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Identity Transitions & Atypical Work Experiences of ADHD Professionals.

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All that is gold does not glitter,

Not all those who wander are lost;

J.R.R. Tolkien

Abstract

There are more than 3 percent of ADHD adults worldwide. Understanding their experience at work is critical to promote awareness and to develop frameworks of professional development and career management, completely lacking today. This study explored what ADHD professionals experience on a day-to-day basis and throughout their career, and how they perceive, speak and make sense of ADHD. As the author also has ADHD, research design leveraged on her identity to gain access to this hidden population and lead in-depth interviews in Singapore. Methodology used phenomenology and hermeneutics to build on the very words and accounts of ADHD participants. Key findings shed light on the identity journey of ADHD professionals self-identifying at adult age, and on the impact of their invisible difference at work. Their experiential and kinesthetic functioning combined with specific roadblocks and drivers create atypical careers. This study suggests actionable leads to benchmark, research and pilot new methodologies to leverage the potential of ADHD professionals.

Keywords

ADHD - Identity Transition - Self-narrative - Stigma - Experiential and Kinesthetic Functioning - Motivation - Work Environment - Career Management - Entrepreneurship - Diversity Management - Singapore.

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I. Introduction

There are more than 3 percent of ADHD adults worldwide (Fayyad et al., 2007) but awareness of what ADHD actually is remains very low. A mental health topic which got out of the clinic, it is surrounded by taboos, stereotypes and misconceptions. Most adults living with ADHD don't know it. Every day they experience cognitive, emotional and energetic highs and lows, often struggling with constant difficulties of procrastination or disorganization. However they don't have the right keyword to make sense of these issues apparently unrelated and don't know how to manage them.

ADHD adults who end up self-identifying and getting diagnosed understand their pervasive impression of underutilizing their potential. If ADHD affects their experience at work, it is neither known nor discussed in professional environments. Their only resource is ADHD self-helps books listing practical organization tips and recommending 'a strength-based' approach or 'ADHD-friendly' jobs, without further elaboration.

I learnt about ADHD and got diagnosed at 33 years old, while studying at INSEAD Coaching and Consulting for Change program. I searched for academic and business literature about ADHD, noticing the lack of research on employment and careers of ADHD adults. What caught my attention was the complete absence of studies based on qualitative accounts of ADHD professionals. Their voices were never heard.

Drawn to study my peers and to bridge this gap, I started this research project aiming at:

- Exploring the experience of ADHD professionals, both on a day-to-day basis in the workplace and throughout their career.
- Understanding how they perceive, speak and make sense of ADHD.

Develop an in-depth understanding of the experience of ADHD professionals is critical to promote awareness and to build the relevant frameworks of leadership development and career management lacking today.

- This thesis report starts by an up-to-date clinical description of adult ADHD provided in literature review. The scarce occupational literature and its limitations are also briefly commented.
- The methodology section describes the phenomenological and hermeneutic strategies chosen to build on the very words and stories of ADHD professionals, leveraging on my participant observer position.
- Recruiting research participants, ie professionals diagnosed with ADHD willing to share on such sensitive topic in Singapore, was feasible thanks to my access to this stigmatized population. The final sample of six interviewees is extremely diverse.
- Data gathering and analysis presents the semi-structured questionnaire designed to lead in-depth interviews as well as my interpretation process.
- There are two areas of findings presented: the identity journey experienced by ADHD professionals self-identifying at adult age, as well as their atypical working style and career paths. Examples of parallels between these findings and literature available in other domains (psychodynamics, leadership studies, diversity management) and articles describing other populations are discussed, if they suggest practical implications.
- This report concludes with a review of the limitations and key findings of this research project, emphasizing actionable leads to benchmark, research and develop new methodologies to support and leverage the potential of ADHD professionals.

II. Literature Review

The scientific understanding of ADHD has changed dramatically over the past decade (Brown, 2014), moving far beyond its initial characterization as a behavior disorder of children presenting issues of *'inattention, hyperactivity and impulsivity'*. This frequent definition corresponds to the criteria defined in the fourth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) dating back to 2000. The updated DSM V, published in 2013, presents ADHD as a neurodevelopmental disorder, updates its definition and acknowledges the need to extend criteria to adults.

Pr. Thomas Brown, one of the global experts in the field, provided a new working definition of ADHD (2013) in line with current neuroscience and clinical findings:

> *'ADHD is a complex syndrome of developmental impairments of executive functions, the self-management system of the brain, a system of mostly unconscious operations. These impairments are situationally variable, chronic, and significantly interfere with functioning in many aspects of the person's daily life'.* (p.20)

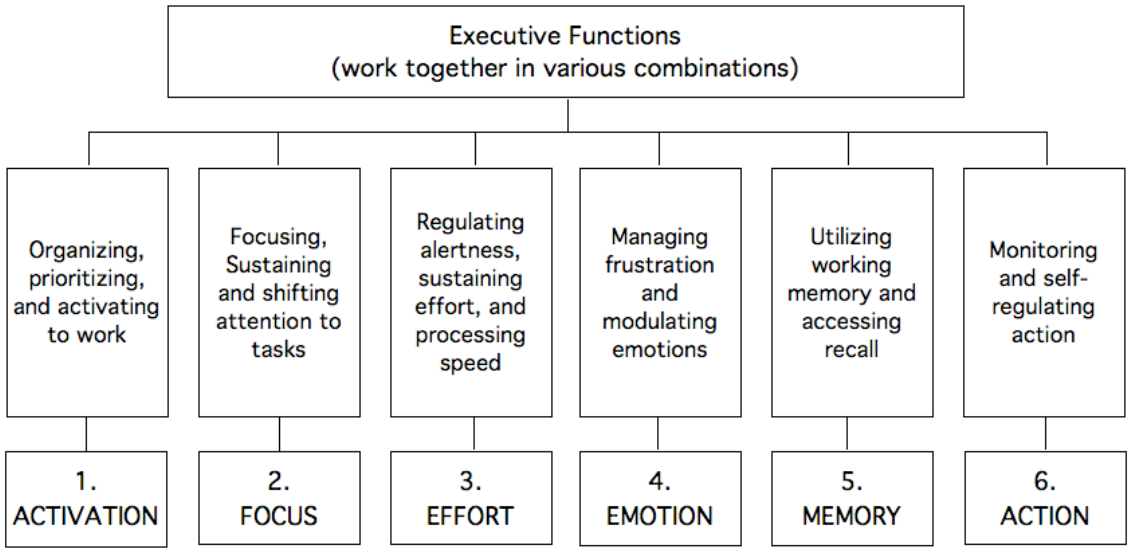

FIGURE 2.1. A NEW WORKING DEFINITION OF ADHD: T.E. BROWN (2013)

ADHD is not an issue of attention and/or hyperactivity, as suggested by its acronym. **Self-regulation and cognitive functioning of ADHD children and adults differ from others'. ADHD has influence on a whole range of executive functions: activation, focus, effort, emotion, memory and action**, as represented on figure 2.1. above.

Automaticity and situational variability are key elements of ADHD:

- These activations of attitudes, emotions or behaviors emerge automatically in a specific context, without any conscious thought or deliberation to direct them.
- Executive impairments are not constant from one situation to the next: all ADHD individuals have some situations or activities in which their difficulties don't appear, usually when they have strong personal interest or imminent pressure. Brown (2013) highlighted that they are *'unable to mobilize such interest voluntarily or upon direction from others. It is activated spontaneously or not at all.'*

The automaticity of executive functions and their situational variability explain the puzzling experience of ADHD individuals and their difficulties to make sense of their different functioning. Their impairments are 'hard-wired' as they affect automatic responses out of conscious control. At the same time, these issues don't seem to appear during their favorite activities, as if they had some choice in the matter. They keep trying, harder and harder, to control their cognitive performance but remain *'consistently inconsistent'* (Hallowell & Ratey, 2006). Not understanding what happens, hence not able to explain it, they usually end up blaming themselves, internalizing the judgements of people around them. *'You mean I'm not lazy, stupid or crazy?"*, the title of a popular ADHD self-help book (Kelly & Ramundo, 2006), refers to the ah-ha moment of ADHD adults diagnosed after years of struggle.

The majority of research on adult ADHD was conducted in the USA. **Remarkably few studies focus on its occupational impact**, **either on daily workplace functioning or career outcomes: future research needs to concentrate on the employment of adults with ADHD and pilot exploratory initiatives and tools** (Adamou et al., 2013; Nadeau, 2005; Painter et al., 2008). Summarizing cross-national conclusions (Europe, UAE, USA), Adamou et al. (2013) related this research gap to the public image of ADHD:

> '*There is no doubt that ADHD has been under the spotlight of public scrutiny for a while, the majority of which has been negative. This publicity has resulted in defective and flawed representations of ADHD, and a disregard of Adult ADHD by some practitioners. It is our opinion that this neglect has resulted in policy makers, health professionals and businesses in general overlooking the occupational difficulties that can arise with ADHD.*'

Statistical studies showed that adult ADHD affects negatively workplace performance, averaging together a wide range of occupational successes and failures among ADHD professionals (Barkley, 2013). ADHD was a cause or consequence of role stress (Coetzer & Richmond, 2009), correlated to dysfunctional career beliefs (Painter et al., 2008), difficulties of assessing one's strengths and finding the right work environment, as well as the tendency to design one's job (Landine & McLuckie, 2005). Nonetheless further studies are needed to clarify the specific influence of ADHD on occupational performance (Adamou et al., 2013), especially on career outcomes (Painter et al., 2008).

There is no existing literature on ADHD professionals in Asia and very few ADHD epidemiology or clinical studies, mostly related to children. Localizing this study in Singapore was meaningful to acknowledge the existence and experience of this hidden part of its workforce.

III. Methodology

Research methodology was qualitative, using phenomenology and hermeneutics, and building on my participant observer role.

As very little is known about the daily reality of professionals with ADHD, qualitative approach is needed to develop an in-depth and complex understanding of this experience and develop actionable insights.

Phenomenology focuses on lived experience and its meaning for individuals - *'how they perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it with others'* (Patton, 2002, p.104 quoted in Marshall, p.19) - using their sole perspective: the goal is understanding ADHD through the eyes of adults living and working with it, rather than those of medical professionals whose language and lenses frame a different reality. Data collection consisted in in-depth interviews, recorded and transcribed to capture the very words of ADHD adults.

I am also an ADHD professional who self-identified during adulthood: I leveraged on this identity not only to gain access but also to enrich data gathering and interpretation. As a participant observer, I used myself as an instrument, *'drawing heavily on [my] own emotions, experiences, and personal interpretations - and [acknowledging] this openly, both to the study subjects, and in the final thesis.'* (Florent-Tracy, 2012, p.78). Listening with the third ear (Van de Loo, 2007), I trusted empathy, intuition and free-floating attention when interacting with research participants or interpreting data, thus listening more deeply and discovering meanings and patterns.

