him.” She also mentioned, “I had to go for a run until I could pull myself back together.” A third participant said, “We get in trouble when we got into big fights like physically clawing or biting, or punching at each other…we do get into yelling fits but we aren’t so much hitting each other any more…. I throw something at him. It gets pretty violent around our house.” She mentioned how she does not like that feeling. She continued to say that when that happened she would leave and not talk to them anymore. A fourth participant exclaimed, “I blow up. It’s like, a loud voice, I mean I am boiling inside and I’m just like aarrgh!!” She further explained, “You go off the wall...You get angry.” She further explained how she controls herself. “I still blow up after my medication has worn off. That’s why I’m thinkin’ they should up it (medication). She talked about being able to learn better and adapt more easily as time goes on. She relates feeling frustrated about not knowing good coping techniques when she was a kid, not even knowing that she had ADD. She stated, “I just didn’t know what to do.” She stated she was not able to cope like she does now.

These ideas illustrate the structural transposition as “controlling while uncontrolled.” The conceptual integration of the ideas is “enabling-limiting.” The women diagnosed with ADHD lives control while being uncontrolled. Each decision in the participant lives to utilize control limits being uncontrolled. Alternatively, when the participants’ lives are not controlled, control is limited and in the background of the rhythm of human becoming. This rhythm is endless and is part of human becoming.

The essence of controlling while uncontrolled is supported by research. Several research studies associate ADHD with control issues (Kitchens, Rosen & Braaten, 1999; Manning & Miller, 2001). In addition, another study that is not directly related to ADHD that discusses control issues during the compromised health states of chronic angina. This
study by Miklaucich (1998) examined women 50-70 years of age who have chronic angina. One theme from that study was “maintaining a balance of control.” The women in this study battled to control their situations. Similarly, women diagnosed with ADHD struggle with this balance of control-uncontrol.

**Tranquility during chaos**

This core concept, tranquility during chaos, arose from the participants finding tranquility during chaos. One participant mentioned that she enjoys working in the garden where it is quiet and peaceful. Another participant discussed expressed how she enjoyed her still time by peaceful walks or going in to her quiet office. A third participant explained that she put on headphones to block out the noise. She also mentioned how she enjoys the quietness of the library. A fourth participant stated, “…It’s just back all chaotic again. So, sometimes I try not to make it frustrate me, but, I’d just rather be in my vehicle cruisin’ around. You know? Bein’ outside away from it.”

These ideas illustrate the structural transposition as “calm amidst chaos.” The conceptual integration of the ideas is “connecting-separating.” These adult women diagnosed with ADHD connect and separate all at once all at once. By choosing to engage in activities that induce peace for the participants, they live both tranquility and chaos. When tranquility is chosen, these women separate from chaos. It is still present, but it is in the background. Humans are always making choices, choosing one action over another. In this way they endlessly become.

The essence of tranquility during chaos is supported by research. A study by Kruse (1999) discusses the issue of serenity. In this phenomenological study, men and women ages 40-83 who were diagnosed with cancer shared their experiences of serenity. The participants described the need for retreat amidst times filled with tension.
Participants in a study involving adult men and women diagnosed with Alzheimer’s disease expressed the essence of calm-turbulence (Parse, 1996). In a study that examined the lived experience of contentment (Parse, 2001), one essence was “satisfying calmness amid the arduous.” The participants in this study expressed contentment through finding peace throughout difficult situations. Although these studies did not have adult women diagnosed with ADHD, the turmoil of life situations is similar in both studies.

**Realizing limitations while striving for success**

This core concept, realizing limitations while striving for success, arose from the participants learning their limitations while they continued to reach for success in their lives. One participant explained that she left her previous job that required her to juggle teaching, research, and patient care. At the time she was going through a divorce and could not handle the stressors. She related, “So now I can just focus on patient care, which is really my big love anyhow. And you know, it’s much better.” Another participant discussed how she changed positions in order to incorporate methods of adaptation. She explained that working in her current work setting allows her more flexibility. She stated, “Here…it does allow for fluctuation and that makes it, I think easier for me to be able to schedule things and do things.” She continued, “…here you can bounce from one idea to another and that’s acceptable. That’s an OK thing…” A third participant expressed feelings of independence and freedom when she was working. She understands that she does better on her own. “You don’t get bossed around.” She also pointed out that it is an easy job. She is able to think and listen to her music while she delivers the papers. She also indicated she did a good job with the paper route. A fourth participant explained that she learns about ADHD from different places. She understands her problems and continues to do her best. Why was I even yellin’ about
that? It was no big deal… you don’t give yourself time to look at the real picture, exactly what happened.” She explained that she teaches her children to understand the need to look at the situation first and then act.

