

ADHD and temporality: a desynchronized being-in-the-world

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Part of the research group “Diagnostic Culture”. The group examines the rise of psychiatric disorders, from a historical and an individual perspective focusing specifically on ADHD and depression as two major ‘symptoms’ of how we conceive of ‘the pathological’ in our contemporary time. In my specific project, I study the experience of living with and getting an ADHD diagnosis and I’m particularly interested in how the diagnosis is welcomed, acted upon, questioned, and incorporated.

In this paper, I will experiment with some thoughts I’ve been grappling with recently. ADHD is often described from either a neurobiological perspective explaining the disorder as impairment in executive functions in the brain (Barkley 2008) or from a critical, sociological perspective explaining ADHD as a consequence of medicalization processes (Conrad 2007, Timimi & Leo 2009). Only little research is made on ADHD from a phenomenological perspective (Maiese 2012). So what I want to ask in this presentation is, if we can understand what we call ADHD in a different way than as a matter of neurobiology or medicalization? Or maybe I will not as much ask the question as I will try to answer it by advocating for a complementary, phenomenological understanding of ADHD as a certain being in the world – and more specifically as a matter of a phenomenological difference in temporal experience and rhythm. Inspired by both psychiatry’s experiments with people diagnosed with ADHD and their assessment of time and phenomenological perspectives on mental disorders and temporal disorientation I will explore ADHD as a disruption in the experience of time and a state of desynchronisation with the environment.

I will present empirical data collected from interviews with adults diagnosed with ADHD and observations while visiting, hanging out with and chatting with the interviewees. I will illustrate how impairment in time is manifested in an embodied experience of being out of sync and I will argue that the experience of ADHD is both characterised as 1) an inner restlessness and bodily arrhythmia; 2) an intersubjective desynchronisation between the

individual and its surroundings; and 3) a feeling of lacking behind socially due to difficulties in social skills.

Thinking faster

I want to start by referring to an article in a Danish newspaper a couple of years ago. The headline said: “They don’t understand what I’m saying, because they don’t think as fast”, citing a famous Danish fashion model diagnosed with ADHD, who was interviewed about living with ADHD. The article was shared on the Danish ADHD association’s Facebook profile and intensely debated among others diagnosed with ADHD. Many agreed on the fact that people with ADHD have a speediness to their way of thinking and talking and that their thinking is sometimes even faster than they are able to communicate – which often creates misunderstandings in conversations. A famous stand-up comedian with ADHD also joined the debate on Facebook, proposing that: “the trick is to be able to express yourself in a way that is understandable to others. Even if you have to put yourself in a slower tempo than your thoughts. And then lower your expectations to others’ tempo.”

The article and the following comments, recognizing the difference in speed between people with ADHD and others, made me think of elements in my own empirical data, which often reflected feelings of being misunderstood, speeding thoughts, and impatience. Experiences of hasty feelings and actions, inner restlessness, and struggles with timing, being on time and getting along with people seem to imbue narratives about living with ADHD. During my fieldwork, I often felt confronted with this feeling of restlessness, misconnection and misinterpretation, and I experienced being in a different pace than the person I was sitting in front of.

A small look into my field notes can help illustrate this:

I’m visiting one of my informants, who tells me that he’s had a terrible sleepless night. Peter describes his restlessness and how it affects his everyday life. My dictaphone lies on the table and records Peter’s every word. But something is not caught by the dictaphone. Something that illustrates Peter’s

restlessness just as well as Peter's words do. 'Cause while we talk about his restlessness and Peter's many thoughts, Peter is everywhere. He looks into his phone to check the alarm he sets in order to remember his medicine; he lights a cigarette with the lighter he's been fiddling with since we sat down; and his one leg is moving up and down during our conversation. Every time I ask a question, we somehow end up a totally different place. I sense that I'm getting confused from our staccato conversation that jumps from subject to subject and from all the activities happening during our conversation. Peter's restlessness fills the room and I get the feeling that we speak and think in different tempi and directions. Peter interrupts before I'm done talking. Not because he's impolite 'cause he's really one of the most polite people, but it seems like new thoughts keeps striking him – independent on my question and our conversation. I sense Peter's restlessness. It sneaks into my body. Not that I feel it the same way as Peter does, naturally. But I observe and sense the restlessness he describes with his words with much more than my hearing. It crawls into my way of talking, as I have to stop my sentences half way through in order to adapt to our abrupt conversation and my concentrations weakens as I follow Peter's eyes to his phone and lights another cigarette. My breath almost shortens and I need to improvise to find common ground with Peter.