IV. Research context and participants

Identifying ADHD professionals in Singapore who would accept to share was the key challenge of this research. Speaking about ADHD is extremely sensitive, a fortiori in Singapore in a climate of stigmatization and taboos around mental health (Foo, Merrick & Kazantzis, 2006). Adult ADHD is typically not addressed by the public Healthcare System in Singapore: few private psychiatrists manage adults' diagnosis and treatment. The only non-for-profit actor is SPARK (Society for Promotion of ADHD Research and Knowledge), a Voluntary Welfare Organization supporting ADHD children and their parents: support focusing on adults is lacking. How to reach this hidden population? How to convince ADHD professionals of opening up, even anonymously?

I made the assumption that being an ADHD adult myself would solve this feasibility challenge:

- Potential participants would feel safer and be more likely to contribute if the interviewer was one of their peers, sharing their experience and not judging them.
- I had been an active participant in SPARK e-mailing list dedicated to ADHD adults, hence had an existing trust capital in the only relevant communication channel I knew of.
- As there are several ADHD professionals amongst my close colleagues and connections, I thought I may identify first potential participants amongst them.

My access strategy was based on transparency and reciprocity. I drafted a one-page brief explaining not only the research scope and awareness goals but also my own identity of ADHD adult. The accompanying message or post always mentioned the benefit for ADHD professionals to share. Drawing from personal experience, I supposed ADHD adults would value meeting and talking with a peer in a safe context, especially the ones recently

diagnosed. Benchmarking qualitative methodologies adopted by participant-observer researchers (Marshall & Rossman, 2011), I found a discussion of reciprocity in line with this hypothesis, quoting Doppler's (2000) research on another stigmatized and silenced population:

> *'Lesbian or gay students may receive the greatest benefit because they will have an opportunity to voice feelings and thoughts about which they may usually remain silent. Also, interacting with a lesbian educator who is happy and well-adjusted to life as a lesbian can provide a positive role model. […] Much more important is the power dispensed by providing opportunity for students to give voice to their experiences.'* (p.125)

My initial objective was to find 5 to 10 research participants fitting the following criteria:

- ADHD adults diagnosed by a medical professional.
- Having at least 3 years of work experience.
- Settled in Singapore.

Searching for research participants, I was extremely cautious in my communication and used mostly indirect approaches. I posted in relevant digital groups and waited for potential interviewees to take the initiative to contact me, even if I knew of people fitting the research criteria there: I didn't want to compromise their feelings of safety in the group. I only sent direct emails to connections with whom I had already spoken face-to-face and openly about their ADHD.

The success of my recruiting attempts varied considerably:

- Sending personal email requests to close ADHD connections - 3 accepted out of 6. However one didn't accept to be recorded: our conversation is not part of the final data.
- Posting an email to SPARK Adult ADHD e-mailing list - 3 people replied positively (out of 15+ active in the group then and potentially 50+ listening).

- Posting on the private Facebook group of Mensa Singapore (an intrinsically neurodiverse community where I had already posted about ADHD and identified peers) - 1 member volunteered but she hadn't been diagnosed by a medical professional. Another Mensan successfully forwarded my request to one of his friends.
- Asking a private psychiatrist to speak about my research to his patients didn't yield any result.

This challenge in recruiting research participants leads to convenience sampling. **Interestingly, the final group of 6 interviewees shows a great diversity in gender, age, ethnic group, country of birth, years of work experience and education level,** as represented on figure 4.1. Such maximum variation sample is an asset to identify patterns related to ADHD experience in the workplace. It also reflects the diverse and cosmopolitan workforce of Singapore.

GENDER:	Women (3)	Men (3)			
AGE:	27, 29, 36, 43, 47, 54				
MARITAL STATUS:	Single (4)	Married with kids (2)			
RESIDENCY STATUS IN SINGAPORE:	Citizen (5)	Dependant Pass (1)			
ETHNIC GROUP:	Chinese (1)	Malay (1)	Indian (2)	Others (2)	
COUNTRY OF BIRTH:	Singapore (2)	Malaysia (1)	Sri Lanka (1)	UK (1)	Holland (1)

AGE WHEN DIAGNOSED ADHD:	26, 29, 33, 38, 42, 48			
YEARS SINCE DIAGNOSED:	<1, 1, 3, 5, 5, 6			
RELATIVES WITH UNDIAGNOSED* ADHD:	Siblings (5)	Parents (1)	Children/nephews (2)	
RELATIVES WITH ASPERGERS:	Diagnosed (2)	Undiagnosed* (2)		
OTHER NEURODIVERSE FEATURES*:	High IQ (4)	Dyscalculia (1)		

* 'Undiagnosed' means participants have mentioned they strongly suspect their relatives to have this condition.
Regarding High IQ, 4 participants have mentioned IQ test scores above 130, the other 2 don't know their IQ.

CURRENT EMPLOYMENT STATUS:	Unemployed (1)	Employed (5)		
CURRENT JOB SATISFACTION:	Low (2)	High (4)		
YEARS OF FULL-TIME WORK EXPERIENCE:	6, 6, 7, 20, 26, 30+			
EDUCATION LEVEL:	A-levels (2)	Bachelor (1)	Masters (2)	PhD (1)

FIGURE 4.1. DETAILS ABOUT RESEARCH PARTICIPANTS

All 6 research participants learnt about their ADHD at adult age. If they were the first ones of their family to self-identify, all interviewees mentioned relatives (siblings, parents, children or nephews) undiagnosed but showing, according to them, obvious facets of ADHD. Four of them also had relatives living with Aspergers (formally diagnosed in two cases). One had Dyscalculia. Indeed heritability and genetics studies demonstrated that ADHD runs in families (Brown, 2013). There is also a significant shared heritability between ADHD and Autism (Rommerlse et al., 2010). High occurrences of Dyslexia (30-50%) Dyscalculia (20-30%) and Written Expression Disorder (50-60%) exist in the ADHD population (Brown, 2013).

Giftedness is yet another neurodiverse feature of this sample. Two interviewees are linked with Mensa Singapore network. Surprisingly, at least four research participants had an IQ above 130, in the top 2% of the population (no data was available for the other 2): they are also gifted adults. Indeed ADHD may be found across the full spectrum of IQ. Executive Functions and intelligence measured by IQ tests are not correlated (Brown, 2013). High IQ adults are as affected by ADHD challenges as others (Brown, 2014), even if they are less likely to be diagnosed during school years: *'When academic or professional demands surpass their ability to compensate for ADHD challenges, ADHD becomes a significant barrier to further success'* (Nadeau, 2005, p.551).

This research sample creates an intriguing neurodiversity snapshot, fully in line with ADHD clinical data, and surprisingly dominated by 'twice-exceptional individuals' - both ADHD and high IQ professionals.

V. Data gathering and analysis

I led in-depth interviews with a semi-structured questionnaire: starting with a list of classification questions and a summary of employment history, it mostly consisted in open-ended questions on ADHD and work experience.

Classification	- How old are you? - Where were you born? - What is your residency status in Singapore? - Are you single or married? Do you have children? - Do you have brothers and sisters? - Anyone else with ADHD in the family? - What is your current job situation? - When did you start working? - How many years of work experience do you have? - Any entrepreneurship experience?
Employment history	Can you write down a list of all your work experiences, indicating job title, industry and years for each of them?
ADHD	- When did you learn about your ADHD? - How did it happen? - How did it impact you (to learn about your ADHD)? - What is the first image or metaphor which comes to your mind about ADHD? - What do you experience in your daily life which relates to ADHD (school, work, relationships)? - We often hear about 'ADHD management': is there anything specific that you do to manage?
Your job today	- Tell me about your job today. - Which kind of work is it? Can you describe a typical day? - How are your relationships with your colleagues? - How does this job environment work out for you? - What are your achievements and takeaways? What are your challenges? - What are the sides that you enjoy / don't enjoy? - How did you choose this job? - How long do you plan to stay?
Your career	*Review of employment history with the same questions asked about current job, probing on:* - Education and initial career orientations - Transitions between jobs (events, decision making process) - How do you see the next steps of your career?
Conclusion	Is there anything that you would like to add?

I had also prepared a short presentation to start interviews:

- Introducing briefly myself (as an ADHD adult) and the research project.
- Explaining how I would manage confidentiality and use the information in my final thesis.
- Asking to tape our conversation in view of transcribing it. I explained how it allowed me to focus on listening instead of scribbling notes, and to capture their own words.

I reviewed and updated the above questionnaire several times. The idea of asking an employment history came from the first interview: I had been struggling to follow up the references and loops made by the research participant. Starting by writing down a chronological employment history turned out to be a useful structure for both interviewees and myself, allowing us to communicate and wander effortlessly. It also created powerful visual representations of their careers which triggered reflections on transitions.

There was a remarkable climate of trust and sharing during the interviews. The chemistry between two ADHD adults expressing themselves freely was indeed effective: words, emotions and laughs were flowing. I kept nodding as I could relate to participants' daily experience of ADHD and acknowledged it. I still kept a beginner's mind as I was taken into the stories unfolding: I never assumed understanding and asked systematically to interviewees to explain and elaborate. I took notes after each interview, capturing feelings and ideas I was left with, together with free associations.

Interviews lasted between fifty minutes and two hours, with an average of one hour and thirty minutes. Most transcripts are over ten thousand words. Transcribing the interviews required immersing myself in each recording for at least 5 hours: I took additional notes of feelings and thoughts emerging from the interviews then, noticing recurring themes and patterns within each transcript.

Given the scope and resources dedicated to this research project for my Executive Master, I stopped the data collection process after six interviews, given the impressive amount of data already available for analysis and interpretation.

My data analysis process relied on both phenomenology and hermeneutics. I printed out each interview and started to read each transcript several times, outlining and color coding the most significant statements or anecdotes corresponding to my key investigation clusters ('learning about one's ADHD', 'Daily ADHD at work', 'ADHD management', 'career transitions') I also noticed topics systematically raised or avoided by interviewees, ambivalence between explicit emotions and those emerging from repeated statements (the latter usually consistent with my field notes post interviews). There were numerous themes independent from my initial key questions but appearing repeatedly from one transcript to the next, like family communication issues. New clusters emerged from links between these independent themes, like 'learning with ADHD' or 'Emotions before diagnosis'.