These ideas illustrate the structural transposition as “endeavoring for success amidst limitations.” The conceptual integration of the ideas is “powering.” Powering is how humans become. It is absolutely impossible not to power. “Powering is a continuous rhythmical process incarnating intentions and actions in moving with possibilities.” (Parse, 1999, p. 47). These adult women diagnosed with ADHD struggle with their limitations but continue to strive for success. It is this conflict with powers them, contrasncending with the what is not-yet. In this way they are becoming.

The essence of realizing limitations while striving for success is supported by research. Kruse (1999) discussed the lived experience of serenity. In the study, the steering-yielding with the flow of life experiences was found with serenity. The pushing-resisting of diverse rhythms was found as the participants in this study moved toward serenity. In a study involving adult women with the diagnosis of angina (Miklaucich, 1998), the women struggled with accepting limitations on life. They allowed angina to minimally affect their lives. This tension of limitation and affirmation of angina powers these women as they become with angina. The adult women diagnosed with ADHD also exhibit this type of movement by realizing limitations while striving for success. This push forward co-existing with the limitation is overall a move forward in human becoming. The stretching of the woman with ADHD powers her. The conflict between limitations and success forces her to never be the same. She is constantly becoming.
Accepting the bad and celebrating the good

The core concept, accepting the bad and celebrating the good arose from the women’s acceptance of their negative attributes and celebrating the good about themselves. One participant said she had multiple jobs, but never fit in. She also explained that she is jealous of people who are extremely organized. She stated she would prefer to be like that but does the best she can. She explained that she finally found a job that she likes and can do well. She said, “I’m a person that likes to be on the go. I think that’s why I like bus driving so much… when you have all those kids on your bus. It’s a challenge and I like that.” Another participant laughed as she said, “Well, it (ADHD) sucks. It’s not fun and I wish I didn’t have it.” She continued and remarked, “I think it has a positive side. It gives me much more creativity. I just get so, so, so bored with the same old thing again and again, that I’m just constantly looking for something new and innovative. And I just think that makes me incredibly creative. And I wouldn’t want to change that. That can be a lot of fun.” A third participant discussed her frustration at home. She expressed that when she learned to coping strategies she was able to feel good about her home situation. She went on to say that taking frequent walks helped her deal with the step children and teaching her husband how she functioned has helped in her personal life. She also commented, “…at first it was hard for them (step children) because I couldn’t do exactly what they wanted me to do…it may have benefited them after all because I have a lot of energy to get them where they had to go…” She also stated, “I feel like I use it (ADHD) tome benefit now…Now that I have my coping mechanisms, I can have a list of 20 things and say, well OK, let’s start with number 1. I get that done and go to number 2. Then, I’d feel good.” She stated, “The coping mechanisms…have become second nature. I feel like I can deal with it (ADHD) and in
many ways it is actually positive versus the negative, just ‘cause I understand how to use it for my benefit.”

These ideas illustrate the structural transposition as “reveling the good amidst the bad.” The conceptual integration of the ideas is “originating.” Parse (1999, p.49) states, “Originating is inventing new ways of conforming-not conforming in the certainty-uncertainty of living.” Each of the women diagnosed with ADHD want to be like other people while at the same time seek their own identity. In this way, the certainty and uncertainty of living continues in a rhythmical pattern. By conforming-not conforming in the certainty-uncertainty of living, these adult women diagnosed with ADHD structure meaning in their lives by originating.

The essence of accepting the bad and celebrating the good is supported by research. A study of the lived experience of restriction-freedom in later life by Mitchell (Parse, 1999, ch. 13) discussed the struggles of older adults as they push on in life. These individuals accept their unfavorable circumstances and they remember and cherish the good about the present. Like the older adults in the study, the adult women diagnosed with ADHD accept the difficult and imperfect situations in their lives and choose to celebrate the good.