So I got interested in ADHD as something to do with fastness, rhythm or timeliness and how this difference in speed sometimes causes interruptions in the 'social order' and misunderstandings between people. The bodily experiences and consequences (or causes) of the difference in speed and rhythm are central in my data and I will try to understand and connect the experience of inner restlessness with an 'outer' disconnect to the surroundings.

The rhythm of the body

My first analytical argument is that the experience of ADHD is characterised by an inner restlessness and speediness that creates a feeling of not being able to 'follow oneself' or

finding a comfortable inner rhythm. My informants describe how the 'speeding' manifests itself as either racing thoughts or a bodily restlessness and a craving for movement.

Brian, a man in the mid-forties and diagnosed 4 years ago describes how ADHD feels to him:

Brian: Mostly, I can feel the tensions here [points at his head] and it's like... it's like vague electricity through the brain 'bizzzz'. Those are the physical symptoms. And then I realize that I start shaking my legs [moving one of his legs restlessly].

Mikka: What's with that leg?

Brian: Well, it's nothing now. But it's because the energy accumulates. And it has to come out somehow. When I go to a meeting for example where we have to sit on our butts and are being taught from the black board - then my legs starts moving. I fiddle with something. It's like carbonic acid all over and that energy needs to be released. So I'll sit and jump a bit.

Mikka: So that's the valve?

Brian: Yes it is. It brings calmness.

Brian's description of ADHD points to the bodily aspect of ADHD and how it is manifested concretely in the craving for bodily movement. During the interview Brian is moving restlessly on the chair, waving his arms to underline his arguments, he has tics in his left eye and he speaks almost non-stop. Sometimes his speech is, as he calls it, "like a fire from another world".

The experience of restlessness and the need for 'calibrating' the body or letting the energy out is consistent in my data. The body is speeding and the thoughts are racing. Only movement - or drugs - can ease the restlessness. A woman, Susan, who is 39 years old and was diagnosed half a year before I talked to her, explains how the medication has changed her body - or the 'tempo' of her body:

"I get an inner calmness. I guess that's the best way to describe it. For example reading bedtime stories to my kids, they are too big for that now, but when I did, it almost like...

I did it, but it was not the nice experience that I wanted it to be - before I got the medication. Because my head was speeding 180 [km/h] while I was reading. I didn't have the calmness to do what I was doing. I also tended to be really short-tempered and everything just shot out of my mouth and maybe sometimes inappropriately. The medication helps with that as well. It's a kind of general calmness in the body. I have so much more calmness in my body. But I have to get used to it; driving in a lower gear, if you can say it like that, and accept it. I find it quite hard realizing that my body feels drowsy in my world. But I guess that's just because I'm in a normal tempo now. But compared with previous-me, this is drowsy to me and I have to accept that it's okay and don't feel guilty about not running around all the time."

To Susan, the drugs have given her calmness. They have put her "in a normal tempo" as she describes it – and even if the current tempo feels drowsy to her, she appreciates the benefits of the slower tempo.

Philosopher and phenomenologist Henri Lefebvre writes in his short but quite interesting book about rhythmanalysis (2004) that "The body consists of a bundle of rhythms, different but in tune. It is not only in music that one produces perfect harmonies. The body produces a garland of rhythms, one could say a bouquet" (ibid: 30). According to Lefebvre, everything has a rhythm: The city, the body, music, human interactions. "Everywhere where there is interaction between a place, a time and an expenditure of energy, there is rhythm" (ibid: 25), he claims. The rhythm of the body is both referring to the beat of the heart and the repetition of breathing and to the circular element of rest, sleep and work. The body is a polyrhythmic subject producing and containing different rhythms that need to correspond or resonate in order to maintain health. Lefebvre states: "Rhythms unite with one another in the state of health, in normal (which is to say normed!) everydayness; when they are discordant, there is suffering, a pathological state (of which arrhythmia is generally, at the same time, symptom, cause and effect" (ibid).

So is the restlessness a reflection of an arrhythmical bodily state? Lefebvre descriptively proposes that arrhythmia is both symptom, cause and effect. In accordance with other phenomenological philosophers who argue that the body only becomes centre of our attention in times of disturbance or illness – e.g. Drew Leder (1990) who states that "pain

exerts a phenomenologically “centripetal” force, gathering space and time inward to the center”(ibid: 76) that reminds us of “the here-and-now body” (ibid) – Lefebvre claims that: “Normally we only grasp the relations between rhythms, which interfere with them. However, they all have a distinct *existence*. Normally, none of them *classifies* itself; on the contrary in suffering, in confusion, a particular rhythm surges up and imposes itself: palpitation, breathlessness, pains in the place of satiety” (Lefebvre 2004: 31).