After this first study of transcripts, I started a new iteration using whiteboards to represent visually all significant data collected, positioning each theme within my initial key clusters and creating links. I differentiated expected data vs. unexpected or counterintuitive data using colors, reflecting on my initial assumptions and writing them on the side. For each new theme emerging, I checked in how many transcripts it was appearing and wrote it on the board: I could see the weight of each theme at a glance. I also created a file gathering significant statements and anecdotes for each theme, noticing new links and patterns.

New clusters emerged from this weighed visual representations and the file of selected statements. Given the quantity and strength of themes about identity transition and storytelling, I created a new cluster to gather and organize them. Another new cluster was

formed from obvious parallels and links appearing across 'learning with ADHD', 'Daily ADHD at work' and 'Career transitions'. In the next section, findings are presented and interpreted according to these new clusters. Figures are the final visual representations of the new clusters, stars indicating key themes.

This data analysis and interpretation stage was also a learning experience about the difficulty of moving beyond the disability paradigm - even for someone who knows first-hand about its limitations and inaccuracy. There is no other framework or language available today to describe ADHD: creating something new without pushing reframing too far is a complex exercise.

Initially I expected to organize findings by suggesting a new model of ADHD, building on Brown's model (2013, see literature review): I had in mind to change his Executive (dys)Functions wording into a more practical description of challenges and to add as many strengths' boxes on the opposite side. Today it sounds to me like 'scoring' points to balance back the disability viewpoint. If reframing is useful and if an exhaustive picture of ADHD is needed, such normalization attempts also have their limits: my initial plan was still stuck in the disability paradigm.

Another realization deals with the importance of social construction in evaluating research participants' specificities. Listing themes from the interviews, I often had to pause after struggles between writing 'inability to work 9-5 office hours' or 'thriving in flexible environments' when I was describing their 'emerging and self-paced workload management'.

VI. Findings and Discussion

BECOMING AN ADHD ADULT

I started this project with the assumption that providing access to accurate ADHD information freed from clinical jargon was the key to raising adult ADHD awareness and facilitating change. Reading a description of ADHD in the 'right' words would invariably trigger the tipping point leading unaware ADHD adults to put together the pieces of the puzzle and access life-changing resources.

Data collected during the interviews showed quite a different picture. **One doesn't become an ADHD adult merely by reading about it and making the leap to change: findings reveal an active and intense process of identity management.**

‣ Reaching the tipping point

Starting research, I knew of three situations leading adults to investigate or stumble on ADHD information and understand:

• Struggling against intense and chronic challenges at work.

• Having one's child diagnosed due to difficulties at school.

• Or, less frequently, speaking with a close friend living with ADHD.

This first part of the interviews led to rich and unexpected data regarding the tipping point of ADHD adults, as represented on figure 6.1. below.

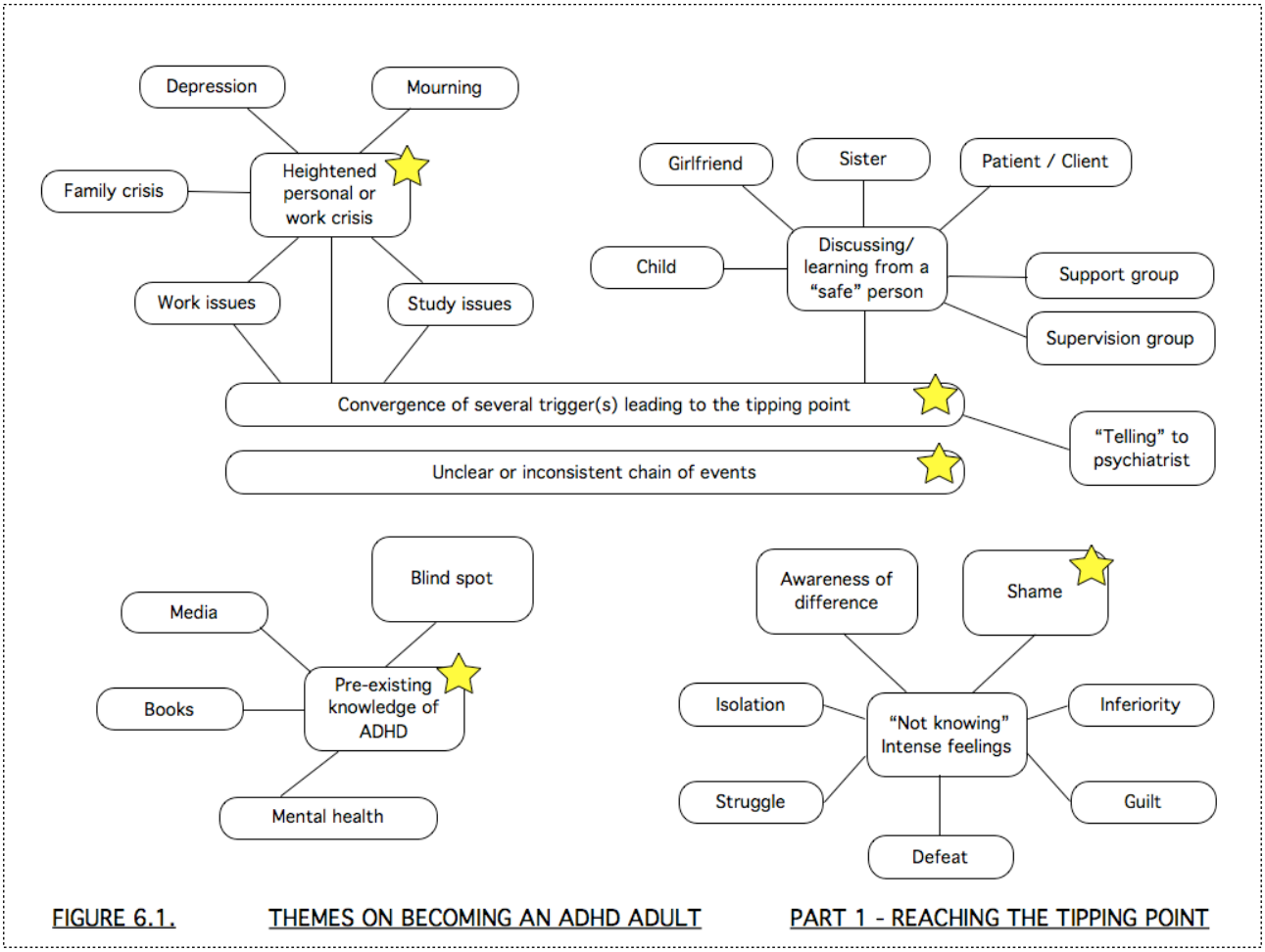

FIGURE 6.1. THEMES ON BECOMING AN ADHD ADULT PART 1 - REACHING THE TIPPING POINT

The following are selected extracts from the transcripts:

- 'I can't pinpoint exactly when, but I have heard and read vaguely about Attention Deficiency Disorder. And I kind of figured that sounds pretty similar to me. But I thought it didn't really apply to me. I didn't feel it was something I actually need to be checked up for... and diagnosed. Then about 4 years back, I came across this book "You mean I'm not lazy, stupid or crazy ?!?" so I read it. I didn't finish the book because it was heavy and dry, but it was pretty informative whatever I read. Ah yeah, that's me. But I still didn't think I needed to get checked. I didn't put 2 and 2 together... You know my work performance and ADD. I didn't link these two. I didn't actually think that there was something I needed to figure out. I am who I am and I just need to figure out where I fit. Something like that. But then eventually... Every time I change job, this is when I think what I need to change and where I screwed up in the past and stuff like that... So this year, when I started the new job, that's when I was thinking about all this stuff. My ex-girlfriend mentioned I should get checked out about ADHD. It finally clicked and I went researching.'

- 'Going back to school last year, when I started to learn, it happened all over again... The same kind of problems: I can't sit here, I can't do this, etc. Then my grandfather

> passed. I slipped into a little bit of depression and I wouldn't come out of the house at all. Then my sister said: "I think you should go and see a psychiatrist." Actually I was reading books because of students I tutor, about Asperger, then about ADHD: how to teach kids with ADHD. And I was like: it's all lining up! It lines up so well! Then it all comes back... I went the next day to the psychiatrist. I was like... You know, I've had enough of this. I've called the clinic and I said, can I have the earliest appointment possible?'

1. Half of the interviewees actually knew what ADHD was long before they start identifying themselves or acting on this hypothesis. Access to information had not created the tipping point.

2. Their work or study challenges alone, as intense as they could become, never led research participants to get diagnosed. There were always additional factors involved.

3. All but one reached the tipping point while experiencing times of major challenge or crisis, either professional or personal: job transition, mild to severe family issues, depression, etc.

4. All of them reached the tipping point after discussing with ADHD girlfriends or sisters, having their child diagnosed or supporting a patient / tutoring student. These safe conversations and/or this drive to help a younger one can be identified as the actual tipping point for each interviewee - whatever *they* explain it to be. Sometimes members of Internet support groups (or professional supervision groups) contributed to reinforce safety.

5. The ADHD medical diagnosis by a psychiatrist was only an external validation of what interviewees already knew:

> - 'By the time I saw the doctor, I was pretty much positive.'
>
> - 'I realized I had it. I started reading about it, and then starting to work with ADHD kids. [...] My diagnosis? I had it much later.'

While discussing on this tipping point with research participants, **strong statements about how five research participants felt before self-identifying emerged: an awareness of being different, intense shame, guilt and powerlessness.**

> - 'I was blaming myself. I thought I was the one not able to do things properly. At the time, it was very tough.'
>
> - 'I just felt that it 's just me. Maybe others are better than me. So I have a lot to catch up. Those others are genetically better or smarter or whatsoever or they talk to people better.'
>
> - 'I was a problem. I was trying to hide a lot. It could be also because when I was younger I was this crazy child in class that nobody could control. So much trouble because I am so emotional and so distracted all the time. So I guess over time I learnt to go... inwards.'
>
> - 'Nobody wants to connect with us in real life.'
>
> - 'I think it is also the reason why I also haven't told anyone. I always had this inkling about there was something wrong with me. Even as a young child, I used to think - when I would grow up, it would go away. It's all going to be fine. I had never thought of myself going over 20. I am 27. Am I?'
>
> - 'And I keep trying to change, keep trying to change, without realizing the reason I couldn't catch up. I thought maybe I catch up the wrong way. This is because of my inability to focus. I should try to learn how to focus better, instead of study more... I didn't know how. I didn't what. I didn't know how to cope better.'

Empathizing with their suffering, during the interviews and during the transcriptions, I struggled even more to understand this resistance to learn and change I clearly heard in some of the narratives. If they had seen a possible way out, why didn't they take it immediately? These seemingly irrational behavior and emotional intensity lead to search for explanations in the area of psychodynamics.