**Understanding the past while creating knowledge of now**

The core concept, understanding the past while creating knowledge of now arose from the women learning to understand the past while they create knowledge of now. Sue recalled that she went for counseling and went to a few courses on ADHD. She felt as a person who treats ADH, a person with a child with ADHD, and as a person with ADHD, she wanted to go to all of the sessions. She commented on a session that she attended, “…We all pretty much went through the exact same thing…We all felt different, and just
having the diagnosis was just such an eye opener.” She explained the courses offered assistance in dealing with the new diagnosis and helped offer coping strategies. Tina explained that understanding what happened in the past and dealing with it is helping her now. Recently in a work related class, she learned to tell people that she needs time to process information. She recalled that she now can say, “I have to process this and as soon as I process it I can give you an answer. But, it’s going to take me a few minutes to think about it.” She related that this makes things a lot smoother for her. Ann stated that she remembered reading about ADHD and thinking, “Ok. I definitely have it.” She also voiced great relief when she was officially diagnosed with ADD, and that she was not the only one who had it. Ann said she finally understood why her life was the way it was. She could finally give a name to her feeling different. “It was not something made up in my head.” She recalled reading books, pamphlets and even watching Oprah to get tips to deal with her ADHD.

These examples illustrate the structural transposition as “understanding the past while creating knowledge of now.” The conceptual integration of the idea is “transforming.” Transforming is the process in which humans continuously change with their universe. “Transforming is shifting the view of the familiar-unfamiliar, the changing of change in coconstituting anew in a deliberate way” (Parse, 1999, p.51). Humans are who they are, who they were and who they will be. This occurs at the same time. These adult women diagnosed with ADHD are continually changing as they share in the ever-shifting universe. They are becoming who they are with every experience and evolving knowledge. They are who they were in the past, who they are now and who they will be all-at-once. By understanding the past, knowledge of the now is created.
The essence of understanding the past while creating knowledge of now is supported by research. Women who lived with chronic illness learned to live by taking chances and not approaching each moment as new. They had to learn to deal with the past and make choices “forcing the boundaries that illness impose on their lives” (Kralik, 2002, p. 151). Although ADHD is not an illness such as cancer or diabetes, there is the long term effect of this disorder. Understanding the diagnosis of ADHD and the past in which it has been a part, is key in the knowledge of now.

**Conclusions**

This study presented the rhythmical paradox of the lived experience of adult women diagnosed with ADHD. The essences demonstrated the paradoxical rhythm of human becoming specifically related to ADHD. ADHD affected the past, the now, and the what will be, all at once. The structural transposition is ADHD is forgiveness amid guilt, control amidst uncontrolled, past understanding guiding the now, empathy flowing from familiarity, desiring more amidst the existing, desiring freedom amidst restriction, endeavoring for success amidst realizing limits, reveling the good amidst the bad, dignity amidst faults, while having calm amidst chaos. The participants of this study described individual experiences that showed each rhythm in the structural transposition. Each woman had her own unique experience but shared in a similar experience with the other participants. The rhythms of human becoming power each participant through life. By revealing-concealing specific nuances, the participants move forward in life and become. The individual participants give meaning and value to life experiences and emerge with the certainty-uncertainty of living with ADHD. These occur while the participants connect-separate with chaos-tranquility. Adult women diagnosed with ADHD continuously evolve and continually change with the ever changing universe.
Study Limitations

All of the participants were women 18-47 years of age. Although the data show a progression of the adult women with ADHD over a 29 year time frame, there were no older or elderly adult women in this study. With an older woman’s perspective, different essences may be found. In addition, all of the women in this study were Caucasian. There were no women of color in the study. Due to potential differences of women of color such as socioeconomic status and cultural distinctions, more essences may not have been represented. Next, two of the participants had degrees in health care of Master’s level or Medical degree and the other two participants had no post-high school education. While this is beneficial in that these women share certain essences, other shared essences may not have been represented in this data. There may be differences between women with less education and women with advanced education. Three of the four women currently take medication for ADHD although all have been prescribed medication in the past. This may improve the organization and coping skills for the 3 women that take medication. All have utilized medications in the past. Furthermore, the small sample size is adequate for this level of research but a larger sample size may allow the researcher to identify more essences common to adult women diagnosed with ADHD. Finally, another limitation of this study was the researcher’s inexperience as a phenomenological researcher and limited knowledge of Parse’s theory.

Implications for Nursing Theory

Nursing is transforming from an applied science to a basic science practice (Parse, 1999). Nursing theory provides knowledge, enhances nursing’s power, aids deliberate action and provides rationale when challenged and provides autonomy by guiding practice, education and further research (Ingram, 1991). The ability of nursing to base
practice on solid research is key in this change. Traditionally nursing has been based on physiology, psychology, sociology and other disciplines including the medical model and had a limited knowledge base of it’s own (Parse, 1999). Currently nursing knowledge continues to grow and expand based on it’s own theory and research findings that give credibility to the science of nursing practice. Parse’s theory of human becoming provides a framework that is based on ontology and methodology (Parse, 1999). By studying the lived experiences of health, information and understanding is obtained on how individuals become. “There is no effort to emulate medicine, nursing is a unique discipline when lived from a human becoming perspective,” (Parse, 1999, p. 1385). The unique knowledge obtained by theory guided nursing research assists the science of nursing in becoming it’s own respected science.