From the rhythmanalytic perspective, we can understand the restlessness connected to ADHD and the feeling of speediness as a kind of rhythmic disharmony. The thoughts race too fast, the blood runs too fast, the limbs move too much. Falling asleep becomes difficult; concentrating on reading bedtime stories is almost impossible and sitting still at meetings demands fidgeting with pencils and movements of the legs in order to let some of the accumulated energy loose. Feeling the inner restlessness draws attention to the physical body that is normally not present and the bodily arrhythmia is experienced as disturbing and pathological.

When the world is in a different pace

That ADHD phenomenologically speaking can be understood as a rhythmic phenomenon connected to rhythms in the body was my first analytical point. My second argument is about ADHD as an intersubjective desynchronisation between the individual and its surroundings.

Interestingly, psychiatrists have conducted clinical experiments demonstrating that sense of time is impaired in people with ADHD.

Psychiatrist and often-cited ADHD expert Russel A. Barkley have tested children’s ability to evaluate and reproduce temporal durations and conclude from these studies that children with ADHD tend to under-reproduce time intervals when asked to reproduce a certain time interval (Barkley et al. 1997). Barkley and colleagues argue that “given the limited storage capacity of attentional and working memory systems, the more an individual must allocate attention to nontemporal information, the less they can allocate to temporal processing and

so the less accurate (shorter) their sense of time will prove to be” (Barkley et al. 2001: 542). What this suggests is that impairment in sense of time is connected to impulsiveness and exposure to distraction – some of the characteristics to ADHD.

Other studies (Carelli & Wiberg 2012; Walg, Oepen & Prior 2012) have subsequently confirmed parts of Barkley’s thesis about temporal disorientation as a key element to ADHD. One of these studies interestingly argues that individuals with ADHD perceive time intervals as longer than others due to “an internal clock that runs with a higher rate” (Walg, Oepen & Prior 2012: 2). From experiments measuring children’s perception of time intervals the study concludes that children with ADHD appear to have a different brain structure in temporal processing and therefore perceive durations of time differently. It is proposed that if the internal clock in children with ADHD runs faster than others’ “their impulsivity could arise from the fact that, from their subjective point of view, a rather long time interval has already passed” (ibid). Yet another interesting study by two psychologists (Gilden & Marusich 2009) examines ADHD as a product of a diminished sense of rhythm. According to the study people with ADHD “have a rhythm cut-off that is faster in tempo than those without ADHD” (ibid: 265). Conducting experiments with adults (both diagnosed and so called normal people), testing their ability to synchronize and reproduce a metronome’s rhythm, the researchers found that people with ADHD have greater difficulties than others reproducing the rhythm within a certain tempo. People with ADHD start meandering or losing the rhythm when the tempo is slowed down before the test group, which, the two psychologists argue, can be explained by a shortened temporal span in their memory system.

My informants often tell me how they are always late and how they find it difficult to administrate their time when working on a task. A woman, Judith, describes it like this:

“It just not there. The sense of time. It’s now now now. It’s about being in the present. That’s how we are. I only just learned about time. Well, not watching the clock and seeing what time it is, but I mean sense of time and having an idea about how long things take. How long it takes to do grocery shopping and knowing when I’ll be back home again. Like getting a sense of it.”

Judith's description illustrates some of the troubles with assessing time and why managing time can be difficult, and from the psychiatric perspective presented by Barkley and his colleagues, Judith's sense of time might actually be impaired. Surely judging time poorly creates misunderstandings and incongruences when making agreements and coordinating things with other people, but my argument about ADHD as an intersubjective desynchronization goes further than that.

If we return to Brian and Susan from my first argument I believe that we can see these two examples as not only examples of an inner arrhythmia but also as illustrations of desynchronization. In Brian's case: Attending a meeting is a confrontation with a specific time set. There is probably an agenda for the meeting and a specific rhythm to the interaction. Following the argument that people with ADHD have "an internal clock that runs with a higher rate" as it was stated by the psychiatrists, the impatience from Brian becomes clear. Brian is confronted with another rhythm, another time than his own. The feeling of the energy accumulating in his body, as Brian describes it, reflects the continuous accumulating time difference between his internal clock and the outer clock.