These observations on resistance and resolution suggest an extreme case of conflict between *'learning anxiety'* and *'survival anxiety'* as described by Schein. Anxiety creates both resistance and motivation to learn and change. According to Schein, anxiety reaches its peak when learning something new threatens our very identity (Coutu,

2002). Identifying oneself as an ADHD adult may cast one as mentally ill and imply one's challenges are intrinsic, hence immutable. Such learning anxiety can lead ADHD adults to deny the evidence, whichever rationale is presented on available resources to improve their work or study performance. On the other side *'the horrible realization that in order to make it, you're going to have to change'*, survival anxiety, is actually required to fuel deep learning (Coutu, 2002).

Interviewed by Coutu (2002), Schein explains that *'learning only happens when survival anxiety is greater than learning anxiety.'* Elaborating on the ways to do so in the context of organizations, he breaks it down to two approaches:

> *'Either you can increase the survival anxiety by threatening people with loss of jobs or valued rewards, or you can decrease learning anxiety by creating a safer environment for unlearning and learning.'*

Indeed each of the six interviewees made the leap of identifying themselves as ADHD adults at a time when:

- their survival anxiety had increased due to severe crisis and/or a strong drive to help a younger one they mention identifying with (child or young patient / student),
- and their learning anxiety had decreased thanks to the psychological safety experienced with close friends, relatives, clients, support group or supervision group members.

It is difficult to infer how the strong emotions of difference, shame and guilt openly shared by five interviewees interacted with learning and survival anxieties respectively: whichever complex dynamics are at play, these untold emotions undoubtedly intensified them.

Nonetheless **a dimension of ADHD clinical picture is likely to add weight to survival anxiety: the specific role of emotions.** Brown (2014) describes how differences in

emotional regulation and working memory exacerbate the impact of negative events and life stressors:

> *'Reactions to such adversities tend to be intensified and prolonged by the difficulty many with ADHD have in modulating their emotional reactions, by their tendency to become totally immersed in the emotion currently affecting them, and by a weak capacity to keep in mind other facts and feelings that might help to attenuate their current emotional state.'* (p.210)

Such phenomenon can worsen any professional or personal crisis, contributing to fuel the burning platform and make learning necessary.

Interestingly, the above quote is extracted from Brown's case chapter about Lois, a 37-year-old special education teacher well versed in ADHD, *'who had not realized that she suffered from ADHD herself until she heard [Dr. Brown] describe symptoms of the disorder in a lecture at a professional conference'* (Brown, p.203), even she was aware of her chronic procrastination, attention, disorganization and forgetfulness issues at work. The case goes on indicating that Lois went through tragic events in the year preceding this tipping point: the decline of her husband's health, putting an end to their parenting projects, followed a year after by the death of her father before her very eyes. Brown's point is to describe how her depression, feelings of guilt and hopelessness worsened her ADHD impairments. Today this is how psychiatry explains ADHD diagnoses done during crisis times: symptoms worsened hence led the patient to seek support.

With the above conclusions and Schein framework in mind, the sudden realization of Lois can be understood differently - whether her ADHD challenges increased or not. She may have experienced a deep sense of psychological safety during an empathic discussion about adult ADHD with professional peers, after going through depression and being overwhelmed by helplessness for five months. Learning may have appeared as the only

way to make it: she may have made the leap she had forbid herself for 10 years and spoken to Brown.

Reflecting on research participants' tipping point with psychodynamic lenses triggers new hypotheses on today's low awareness and rare self-identification of ADHD adults. The roadblocks may not only be the scarcity and quality of ADHD information but also the context and readiness of unaware adults.

This finding suggests that ADHD awareness efforts, typically consisting in spreading more first-level information, may gain efficiency by focusing on the experience of the 'informed-but-unaware' ADHD adults as well as the conditions required for the tipping point. How to provide them with safe means to engage further and self-identify as ADHD? Schein posited that creating psychological safety alone (without survival anxiety peaks) makes learning possible. This question is critical given the numerous descriptions of ADHD adults who end up 'hitting rock bottom' before self-identifying and embarking on change.

Several interviewees provided a first actionable lead when describing their experience with SPARK mailing list of ADHD adults. Yalom (2005) confirms the relevance of anonymous Internet support groups to facilitate the first steps for individuals *'with stigmatizing ailments or social anxiety'*:

> '*For many people in search of help, it is the equivalent of putting a toe in the water, in preparation for full immersion in some therapy endeavor. After all, what other support system is available 24/7 and allows its members time to rehearse, craft, and fine-tune their stories so as to create an ideal, perhaps larger-than-life narrative?'* (p.521)

‣ Working on new ADHD identities

As expected from the available literature, reaching the tipping point led research participants to make sense of fragmented pieces of their experience:

> - 'After I could put something to it. There were many books. I read "You are not stupid, lazy or crazy": Just the title? That was enough!'
>
> - 'It gives us a clear information why [my girlfriend and I] are both slightly different [from others]. I gotta say: a lot of things make sense right now!'

Exploring the impact of self-identifying as an ADHD adult revealed that it goes far beyond experiencing relief and reframing daily challenges. Five interviewees provided very rich descriptions of the way they had integrated (or were still in the process of integrating) this identity discovery, as represented on figure 6.2.

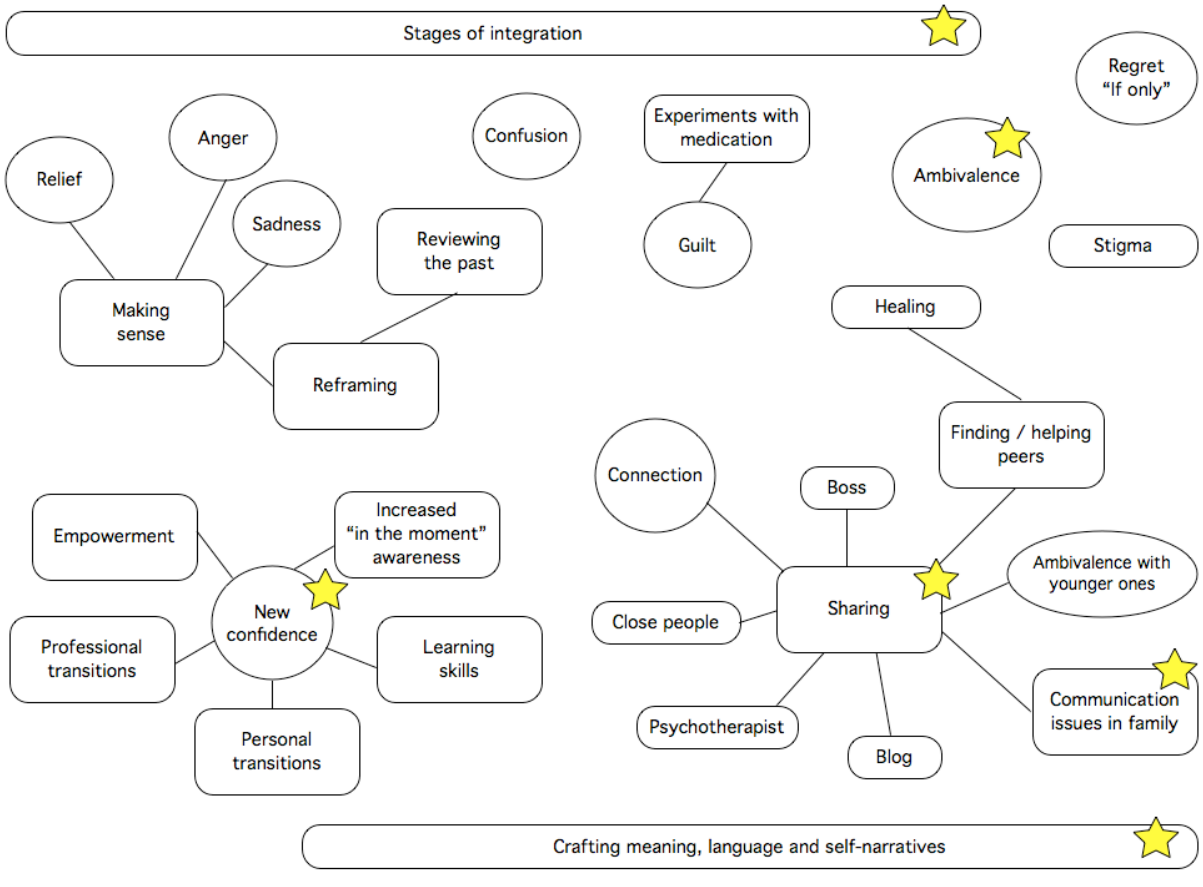

FIGURE 6.2. THEMES ON BECOMING AN ADHD ADULT PART 2 - IMPACT OF SELF-IDENTIFICATION

1. Several interviewees expressed a clear shift of self-esteem: identifying themselves as ADHD was empowering. Most of them progressively embarked on personal and professional changes after their diagnosis, from changing clothing style and experimenting new social behaviors to changing job or creating a company. Even if some of them described the new resources they had access to (relevant information, psychotherapy, medication, etc.), the mere emergence of new possibilities is powerful:

> 'I couldn't accomplish it back then so I thought I would never be able to accomplish anything. Solving it actually helps me to realize that actually, I can accomplish whatever I want.'

2. Self-identifying as an ADHD adult and getting medical confirmation were only the first steps to integrate this learning. Further reflection, self-disclosure and communication appeared through the efforts of several interviewees to review the past, reframe, seek acknowledgement, validate, share, explain to people who matter, blog, and so on. Their experiences dealt with changes in both the way they see themselves and the way others could see them. They described mostly positive learning experiences, with a notable exception mentioned several times about disclosing ADHD to their boss:

> 'One month after [the diagnosis], I told my boss. He thought I was joking. He thought that I was using that as an excuse to cover for my careless mistakes.'

3. Intense and conflicting emotions, remembered by participants or present in the moment, **surfaced in all cases** (varying from one person to another) and **suggested stages of acceptance**: sadness and anger after the diagnosis, complete confusion weeks after, ambivalence between confidence and surges of guilt and shame, etc. Besides, one year after self-identification, two interviewees clearly expressed still being on the learning curve.

> - 'When it got confirmed, I was very sad. Very angry. Bigots. [...] How come nobody ever realized?'

- 'I thought I knew what ADHD impacted. But it's kind of elusive. I am a bit confused at the moment. Sometimes it's not really ADHD, I've conditioned myself to distract myself and sabotage myself. I don't know, I am still exploring.'

- 'I am starting to break out of the circle now. Really only starting. It takes time for me to identify certain things in myself. Although my wife does it for me right now, I want to be able to do it on my own. So that I can deal with it on my own and work through it without being so stressed all the time. I'm still learning to deal with that.'

- 'Right now, if I slip, I can bring myself out of it, but I want to identify that earlier. Because every time, I slip I get moody, I can tell my family is affected by it.'