**Implications for Nursing Practice**

Nurses not only need to understand the diagnosis and treatment of ADHD but also how it affects women throughout their lives. The nurse must allow and encourage the individual patient to express her life experiences and give value to these experiences. The nurse needs to be present and witness this while simultaneously providing information needed by the patient. This will allow nurses to effectively and empathetically assist patients and their families through the difficulties and triumphs of living with ADHD. By initiating plans of care based on research based data, individually tailored to each woman, the nurse can guide the woman with ADHD in her journey of life with ADHD. The nurse should be an advocate for the woman diagnosed with ADHD and should also help the patient initiate coping techniques and assist the women to find ways to tailor strategies to help them balance the difficulties of ADHD and enable them to succeed.
In addition, nursing management has an obligation to both foster professional growth of those nurse employees who have been diagnosed with ADHD and educate health care providers regarding challenges that adult women diagnosed with ADHD face. Nursing management should encourage research to increase knowledge of adult women with ADHD. Nursing management should also be aware of the prevalence of ADHD in nursing staff and be ready to assist their coworkers as needed. This support by management could foster better working environments and greater staff satisfaction. It is imperative that employers recognize ADHD as a potential disability and be willing to make reasonable accommodations under the Americans with Disabilities Act (Wyld, 1997).

The advanced practice nurse (APN) through expert knowledge can be the patient advocate by advising, consulting, counseling and recommending ways to achieve the outcomes most important to the individual woman diagnosed with ADHD. The APN must combine a strong caring focus on the patient with a strong nursing knowledge. The APN must strive to work together with their patients and their families, colleagues, educators and the public to better understand and assist these adult women with ADHD with their goals.

**Implications for Nursing Education**

This study provides information on essences common in adult women diagnosed with ADHD. This knowledge should be incorporated into the education of nurses. Nurses must base their care on research as well as knowledge and intuition. Nursing is an art that utilizes multiple tools for its growth as a profession. Nurses need to be introduced to nursing theory such as Parse’s human becoming theory and how it guides nursing practice such as in the care of women diagnosed with ADHD. Nurses need to be
instructed on the patient as the expert of his/her own life. Each woman has authority over her life and needs to have the ability to make decision regarding her care and life. Each individual woman diagnosed with ADHD defines her own quality of life. Nurses need to be educated on how to use this knowledge to effectively care for their patients.

**Implications for Nursing Administration**

The implications for nursing administration are based on the need for the nurse to be open to the individual patient’s needs as he/she becomes. The nurse must be supported as he/she is the patient advocate as the patient chooses his/her own meaning of health. In addition, the nurse becomes as he/she witnesses and is part of the patient’s experience. No one is unchanged in the relationship between the nurse and the patient through continuing education and support of endeavors to enhance this growth. Each chooses what is disclosed-not disclosed and gives meaning to the experience. Nursing administration is obligated to assist in the growth of the nurse and the patient. As leaders and managers in the field of nursing, it is their duty to support through education, financially, and emotionally, both patients and peers.

**Recommendations for Further Research**

Limited research has been completed related to adults with ADHD, with even less research concerning women with ADHD. This researcher found no phenomenological research related to ADHD. In general, further phenomenological research concerning ADHD is recommended. Lived experience studies from childhood to older adulthood are suggested as this researcher found no studies like this. In addition, a lived experience study focusing on one of the following: forgiveness, acceptance, guilt, pain, understanding, empathy, dignity, restriction, freedom, control, not being in control, tranquility, chaos, limitation, success, limitations of ADHD, strengths of ADHD, past
understanding of ADHD and understanding of the now related to ADHD. While any of these essences should be studied, this researcher suggests a lived experience study focusing on the rhythmical balance in light of Parse’s theory (2001) such as freedom-restriction, tranquility-chaos or guilt-forgiveness.