Psychiatrist and phenomenologist Thomas Fuchs (2013) can help us untangle the argument. According to Fuchs, illness can "be accompanied by a radical change in subjective temporality, even to the point of a fragmentation of the experience of the self in time" (ibid: 76). To illustrate this point, Fuchs introduces the concept of implicit and explicit temporality, referring to time as respectively pre-reflectively lived and consciously experienced. Implicit time includes two elements: Firstly, an inner time consciousness, that refers to the experience of temporal continuity when moments relate to each other in both a forward and backward direction (ibid: 77); and secondly, an affective-conative momentum or a state of drive, striving, and being immersed in activity (ibid: 78). Explicit time on the other hand "results from an interruption or negation of implicit time" (ibid: 75) and appears as a conscious confrontation with time. Implicit and explicit times are each connected to two different bodies, respectively the lived body, through which we experience; and the corporal body, which is object of experience or thought. When engaged in activities our corporal existence is not present to us and implicit temporality and tacit performance are almost synonymous, Fuchs argues. However, our body becomes conspicuous to us in times of illness

and in explicit time we “experience our body no longer as a tacit medium but rather as an object or obstacle” (ibid: 80). Again we meet the notion that the body is only object of our attention when some kind of disruption enters.

Moreover, Fuchs emphasizes that our experience of time is not a solipsistic phenomenon, but our experience of temporality happens in reference to others. There is an intersubjective element to our temporal experience as we are engaging with and ordinarily temporally synchronized with others through a constant “fine tuning of corporal and emotional communication, an intercorporeal resonance” (ibid: 81). The synchronisation happens at several levels from social life in daily routines to sharing same cultural ideas and history (ibid: 82). But we are not always synchronising with our environment and we can be either ‘too late’ or ‘too early’. Fuchs writes about being too early as “the acceleration or antecedence of one’s own time with respect to external processes, makes waiting necessary. Waiting imposes on us a slower time structure to which we can respond with patience or impatience. But also boredom highlights unpleasantly the discrepancy between one’s own drive or interest and the lack of external stimulation or possibilities for action” (Ibid: 82-83).

Seeing Brian’s impatience at the meeting or Susan’s experience of not being able to concentrate on reading bedtime stories to her children while her thoughts are speeding as a matter of desynchronization opens up for a new way of understanding ADHD as a phenomenon that is not just located in the individual but is rather an intersubjective or relative phenomenon between the individual and its surroundings. The encounter between internal and external time in Fuch’s words or between different rhythms in Lefebvre’s words creates a desynchronization or arrhythmia that results in misunderstandings and discomfort.

Trying to keep up but lacking behind in the mystery of sociality

My third analytical point is different from the two first since it is not about how ADHD is a phenomenologically different way of being but more of a social consequence of this being and it points to a different aspect of timeliness connected to ADHD. The consequences of being different are considerable, some of my informants remark. Many of my informants

speak about feeling different and of continuously experiencing misunderstandings. Karen, a woman in her mid-forties diagnosed 4 years ago explains how she is lacking behind socially.

Karen: I once read this piece that made me so extremely sad, and it still does. Someone was doing a presentation about ADHD, and when I saw the slides afterwards on the Internet, it said: It's not a question of whether you're excluded from sociality; it's a question of when you are. And I was so happy reading it first, but then I was so so sad.

Mikka: why?

Karen: Because it's true. I was being excluded, even though I still tried to be inside and tried to keep at it, and tried to be like the others think you're supposed to be. And then it said it right there: it's not a question of whether but a question of when. And it's true, 'cause you get no social training. You get a whole less because you have to withdraw. You can't hold all that shit that's happening around you. So if you only get like a fourth of the social training compared to others, well then I'm constantly 75 % behind. The result is, now that I'm 45, I am supposed to manage that level of sociality, but I'm not. There're a lot of basic things I'm not able to.

The feeling of being different can cause withdrawal from social settings – as can the feeling of having too many thoughts and too much restlessness cause need for a social 'timeout'. In that way, the phenomenologically being out of sync actually results (among other things) in a very concrete social desynchronization. What is normally felt as a rather undefinable difference sometimes leads to the severe consequence of exclusion.

Concluding remarks

So how can we understand ADHD? As a different way of being in the world, I propose. A desynchronized and speedy being. A being that sometimes experiences the world as too slow, because racing thoughts and a restless body get impatient. But also a being that sometimes finds the outer world chaotic because the inner world is occupied with too many things going on.

Some researchers critique the way diagnoses localises the problem in the individual and argue that we should rather trace and change the societal structures that produces the suffering (Petersen 2007). I agree with the critique. We should acknowledge that the demands for people to concentrate behind a computer all day and to keep several balls in the air can be a challenge to people with ADHD and that these demands trig and aggravate the feeling of restlessness and chaos. However, I find it fruitful to not only look at societal structures, but also to understand ADHD as an intersubjective phenomenon – something that emerges in the interaction between the individual and its surroundings: The confrontation between implicit and explicit time and the clash between different rhythms. I believe that a phenomenological perspective, like the one I have presented here, can offer an important supplement to the excising neurobiological and the critical sociological way of understanding ADHD.

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