4. Research participants highly valued interacting with other ADHD adults and, when they had the opportunity, having access to an ADHD support group. They always acknowledged the safety and connection found in speaking to peers, when they recollected past experiences or commented about our interaction in the present of the interview. Several expressed how their peers supported them but also how they were contributing to this newly found community, often finding meaning and healing doing so.

- 'It feels good to share. That's the one reason why I was looking for other people with ADHD in Singapore. I thought if I could talk to someone about it who understood. Nobody else there. Then it would really help me. Reading the posts really helped me. To link up.'

- 'Rather than putting a name, what was really positive was to find other people holding this kind of symptoms and issues in their lives. Finally speak out about it. I am at the same stage and we're like looking at each other: waoo, you too? Yeah, me too. That's the thing that has been special for me, to know that other people also go through the same kind of issues. There are people that actually found their way, their light at the end of the tunnel.'

- 'It helps me with dealing with some demons of my own and my past. Like he's doing and it's like: I could have done it, you know? He's kind of reliving my life and he's doing a better job. There is a lot of satisfaction from there.'

- 'Right now, I see [my job in the neurodiversity field] as a way to help. If I had known about this when I was 17, things would have been much better.'

5. There was a striking pattern of communication issues around ADHD within families of interviewees who described either of the following:

- Not sharing the diagnosis with one's parents or siblings.
- Not mentioning to close relatives their child or themselves could have ADHD.
- Not being acknowledged as an ADHD adult / not being at ease to speak about ADHD within the family.

> - 'I didn't tell my family. I don't think they know what is ADHD. I am not very close to them. Because my parents are the older generation, they are not so educated. They are more like interested in making money or stuff like that. It's more Asian culture. It's not because I am... afraid to tell them. It's more like: I don't see the point. I don't think they would understand. Even if they know I have ADHD, it's not like they would do anything about it. Not that they wouldn't do anything because they don't care for me. It's more along the line that... I don't see any point. '
>
> - 'I suspect my aunt has Aspergers. I can tell. She seems to be doing fine without having to go for therapy or anything so. I didn't even tell her. I don't even know how to approach and tell her. Saying "Look, I think it can be in the family. You might want to go in and get it checked out." My grandfather had Aspergers as well. I am first generation Singaporean and my family is all from a rural part of India, so they didn't really know about this.'
>
> - 'And I am thinking that my nephew has it as well. He is like 9. I am really like... Shall I tell my brother or not? Knowing my brother, [...] he is the extreme type, he may say I am shitting him or something...'

Numerous factors seem to influence these family communication issues:

- The stage of acceptance of interviewees - their own ambivalence was a roadblock.
- The level of cohesion and flexibility of their family systems as described by Olson (1979) in the Circumplex Model.
- Their age - as suggested by adult development models, young adults had more difficulties to communicate this change and position themselves differently with parents.
- The transgenerational impact of ADHD and neurodiversity - All interviewees had relatives with suspected (but undiagnosed) cases of ADHD or Asperger. If today's adults are the

first generation accessing to information and support, past generations were always impacted by ADHD and/or Aspergers at various degrees, and sometimes by comorbid or secondary psychological issues. Several interviews suggested a strong impact on family dynamics, sometimes a history of secrecy around mental illness.

The above conclusions are all signs of intense identity work experienced by research participants after learning about their ADHD.

> 'I think for the past few months, I am slowly kind of coming out. It feels good to be yourself, to be a little crazy.'

Sveningsson and Alvesson (2003) define identity work as a concept describing the ways people are continuously *'engaged in forming, repairing, maintaining, strengthening or revising the constructions that are productive of a sense of coherence and distinctiveness'.* If there is still a limited understanding of the detailed mechanisms of such identity work, scholars agree on its dual internal and external dynamics: the need of an internal feeling of authenticity and the need of validation by others, as observed from the interviews. Watson (2008) outlines the relation between the two:

> *'Whenever identity work is done there is an element of working on the 'external' identity of the person, alongside the shaping of the 'internal' aspects of personal identity […] captured by Cooley's notion of 'the looking glass self': who we take ourselves to be is very much a matter of the person whom we see reflected in the eyes of others, and we manage the 'image' of that 'person' to influence how others see us.'* (p.127)

However ADHD is usually considered as a stigma, i.e. a *'perceived physical, social or personal quality that leads a social group to regard those characterized by it as having tainted, inferior or discredited identities'* (Goffman, 1963). Becoming an ADHD adult is a transition to a stigmatized identity: how is forming a stable and positive sense of self possible if it relies on external validation?

Investigating on management of stigmatized identities in literature about diversity brought up interesting parallels between ADHD and other invisible differences such as sexual orientation, religion or illness.

Lewis (1984) posits several developmental phases a woman may go through to form a healthy self-concept as a lesbian, describing the progressive emergence of this stigmatized identity, the benefits of interacting with a community of peers, the role of reclaiming family relationships, as well as other elements fully relevant to the above conclusions about ADHD. Such model shows how mapping and communicating on the existence and steps of integrating a stable identity can help individuals to understand what they go through and professionals to support them.

Clair et al. (2005) demonstrate the specific dynamics of identity management in the case of 'invisible social identities', outlining the importance of self-disclosure: *'People reveal an invisible difference to maintain a coherent sense of self. Declaring one's difference allows one to be a complete and integrated person.'* The description of the cost-benefit analysis individuals engage in, each time they have to decide to pass or reveal their difference at work, sheds a new light on the experience of interviewees disclosing their ADHD to their manager.

These two examples suggest that **transposing models from stigma and diversity management could be relevant in developing the support approaches of ADHD (identity) management lacking today.**

To conclude with other practical implications, this key finding about ADHD adults' identity work outlines the role and potential benefits of self-help groups, building on earlier remarks

on Internet support groups. Yalom's (2005) explanation of their efficacy resonates with the interviewee's words above:

> *'The members' shared experience makes them both peers and credible experts. Constructive comparisons, even inspiration, can be drawn from one's peers in a way that does not happen with external experts. Members are simultaneously providers and consumers of support, and they profit from both roles - their self-worth is raised through altruism, and hope is instilled by their contact with others who have surmounted problems similar to theirs.'*
> (p.519)

Yalom (2005) insists on the relevance of self-help groups when *'ailments are not recognized or addressed by the Professional Health Care System'*, which reflects adult ADHD situation in Singapore and Asia today. **Facilitating the constitution of adult ADHD self-help groups in Asia may be a powerful and sustainable strategy to promote well-being in its ADHD community.**

Shame emerged from the words of several research participants, even years after ADHD diagnosis: an *'intensely painful feeling or experience of believing [they were] flawed and therefore unworthy of acceptance and belonging.'* (Brown, 2006; quoted by Andrieux, 2012). There are few established shame therapies but Andrieux (2012) successfully used Motivational Interviewing and Brown's approach (2009) to enhance shame resilience during coaching sessions. **Piloting such motivational techniques with ADHD professionals may establish powerful coaching tools to help them develop shame resilience.**

‣ Crafting a language and self-narratives

Several interviewees had unclear and inconsistent recollections of the events leading to their diagnosis. New facts coming up during the interviews contradicted the explanations given at the beginning. Such dissonances in a climate of deep trust and sharing evoked stories in the making: some memories and events had not yet been integrated into a coherent and sequential thread. Narrative psychology and psychotherapy usually involve people making sense of events in their lives by putting them into a coherent and organized format: constructing stories helps to manage complex emotional experiences and leads to improved physical and mental health (Pennebaker and Seagal, 1999).

I was even surprised to hear some of these well-informed and bright individuals bring up wrong facts or clichés about ADHD (and sometimes found myself switching to teaching mode for a couple of minutes, to no avail). I understood later how these pieces of information contributed to their overall picture of ADHD and other areas of experience and knowledge.

Actually each interviewee had his/her own ADHD definition, ADHD language and ADHD stories, drawing from available public data but mostly from their own lifeworld. There was a great congruence between:

- The words used by interviewees to describe ADHD.
- The elements coming immediately when describing their diagnosis and its impact.
- And recurring meaningful statements about their life story and beliefs.

Gergen and Gergen (1998) described how 'self-narratives', i.e. individuals' accounts of the relationship among self-relevant events across time, aim at giving meaning to their life

paths and finding a sense of direction. During interviews, the most elaborate self-narratives showed strong strategic choices towards a positive mindset, an extended vocabulary of selected terms and metaphors, forbidden words, meaningful recurring mottos. I was located in an entrepreneur co-working space while working on the transcripts, the concept of 'pitch' sometimes came to my mind.

Still, there was always an ambivalence emerging, either in the description of past and present negative experiences or continuing search of self-improvement, or in the emotions present during the interviews.

Expressing those emotions and rephrasing ambivalence or recurring patterns, I found myself involved in the evolution of the stories of my interviewees, especially at the end of our conversations. I became aware of this co-construction phenomenon while doing the transcriptions and initially blamed my lack of experience as a 'neutral' researcher. Coming back to the recordings where this dynamic is the most obvious, I noticed the level of emotional and intellectual flow during these interviews and noticed that this dynamic had naturally emerged and focused on areas of ambivalence for the interviewee (not around mines) with positive outcomes.

In conclusion, this research suggests that **ADHD adults actively construct an original ADHD language closely related to their lifeworld, and craft meaningful self-narratives in the process of building their ADHD identity. Literature and self-help books usually insist on psycho-education and positive reframing of ADHD. Beyond knowledge and mindset, what actually appears beneficial is an active work of integrating ADHD in one's language and life story and finding a meaning in harmony with one's values, roles and other identities.**

There are similarities between this finding (and the dual identity work described in previous section) and Ibarra's (2010) study on narrative identity work and provisional selves during work transitions:

> *'Narrating the self changes the self. Just as people construct work identities by telling their story, they also reinvent themselves by telling new stories about what is happening to them, reinterpreting past events in the light of these new understandings, and weaving past and present into a coherent repertoire that allows them to communicate their identity and negotiate it with others.'* (35(1): p150-151)

This parallel with such extended analysis of identity transition could bring new ideas to support ADHD adults in building and reviewing their own meaningful ADHD language and self-narrative.