Summary

This qualitative study examined the lived experience of four adult women diagnosed with ADHD. The findings of this research study include ADHD is forgiveness amidst guilt, control amidst uncontrolled, past understanding guiding the now, empathy flowing from familiarity, desiring more amidst the existing, desiring freedom amidst restriction, endeavoring for success amidst realizing limits, reveling the good amidst the bad, dignity amidst faults, while having calm amidst chaos. The findings were supported by literature, implications for nursing practice, nursing education, nursing administration, and nursing theory were discussed. The limitations of the study and recommendations for future research were identified.
REFERENCES


Barkley, R.A., Murphy, K., & Kwasnik, D. Psychological Adjustment and Adaptive Impairments in Young Adults With ADHD. *Journal of Attention Disorders.* 1996; 1, 1: 41-54.


Biederman, J., Milberger, S., Faraone, S., Kiely, K., Guite, J., Mick, E., Ablon, S.,
Warburton, R., & Reed, E. Family-Environment Risk Factors for Attention

Biederman, J., Newcorn, J., & Sprich, S. Comorbidity of Attention Deficit
Hyperactivity Disorder With Conduct, Depressive, Anxiety, and Other Disorders.

Biederman, J., Wilens, T., Mick, E., Milberger, S., Spencer, T.J., & Faraone, S.V.
Psychoactive Substance Use Disorders in Adults With Attention Deficit Hyperactivity
Disorder (ADHD): Effects of ADHD and Psychiatric Comorbidity. *American

Breen M.J. & Altepeter, T.S. Situational Variability in Boys and Girls Identified as

Brown, R.T., Borden, K., Clingerman, Stephen. & Jenkins, P. Depression in Attention
Deficit-Disordered and Normal Children and Their Parents. *Child Psychiatry and

Brown, R.T., Madan-Swain, A., & Baldwin, K. Gender Differences in a Clinic Referred
Sample of Attention Deficit Disorder Children. *Child Psychiatry Human

Burns, N. & Grove, S. K. (2001). *The Practice of Nursing Research: Conduct, Critique,

Coward, D. The Lived Experience of Self-Transcendence in Women With Advanced


Mannuzza, S., Klein, R., Bonagura, N., Malloy, P., Giampino, T., & Addalli, K.


Millstein, R.B., Wilens, T.E., Biederman, J., & Spencer, T.J. Presenting ADHD Symptoms and Subtypes in Clinically Referred Adults With ADHD. *Journal of Attention Disorders*. 1997; 2, 3: 159-166.


Appendix 1

DSM-IV-TR criteria for ADHD:

A. Either 1 or 2:
   (1) Six or more of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level: 
      **Inattention**
      a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
      b) often has difficulty sustaining attention in tasks or play activities
      c) often does not seem to listen when spoken to directly
      d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
      e) often has difficulty organizing tasks and activities
      f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as homework or schoolwork)
      g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
      h) is often easily distracted by extraneous stimuli
      i) is often forgetful in daily activities
   (2) Six or more of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:
      **Hyperactivity**
      a) often fidgets with hands or feet or squirms in seat
      b) often leaves seat in classroom or in other situations in which remaining seated is expected
      c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
      d) often has difficulty playing or engaging in leisure activities quietly
      e) is often “on the go” or often acts as if “driven by a motor”
      f) often talks excessively
      **Impulsivity**
      g) often blurts out answers before the questions have been completed
      h) often has difficulty awaiting turn
      i) often interrupts or intrudes on other (e.g., butts into conversations or games)

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7.

C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home)
D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

**Attention-Deficit/Hyperactivity Disorder, Combined Type**: if both Criteria A1 and A2 are met for the past 6 months.

**Attention-Deficit/Hyperactivity Disorder, Predominately Inattentive Type**: if Criterion A1 is met, but Criterion A2 is not met for the past 6 months.

**Attention-Deficit/Hyperactivity Disorder, Predominately Hyperactive-Impulsive Type**: if Criterion A2 is met, but Criterion A1 is not met for the past 6 months.

Note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, “In Partial Remission” should be specified.
Appendix 2. The Human Becoming Theory and the Lived Experience of the Adult Woman Diagnosed With ADHD.
Appendix 3

Women With Attention Deficit Hyperactivity Disorder (ADHD): A Lived Study

Principal Investigator: Joanne Ehrman, PhD, RN (419) 383-5837
Co-Investigators: Sandy Oehrman, PhD, CNP
Judith Lamp, PhD, CNM
Lori Nawrocki RN, BSN, MPH

What you should know about this research study:
- We give you this consent form so that you may read about the purpose, risks, and benefits of this research study. All information in this form will be communicated to you verbally by the research staff as well.

- Routine care is based upon the best known treatment and is provided with the main goal of helping the individual patient. The main goal of research studies is to gain knowledge that may help future patients.

- We cannot promise that this research will benefit you. Just like regular care, this research can have side effects that can be serious or minor.

- You have the right to refuse to take part in this research, or agree to take part now and change your mind later.

- If you decide to take part in this research or not, or if you decide to take part now but change your mind later, your decision will not affect your regular care.

- Please review this form carefully. Ask any questions before you make a decision about whether or not you want to take part in this research. If you decide to take part in this research, you may ask any additional questions that you may have at any time.

- Your participation in this research is voluntary.

PURPOSE
You are being asked to participate in a research study of the lived experience of women who have been diagnosed with ADHD. The purpose of the study is to learn about experiences unique to women who have been diagnosed with ADHD. You were selected as a possible participant in this study because you fit the criteria needed for this study. You must be 1) over 18 years of age 2) diagnosed with ADHD 3) speak English 4) be willing to participate in this study 5) be willing to share your experiences. There will be approximately 4-5 participants participating in this study. The information obtained will be used to obtain new knowledge and awareness of the lived experiences of adult women diagnosed with ADHD. Your input would be extremely valuable.

Consent Form Version Date: May 19, 2003

Approved by MCO IRB
05/19/03 05/18/04
FROM ___ TO ___
PROCEDURES AND DURATION
If you decide to participate, you will undergo one to two interviews. The first will be approximately 1 to 2 hours in length. In this interview, you will be asked to describe your life experience as a woman with ADHD. Only the researcher and you will be present. The second interview will be approximately 1/2 to 1 hour. In this interview, you will be asked to review the last interview with the researcher. This is to ensure the researcher fully understands the meaning of your experience as you described it. Both interviews will be conducted at a location that is mutually agreed upon such as a library. All attempts will be made to maintain the utmost privacy for the participants, while maintaining safety for the researcher.

RISKS AND DISCOMFORTS
The risks for this study are very minimal. Because you will be describing your personal experiences, you may experience feelings associated with the experiences you are describing during the interview process. This potential discomfort should be minimal. You can stop the interview or choose not to answer a particular question at any point in the interview. Other inconveniences may include driving to the site for the interview and length of the interview process.

RISKS TO UNBORN CHILDREN
There are no risks to unborn children.

BENEFITS AND/OR COMPENSATION
Benefits of this study may include emotional satisfaction with sharing your experiences and the contribution of improving knowledge and understanding about women who have ADHD for both lay people and professionals. A potential benefit of the participant would be remembrance and sharing their experience with another person. We cannot and do not guarantee or promise that you will receive any benefits from this study.

ALTERNATIVE PROCEDURES OR TREATMENTS
The alternative is to not participate in this research. You may choose to discuss these issues with someone else or no one at all.

ADDITIONAL COSTS
The only cost for you would be the cost of gas to meet the researcher for the interview.

CONFIDENTIALITY
By agreeing to participate in this research study, you give to the Medical College of Ohio, the Principal Investigator and all personnel associated with this research study your permission to use or disclose health information that can be identified with you that we obtain in connection with this study. We will use this information for the purpose of conducting the research study as described in the research consent form.

The information that we will use or disclose includes only the experiences shared by you during the interview process. We may use this information ourselves, or we may disclose or provide access to the information to applicable governmental agencies for the purpose of safety, efficacy, and compliance reports as part of the research study. Under some circumstances, the Institutional Review Board and Research and Grants Administration of the Medical College of Ohio may review your information for compliance audits.

The Medical College of Ohio is required by law to protect the privacy of your health information, and to use or disclose the information we obtain about you in connection with this.

Consent Form Version Date May 19, 2003

APPROVED BY MCO IRB
05/19/03 05/16/04
FROM ___ TO ___
research study only as authorized by you in this form. There is a possibility that the information we disclose may be re-disclosed by the persons we give it to, and no longer protected. However, we will encourage any person who receives your information from us to continue to protect and not re-disclose the information.

Your permission for us to use or disclose your personal health information as described in this section is voluntary. However, you will not be allowed to participate in the research study unless you give us your permission to use or disclose your personal health information by signing this document.

Your access to your own personal health information may be denied during the term of the research study, but you can access your information once the research study is completed.

You have the right to revoke (cancel) the permission you have given to us to use or disclose your personal health information at any time by giving written notice to Joanne Ehrman, Medical College of Ohio School of Nursing, Collar Building, 3015 Arlington Avenue, Toledo, Ohio 43614-5803. However, a cancellation will not apply if we have acted with your permission, for example, information that already has been used or disclosed prior to the cancellation. Also, a cancellation will not prevent us from continuing to use and disclose information that was obtained prior to the cancellation as necessary to maintain the integrity of the research study.