Pennebaker and Seagal (1999) studied how putting personal experiences into a story, whether in written or spoken form, is associated with both physical and mental health benefits across diverse samples. Building on their 1997 study about writing and social stigma could also bring an in-depth understanding of this finding and lead to new ADHD support approaches:

> *'Among members of stigmatized groups, writing about being a group member changes one's level of collective self-esteem (the sense of self worth one derives from a group membership). People who had a visible stigmatized identity (e.g., Latino, being overweight) benefited more from writing about being a member of the general community (as opposed to writing about being a member of their in-group of others who share this identity). In contrast to this, those with a non visible identity (e.g., gay, lesbian, Jewish) benefited more when writing about being a member of the stigmatized group.'* (55(10):1247)

MARCHING TO THE BEAT OF A DIFFERENT DRUM

In spite of differences in age, culture, background and vocational interests, research participants' employment histories showed similarities:

- **Frequent job changes:** With 6, 6, 7, 20, 26, 30+ years of full time experience, interviewees had held 4, 4, 7, 8, 10, 12 positions respectively. Transitions were either related to lack of performance and satisfaction or to proactive design of opportunities.
- **A trend towards entrepreneurship:** 5 research participants had entrepreneurship experience, 3 were successfully managing their own business / practice or working in a startup, 1 was employed in a multinational company while building his next startup.
- **A pattern of multiple and diverse activities,** strongly marked for 4 of them, with significant 'side projects' or 'background activities' in addition to their daytime job, or a history of working in completely unrelated jobs and industry sectors, sometimes simultaneously. Examples include a part-time flight attendant who was also a part-time psychiatric nurse, an IT trainer managing a spa on weekends and a multimedia researcher who had turned to finance.
- **An impressive level of resilience and resourcefulness**.

This high level picture alone may surprise anyone considering ADHD as a disability confining professionals to ask for adaptations in the workplace. Findings emerging from the in-depth analysis of interviews describe a group of professionals with truly different characteristics.

‣ Experiential and kinesthetic functioning

The common feature of these ADHD professionals was a completely different way of learning, working and moving forward. They march to the beat of a different drum. Analyzing education experiences was not part of my key research objectives but a large amount of data still arose. **Statements about learning clearly evoked definitions of experiential and kinesthetic learning**, as represented in figure 6.3.:

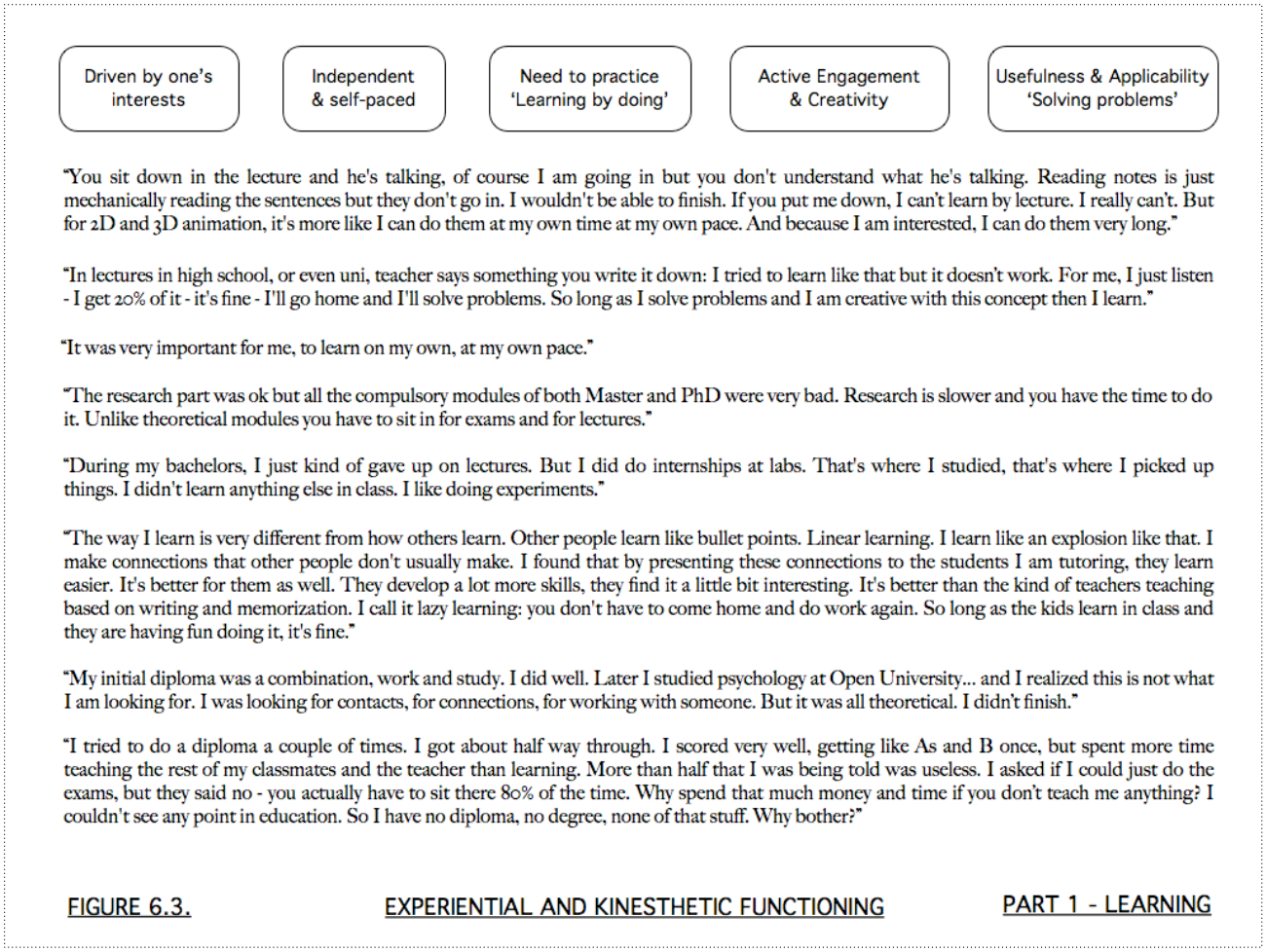

FIGURE 6.3. EXPERIENTIAL AND KINESTHETIC FUNCTIONING PART 1 - LEARNING

> *'Experiential learning is learning through reflection on doing, which is often contrasted with rote (repetition-based) or didactic (textbook-based vs. demonstration or application-based) learning.'* (Wikipedia, 2014)

> *'Kinesthetic learning (or Tactile learning) is a learning style in which learning takes place by the student carrying out a physical activity, rather than listening to a lecture or watching a demonstration.'* (Wikipedia, 2014)

If experiential learning is recognized as effective for all learners, the applicability of the theory of learning styles is challenged: the fact that everyone would benefit from learning in a single and specific style is not demonstrated in an average students' population. Here both kinesthetic and experiential modes are intertwined and seem to be the only way ADHD research participants could learn. Their education level never reflected their actual abilities, including an interviewee whose IQ is in the top 0.003 percent and could never finish any diploma. Even if research participants had completed undergraduate or graduate studies, their degrees were hiding extremely negative experiences whose recollection triggered emotions of disconnection, loss of self-esteem, guilt and shame.

Speaking about work experience and career management elicited descriptions very consistent with such experiential and kinesthetic principles (figure 6.4), **suggesting a rationale to the impressive way several interviewees had built on opportunities to become entrepreneurs** (figure 6.5).

Several research participants used the words 'organic' or 'fluid' or 'flow', reflecting on the way they had made decisions and moved forward. The significant differences of well-being and sense of achievement amongst interviewees could be interpreted as journeys where this way of functioning was a guiding principle (in spite of trial & errors and major challenges to overcome) vs. journeys where it had been hindered.

WORKING

"I enjoy this job because I am very 'science-ly' creative and there are 'solving-problems' kind of tasks. My creative outlet is with my hands and tangible things. I can put things together and see things happen. Working in this technology startup, I thought OK, this is where I am most comfortable. I have creative control, I choose of how and when I want to do things, I get lots of ideas, I also working with creative people like me."

"Programming involves a lot of conceptualization, designing, building, testing, ... by the time you finally get something, you already lost it... I'm still searching for rapid programming languages and methodologies, because there is so much repetition. It's dumb: every software they have to build the same repetitive layers. What I like about my daily work now is that it's far more visual than programming. So very quickly from my brain, I can get to an end result if I push through. That's what I enjoy. My brain has a lots of things whizzing about. I want to find ways to bring it out quickly fast. Education hadn't taught how to do that. So what I like is connecting my brain to my expression, in the shortest way possible."

"I was just executing the experiments my boss would tell me to do. So he would say "can you do this, by this time..." I did complete the work but it was not fulfilling. What I used to do was to stay beyond office hours and run experiments on my own. See what would happen if I change it. A few times, I showed my new experiments to my boss. He wasn't really receptive to it."

"It is a university lab. Because I am just doing my stuff, I don't really have to interact so much with others. [...] It's because of the way I function. Sometimes I do this, sometimes I do that, lots of things. I don't want to tell people that I will be here at some time, here at some time. I can't keep that kind of thing. I prefer more flexible kind of structure, when everything depends on what you come up with, not how you do so."

"The key parts of my work were customer facing, negotiating with suppliers and managing internal teams. [...] All sort of different conversations with different people. It was about mastering these interactions and having it all hanging off my back. I could have a serious conversation with everyone and I could relate to them, talking their language. I knew how the marketing person thinks, I knew how the IT person thinks and I knew how the business person thinks, just because I had been most of the things in my past life. [...] That's why I work in production now: I've done sets, lights, props, acting, directing, producing, run the camera, all of these things. So I can have all those conversations. In fact I would say you can't be a director until you've done all that. How can you can have the right conversations and understanding if you haven't at least explored it to some extent?"

FIGURE 6.4. EXPERIENTIAL AND KINESTHETIC FUNCTIONING PART 2 - WORKING

CREATING ONE'S CAREER

"Probably your ADHD employment path I would imagine! 500 hundred different jobs and didn't settle down until I was close to 40. [...] I am figuring that all of us who have this similar kind of thinking don't tend to do well going though structured systems and doing the same thing over and over and over. You tend to want to explore more, try more."

"Once my contract was over, I said - you know what - let's try something new. I always had been tutoring kids on the side, for extra cash to put aside. I started doing that full time and I made a lot more money. I started off with just one kid, I was teaching him and he recommended his friends to me, and his mum had a tuition center asked me to write courses... It was a very organic process. I didn't go after it to go and do "this is what I want to do" It just happened. "

"This new business of mine began about 4 months ago. I was thinking of going back into school into PhD. [...] And I realized there was a certain deficiency in the time of equipment. I actually designed something from scratch. I showed it to this friend who owns a biofuel company. He said "you know you could do something with this" So right now I am in the process of prototyping it and asking for grants."

"After this logistics job, I thought about: What do I like to do? In my free time? My first degree was in computer science. When I was doing computer science, I liked animation. 2D graphics, 3D graphics. During the holidays, I go and do my own little animations on a computer. But I wasn't trained in that area, like formally trained. I decided to go deeper into it. And then that's why I took on my research job in multimedia."

"My friend owned a hotel and the spa had been loosing money for 5 years. I was in alternative healing, reading that kind of stuff on the side of my finance job. I said I'll run your spa for you. All I did was to get myself some books on spas and read it up and then I did it. And that's basically what you do. You learn it, you do it. Someone can take a year at uni to do it, but you can read a book and just say ok, let's start doing it, let's refine it, and then you're done. I was there at weekends, do some massages and energy healing for some of the VIP clients. I grew the spa from 5 to 18 employees and turned it into a very profitable business. I learnt to do manicure and pedicure as well!"

"My life has just kind of flown. It wasn't pre-planned. Certain things have always been there: creativity, design, problem-solving. All of those things are woven through all of that. All these different jobs were different kind of challenges to me. When I was pitching myself, I was saying problem-solver - problems all related to design and things I'm really interested in. It's kind of like an organic flow in that kind of space.

FIGURE 6.5. EXPERIENTIAL AND KINESTHETIC FUNCTIONING PART 3 - CREATING ONE'S CAREER

‣ Roadblocks and drivers of performance and job satisfaction

Interviewees described unusually intense work difficulties typical of ADHD:

- Not sustaining interest, to the point of not being able to complete activities.
- Not finishing projects.
- Procrastinating.
- Issues in maintaining concentration.
- Making careless mistakes and forgetfulness.
- Experiencing various administrative pain points: filing, reporting, etc.

They often had an impact on their performance:

> 'Before I used to mentally pile up a lot of tasks... When I had a piece of work to do, I would let it accumulate until it becomes a large chunk of work. And as it accumulates, and it gets closer and closer to crunch time, I would become more and more stressed and hesitant to start... I'll do anything but start. Eventually, I would have to put the extra hours at work. But then I am already be tired by then. It's like taking a simple thing, taking for hours to do it, and until to the next morning to finish it sometimes. It takes the whole night when it would have been less than one and a half hour if I had just sat there and finished it. You are tired but you have no choice but to finish it and you have to put more and more hours.'

These work difficulties are directly related to Brown's Executive Functioning clusters (2013, see literature review) labelled as 'Activation', 'Focus' and 'Effort'. The occupational impact of the 'Memory' cluster was not obvious: recall difficulties were never mentioned as impairing or spontaneously linked to ADHD by research participants, even if they were obvious during the interviews. As for the 'Action' cluster, its impulsivity facet was neither described nor suggested by their anecdotes or career decisions. Furthermore two interviewees mentioned their continuous energy and need to be constantly active as a professional asset, not as an issue:

> 'I cannot be just someone who does nothing. I have to force myself to have a day off. And I have to bring something along. I cannot just sit there. I loose my mind. It's quite terrible. People ask: "How do you work 7 days a week?" I'm like: "How do you

not work 7 days a week?" [laughing] I've always worked. And actually it turned out to be a good thing.'

Only two participants mentioned challenges of emotional management at work (in one case, in relation with a transference on an authority figure).

Nonetheless, **studying roadblocks to performance of ADHD professionals elicited more than the expected descriptions of ADHD executive functioning impairments and coping mechanisms** (see figure 6.6. below).

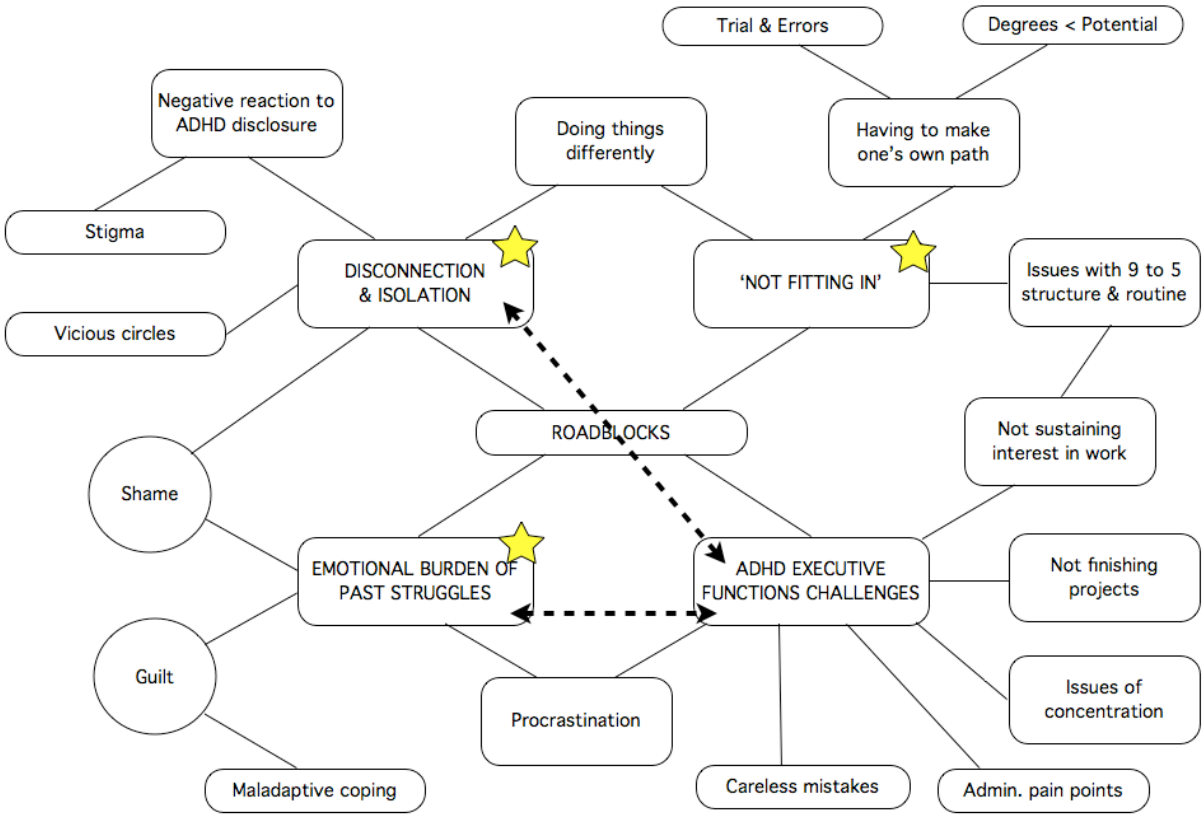

FIGURE 6.6. THEMES EMERGING AS ROADBLOCKS FOR ADHD PROFESSIONALS

Research participants' descriptions demonstrated that **roadblocks are the combination of executive functioning challenges *with* emotional burden of past struggles and vicious circles of isolation and disconnection:**

- 'When I am on the rising trend, I am learning things, doing things, excited... Going to work on time, motivated, confident, pushing forward new ideas, suggesting new things, changing things... And then once I hit this point, or if I'm lazy, or procrastinating, or lacking motivation, then I start going downwards, not hitting my targets, not delivering, irritating my boss and my teammates. I think that possibly even before they know it, I worry about it, because it has happened before. And I start to affect my confidence by telling myself: probably you're screwing up. You're doing it now. Oops! There you go. Then it becomes like a self-fulfilling prophecy.'

- 'Before I realized, before I got diagnosed, I used to think there was something wrong. I only came up with a term for it. I called it the 75%. Everybody would go for the 100% but I would get to the 75% and then just drop. Each time, I reached the 75% mark and then... it stopped, it failed, I don't go beyond or I drop it or... I would never complete. [...] I drowned in the project, got discouraged and left it at that. I don't know, nothing happened. I think it was the fear of failing that stopped me.'

- 'What was pulling me back in this job was interactions with people. [...] When I was alone, I felt better. Because of the way I function, sometimes I do this, sometimes I do that, lots of things. I don't want to tell people that I will be here at some time, there at some time, that kind of thing. I cannot keep.'

- 'I like to do things under pressure because it helps me, but there are negatives because when I start late, there are the others that are waiting for me to deliver something. If they have to chase, they are going to start forming bad impressions. That's why I am not close to other people at work and I don't go to lunch with them. I'm having this negative feedback in my brain. Like 'god, I'm being so inefficient'. I wonder if they are talking about me behind my back. This feedback in my brain... It's not that they would mention it when we go for lunch, which might be the worst part. Because they wouldn't mention it and I would be looking at them and thinking how badly do they think of me and my work.'

Three interviewees had identified the influence of these past struggles and vicious circles, and managed to free themselves from these repetitive patterns (or were starting to), sometimes thanks to the support of a psychotherapist.

Conflict between interviewees' experiential & kinesthetic functioning and their work environment creates a roadblock. Environments not allowing participants to manage their own work methodology and schedule hindered their specific functioning:

> - 'Fixed structure is bad. I need a more fluid, more relaxed structure where you have more control of your time. That would work better. So this research job was very flexible. I didn't have to be there 9 to 5. I could come in at 11. Having said that, sometimes I work until 9+ 10+ at night. It's not because the boss said we have a deadline, it's just so very interesting. I can just stay on it. And doing research, sometimes you need to write articles and stuff like that. In this case I'll still be fine with focus and writing, because I can search online and read by myself. It's not like I have to sit down for a compulsory lecture and I cannot.'
>
> - 'I worked 9 to 5 for about 2 years, 2,5 years. I don't know how I did it. It was very draining on me. Afterwards, during these other two positions, my supervisors allowed me to do it at home or wherever... Small companies. They gave you the choice how and when you want to do it. I did not have problems then.'

Another roadblock related to interviewees 'not fitting in' is the difficulty to start a career with an unconventional profile, lacking the recognition given by degrees. Two research participants experienced such difficulties, having to build their path differently:

> 'I haven't come through the system as it were. Recruiters in design jobs were asking: what art school did you go to? What university? No, I've just done it! Obviously you have to make an effort to convince people that you can do what you say. You have to leverage on every bit of experience here and there. You have to build a track record and you have to pitch it the right way because you don't have this piece of paper that they would look at saying 'oh, he must be able to do that'. When I was younger and still building my track record, everything was like fighting to get in and do something and then proving myself and then moving there... You network, you know people and you leverage on from that. It was more a case of living life, meeting people and finding opportunities along the way.'

In spite of such roadblocks, interviews revealed high levels of achievement and job satisfaction for 4 ADHD participants, and sometimes impressive career journeys. The other 2 participants were at the other end of the spectrum, currently in very difficult situations (one unemployed following work conflicts and cancer treatment, one diagnosed the month before due to repeated work performance issues). **This high contrast of performance and satisfaction between participants was also noticeable within the employment history of each individual, showing drastic differences from one experience to the**

next. How can a professional unable to complete daily management tasks in an entry-level logistics job become this high flyer juggling with accounting, finance and valuation in a tech startup (while finding time to contribute on the product side)?