Except as noted in the above paragraph, your permission for us to use and disclose personal health information will stop at the end of the research study.

A more complete statement of Medical College of Ohio’s Privacy Practices are set forth in its Joint Notice of Privacy Practice. If you have not already received this Notice, a member of the research team will provide this to you. If you have any further questions concerning privacy, you may contact the person identified in the Notice.

IN THE EVENT OF A RESEARCH-RELATED INJURY

In the event of injury resulting from your participation in this study, treatment can be obtained at Medical College Hospitals. You should understand that the costs of such treatment will be your responsibility. Financial compensation is not available. By signing this form you are not giving up any of your legal rights as a research subject.

In the event of injury, contact Medical College Hospitals. Again, you should understand that the costs of treatment will be your responsibility. You may contact Joanne Ehrman at (419) 383-5837.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If you decide not to participate in this study, your decision will not affect your future relations with the Medical College of Ohio, its personnel, and associated hospitals. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty.
OFFER TO ANSWER QUESTIONS
Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

AUTHORIZATION
YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE IN THIS RESEARCH STUDY. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION PROVIDED ABOVE, HAVE HAD ALL YOUR QUESTIONS ANSWERED, AND HAVE DECIDED TO PARTICIPATE.

BY SIGNING THIS DOCUMENT YOU AUTHORIZE US TO USE OR DISCLOSE YOUR PERSONAL HEALTH INFORMATION AS DESCRIBED IN THIS FORM.

The date you sign this document to enroll in this study, that is, today’s date, MUST fall between the dates indicated on the approval stamp affixed to the bottom of each page. These dates indicate that this form is valid when you enroll in the study but do not reflect how long you may participate in the study. Each page of this Informed Consent Form is stamped to indicate the form’s validity as approved by the MCO Institutional Review Board (IRB).

Name of Subject (please print) ____________________________ Date ________________ AM/PM  
Signature of Subject or Legally Authorized Representative ____________________________ Time ________________ PM/AM  
Relationship to the Subject ____________________________  
Name of Person Obtaining Informed Consent (please print) ____________________________  
Signature of Person Obtaining Informed Consent (as required by ICH guidelines) ____________________________  
Signature of Witness to Consent Process (as required by ICH guidelines) ____________________________  

YOU WILL BE GIVEN A SIGNED COPY OF THIS FORM TO KEEP.
If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research subject or research-related injuries, please feel free to contact R. Douglas Wilkerson, Ph.D.; Associate Vice President for Research; Medical College of Ohio at (419) 383-4251.

Consent Form Version Date May 19, 2003

APPROVED BY MCO IRB  
05/19/03 05/18/04  
FROM ___ TO ___
Appendix 4

Women with ADHD: A Lived Study

PI       Joanne Ehrmin, PhD, RN
Co-PI    Lori Nawrocki, BSN, RN

Demographic Data

What is your age? ______
What is your ethnic background? ______
Are you employed outside of the home? ______
If you are employed outside of the home, what type of work do you do? (Please do not give exact employer or identifying information regarding your place of employment).

______

Did you graduate from high school? ______
   If not, what is the highest grade completed? ______

Did you go to college? ______
   If so, how much college have you had? ______

What is your marital status? ______

Do you have children? ______
   Number and ages? ______

At what age were you diagnosed with ADHD? ______

Do you currently take medication for ADHD? ______
   If yes, what kind of medication do you take? ______
Appendix 5

Medical College of Ohio

INSTITUTIONAL REVIEW BOARD

MEMORANDUM

TO: Joanne Ehrmin, Ph.D., R.N.
Department of School of Nursing
MCO

FROM: Eric A. Schaub, M.D.
Chair, Institutional Review Board
Research and Grants Administration

DATE: June 16, 2003

SUBJECT: IRB #104362 - Women with Attention Deficit Hyperactivity Disorder: A Lived Experience

Your amendment (addition of demographic survey questions, version date 06/10/2003) to the above protocol was reviewed and approved by the Chairman of the Institutional Review Board. This action will be reported to the committee at its meeting on 07/17/2003. Thank you for your notification.

PROTOCOL EXPIRATION DATE: 05/18/2004

It is the Principal Investigator’s (P.I.’s) responsibility to:
1. Abide by all federal, state, and local laws and regulations; the MCO federal assurance and institutional policies for human subject research and protection of individually identifiable health information and be sure that all members of your research team have completed the required education in these areas.
2. Ensure that all subjects, or their legally authorized representatives, date the Consent/Authorization for Use and Disclosure of Protected Health Information at the time they sign these forms to give consent to participate in the study and authorize use and disclosure of their protected health information. Each participant must be given a signed copy of each of these documents. For study subjects that are registered at the Medical College of Ohio (MCO), a copy of the signed and dated Consent Form and Addendum to the Research Consent Form for Use and Disclosure of Protected Health Information must be placed in each individual’s MCO medical record as well. If consent or authorization is revoked by a subject, it is the responsibility of the P.I. to obtain the required signed document(s) and submit these to MCO’s Health Information Management Department as required by institutional policy in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule Privacy Rule (45 CFR 164).
3. Comply with the HIPAA Privacy Rule and institutional policy regarding the accounting and tracking of uses and disclosures of protected health information.
4. Promptly notify the IRB at (419) 383-2511 of any untoward incidents or unanticipated adverse reactions that develop in the course of your research on human subjects. Please complete and submit RGA Form 317 for ALL SUCH REPORTS for this protocol. The Principal Investigator is also responsible for submitting to the MCO IRB reports of adverse events that occur at other sites conducting this study and for maintaining an up-to-date cumulative table of adverse events (RGA Form 316) and submitting it to the IRB for each research project. The Principal Investigator is responsible for reporting adverse events to the appropriate federal agencies and the sponsor (when one exists).
5. Report promptly to the MCO IRB any deviations, violations, participant non-compliance from the IRB approved protocol in accordance with the procedures outlined in RGA Form 309. In your report include the protocol number and title, the subject’s initials and study ID number, date of the event, a brief description of the occurrence and a description of any corrective actions taken. The Principal Investigator is responsible for reporting deviations, violations and participant non-compliance to the
appropriate federal agencies and the sponsor (when one exists) in accordance with federal regulations, institutional policy and any other legal agreements with these organizations.

6. Obtain prior IRB review and approval for changes in procedures, inclusion/exclusion criteria, study personnel, source of participants, new or additional advertising materials, modifications to subject payments, and for any and all changes to the informed consent/assent/authorization for use and disclosure of protected health information documents.

7. Report promptly new information affecting the risk/benefit ratio and obtain prior IRB approval for any changes in the informed consent/assent documents that may be required by the new information.

8. Obtain prior IRB review and approval for all modified and/or added incentives going to the P.I., study coordinator, other study personnel, and/or the institution. These incentives may be in the form of money or other items of value, including, but not limited to, equipment, such as computers, and intangibles, such as frequent flyer miles.

9. Approval by the MCO Institutional Review Board does not take the place of any other approval required by the Medical College of Ohio, non-MCO performance sites, the government and/or the study sponsor.

To request review and approval for changes to IRB approved research, please complete and submit RGA Form 314 (http://www.mco.edu/research/rga_forms/rga314.doc) with a copy of all materials relevant to the requested change (including consent/assent/authorization for use and disclosure of protected health information forms if applicable) with the changes underlined. If you are requesting review and approval of consent/assent/authorization for use and disclosure of protected health information forms, please attach a clean copy of the revised forms for the IRB to stamp.

IRB protocols must be reviewed and reapproved not less than once per year. Research and Grants Administration will try to remind you when reapproval is due. However, your office should have a reminder system in place to initiate the reapproval process at least a month prior to the expiration date shown above. When you decide to stop this research, you must complete and submit a final report (RGA Form 320) to the IRB for review.

Enclosure: IRB stamped survey

EAS/ww  MCO Amendment #2039  DOHIS MPA # M-1358
ABSTRACT

The purpose of this qualitative phenomenological study was to discover the structure of the lived experience of adult women diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) using Parse’s theoretical framework and qualitative methodology. Nursing research related to the experiences of adult women is important and adds to nursing knowledge. Knowledge gained through this research is key in understanding and supporting these women as they go through life’s journey. Four women diagnosed with ADHD were interviewed. Analysis of data revealed 11 themes: forgiving self and accepting failures while feeling guilty, hurting while not understanding with empathy arising with situational knowing, having dignity during imperfection, wishing for more but accepting the now, being chained while wanting to run free, controlling while uncontrolled, maintaining tranquility during chaos, realizing limiting while striving for success, accepting the bad and celebrating the good, and understanding the past while creating knowledge of now.