This variation of work performance reminds of the situational aspect of ADHD discussed in literature review. Striking examples of temporal and contextual highs and lows of ADHD cognitive impairments are often described in clinical reports (Brown, 2005). Brown's research review (2013) posits the role of motivation and immediate rewards on cognitive performance of ADHD adults. **The correlation between motivation and performance, studied in organizational studies at macro level, takes a whole new meaning in the case of ADHD professionals, whose 'in-the-moment' motivation and activation are directly linked to cognitive performance. If they have no means to control these automatic and situational facets of ADHD** (see literature review)**, ADHD professionals actively design or move towards work contexts in which they can thrive.**

What keeps ADHD professionals motivated? Again this diverse sample of research participants provided very consistent words and anecdotes to describe drivers of performance and job satisfaction.

> - 'I don't know how I should describe my current job. Because it's a startup, I do everything! [laughing] I am doing finance, I am doing research and lots of other stuff in marketing, PR. It keeps me occupied.'
>
> - 'Unlike the bank job whereby I was in the office everyday, in this job I meet quite many sort of people from all walks of like: lawyers, accountants, fellow researchers, doctors, therapists, ... So it's much more interesting.'
>
> - 'I've read a lot about philosophy, quantum physics, many fields to understand energy and emotions both mechanically and spiritually. To understand how the world works a little bit. To understand myself better. How I was more aware of people connecting and feeling. That's what got me into experimenting energy healing and managing the spa.'

- 'My previous job was really really boring. There was no interest. There was no passion. It was just a job. It was not a career. It was just a job to pass by.'

- 'It was definitely a choice for me to work in mental health because it had impacted people close to me. I started to work with elders - I really liked to talk with them and hear their life stories. I really felt this is what I want to do. When I moved to child psychiatry... I realize this is completely crazy. This is not where children belong. I wanted to develop something out of this clinic to work with them. So this is what I've done. And I enjoy connecting with them every day.'

- 'I'm glad I am in [the neurodiversity] field. When I talk to my end-users, at least I can relate. It gives more credentials, right? What's the point of telling you if you wouldn't understand? [...] Also I see this job as a way to help. I told myself this is a good way to look at it. There are good days, there are bad days. You never know eventually. Maybe all the bad days will come and you may want to leave. I see this as that would give me a good reason to stay.'

- 'I think we are here to change things and to make them better. We all have our different areas of speciality or focus, things that really fire us up. It's only through our passion that we can transmit it on to others. If we don't have a passion for it, what's the point of doing it? It's not going to come across.'

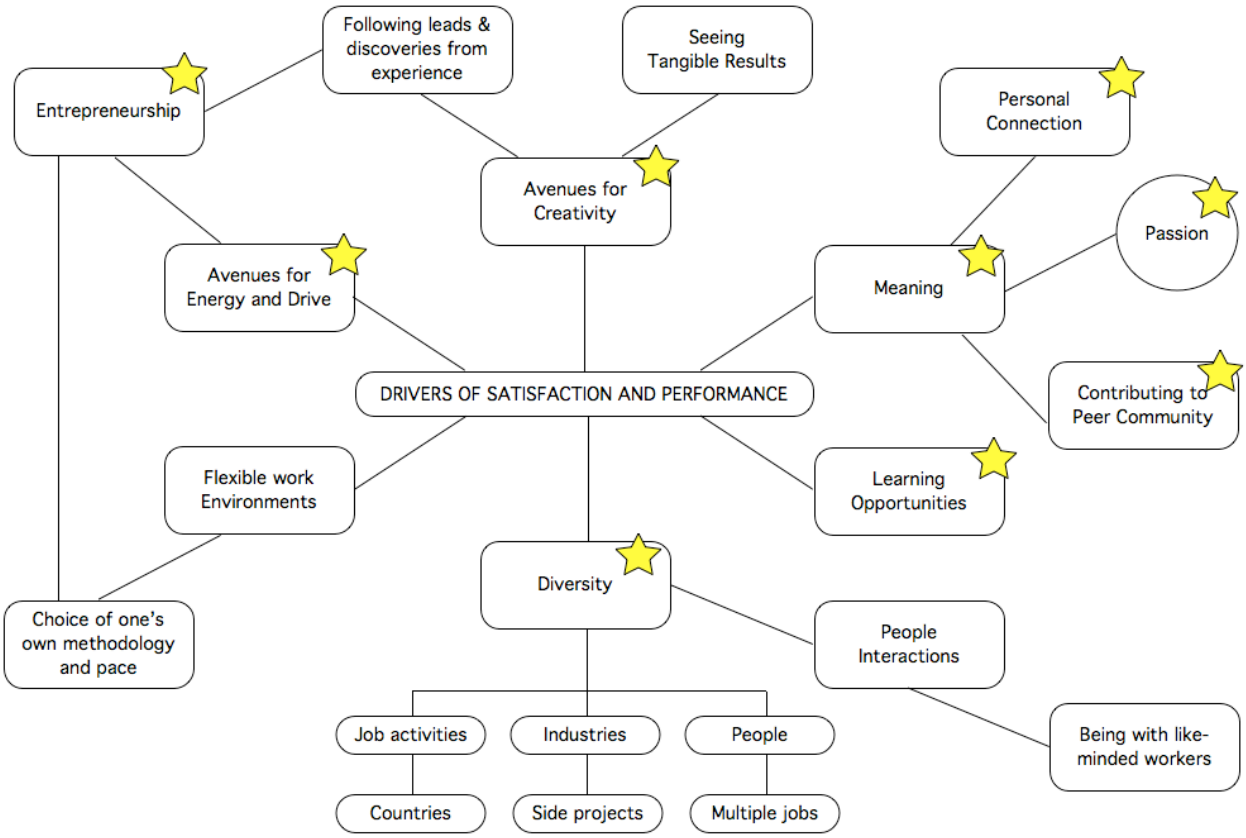

FIGURE 6.7. THEMES EMERGING AS DRIVERS FOR ADHD PROFESSIONALS

The key drivers (represented on figure 6.7. above) are consistent with topics previously discussed:

- Drive, diversity and patterns of multiple activities.
- Experiential and kinesthetic functioning.
- Situational side of ADHD impairments, with learning and problem-solving challenges working as powerful antidotes.

Nonetheless the strongest cluster of drivers appears to be 'Meaning': research participants draw from passion, personal connection and contribution to community to transcend their challenges on the long run.

These findings suggest that **ADHD adults are atypical professionals with different ways of learning, organizing their workload and managing their careers. Diversity management lenses are relevant: ADHD is an invisible identity who has a significant influence on the daily work experience and careers of research participants.** If a career is defined as a linear progression oriented by education and revolving around similar jobs and industries, each characteristic described above makes ADHD professionals square pegs in round holes: short experiences with trial & errors, multipotentiality and diversity, entrepreneurship, experiential and kinesthetic functioning, unusual roadblocks and drivers of performance, career reinventions, search of meaning, etc. Nonetheless professional journeys have changed today, and some of these themes are key topics taught in business schools leadership development programs and startup accelerators: **Herminia Ibarra on career reinvention, Bill George on finding one's true north, Steve Blanks on designing lean experiences, etc. Popularizing and/or adapting these frameworks usually reserved to funded entrepreneurs or corporate leaders would provide new actionable ADHD support and coaching tools.**

VII. Limitations

Limitations of this study are the small sample size and its high share of both ADHD and high IQ research participants (at least 4 out of 6). All clinical experts posit the high occurrence of such 'twice exceptional' profiles without agreeing on numbers, due mostly to debates on misdiagnosis of ADHD in gifted children and different definitions of giftedness itself. Findings may only be generalized to the broader ADHD professional population through qualitative studies of higher scale.

I chose to leverage on a position of participant observer. On one side, it enabled me to recruit interviewees and to draw richer data and insights. On the other side, it is very likely that I projected part of my own journey of ADHD and high IQ adult. Supervision and peers' input helped me to identify the influence of my own perceptions and beliefs. I also explained my initial assumptions and the reasoning behind each cluster of findings.

VIII. Conclusion, practical implications and future research

This research project provides new insights in two areas. It describes the identity journey experienced by ADHD professionals self-identifying at adult age, as well as their atypical working style and career management. It opens a wide array of practical implications and future research.

Becoming an ADHD adult is an active and intense process of identity construction. Reading an accurate description of ADHD is not enough to reach the tipping point and self-identify at adult age: such deep learning often requires the pressure of severe crisis or the drive to help someone else, together with safe means to investigate. Accepting this stigmatized label is actually empowering: it enables ADHD adults to make sense of their experience, identify peers and start relieving the shame and guilt built over the years. They often embark on personal and professional changes, while doing intense identity work. Reframing, experiencing, crafting their own words and self-narratives, they integrate ADHD in their lifeworld, giving it a meaning in harmony with their set of values, identities and self-actualization goals.

This finding on ADHD identity construction at adult age is neither documented nor leveraged in ADHD literature, self-help books or coaching. It opens new awareness, coaching and therapeutic options: the first leads are to communicate and facilitate this identity work of recently diagnosed adults (sharing models of its process and stages), and to develop online self-help groups to leverage on peer safety and support. Generally there is high potential in benchmarking existing approaches used to manage stigmatized identities and develop shame resilience.

Changing job frequently, learning by trial & error, multiplying and diversifying their activities, often becoming entrepreneurs and always demonstrating an impressive resilience and resourcefulness: ADHD professionals march to the beat of a different drum. Their kinesthetic and experiential ways of learning, managing their daily work and building on opportunities create atypical career paths. Their ADHD executive functions issues become roadblocks when paired with emotional burden of past struggles or vicious circles of disconnection. Square pegs in round holes, ADHD professionals have to overcome challenges of not fitting in, managing their workload differently or lacking degrees. They manage their motivation and performance if they are fired up by diversity, learning, problem-solving, and most of all meaning and passion.

ADHD professionals are an atypical working population whose potential is undervalued (sometimes by themselves) and often not leveraged. Integrating their ADHD identity is an important key of self-awareness and professional development. If this project highlights their differences, it also evokes numerous existing frameworks of leadership development, coaching and career management which could be relevant to them. There is actually a whole new field to build to support ADHD professionals, starting by understanding their own experience, voices and needs and breaking down silos to integrate several domains of expertise: psychiatry, clinical psychology, learning preferences and leadership coaching approaches informed of psychodynamics.

Interviewing and deeply connecting with these six ADHD professionals, my peers, was an amazing experience. Their voices and stories will remain with me. In the tradition of the Coaching and Consulting for Change program, this research project strongly contributed to my own journey, making me a more reflective ADHD adult, coach, researcher and neurodiversity advocate.

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