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Demolishing Systemic Ableism: Attention-Deficit Hyperactivity Disorder (ADHD) in Adults

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NURS 501: Theoretical Foundations of Advanced Nursing

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Critical Issue

Our society in America is built around the values of neurotypical cis-gendered, straight, white men. There is very little room for any diversity within our American culture. We have made progress in other areas like race, gender/gender identity, sexual orientation, religion, and creed, albeit not enough. However, even with this progress, there has been very little for neurodivergence, especial for adults. Cambridge Dictionary defines neurodivergent as mental or neurological function differences when compared to what is typical. Neurodivergence include diagnoses like autism spectrum disorder (ASD), attention-deficit hyperactivity disorder (ADHD), Tourette's syndrome, dyslexia, and dyspraxia (Lener & Villines, 2022). The focus of this paper is specifically on adults with ADHD because it is the most common presentation of neurodivergence in the US, with about 11% of all children and about 5% of all adults in the U.S. (ADDitude & Dodson, 2022). Initially, it was thought that ADHD was only a childhood disease, but research has discovered people with ADHD have a neurodevelopmental disorder where there is a deficiency in neurotransmitters serotonin, dopamine, and norepinephrine, and since has been reclassified as a lifelong disorder. Adults with ADHD are significantly under diagnosed and treated. Even though over 70% of diagnosed children enter adulthood still symptomatic and requiring treatment, only 10-25% receive an adult diagnosis and treatment (Targum & Adler, 2014). ADHD causes difficulty with mental processing, impulsivity, executive functioning, and emotional processing.

An individual with ADHD processes all input at the same level, whereas a neurotypical person processes only important information and drowns out unimportant information subconsciously (Cronkleton, 2021). For instance, a person with ADHD in a cafe will hear all audio input at the same level. A neurotypical will automatically drown out most audible input

except the conversation they are having. Adults with ADHD have to put in immense effort in an attempt to fit into the rules of our society, known as masking. For example, a conversation between two neurotypical individuals is generally linear and responsive, allowing periods of speaking and listening. A person with ADHD that is not masking during a conversation may avoid eye contact, they may cut the other person off mid-sentence, and the dialogue is generally not linear, but they are paying attention to the conversation (Bertin, 2021). If they are masking during the conversation, they may have too much eye contact, they may respond to what the other person said in an unusual or confusing way, and they may seem standoffish. People that mask during conversations, respond this way because they are putting so much effort into appearing normal that they are unable to process the conversation itself. Whether they are masking or not, the way they engage in a conversation can be perceived as rude or impolite.

During a meeting or class, an individual with ADHD may be moving around "too much" or appear "zoned out," causing people to label them as disruptive or not invested. People who have ADHD often struggle with perception of time, leading to being late, turning assignments, tasks, or projects in late, and often over or underestimate how long it will take them to complete something (ADDitude & Dodson, 2022). This phenomenon is referred to as "time blindness" by the ADHD community. Yet, we have a society that does not work with these individuals. Schools and workplaces label these individuals as lazy, aloof, self-centered, as having a lack of motivation or discipline, etc. This is so to the point that before the age of 10, people with ADHD receive an average of 20,000 more negative and corrective comments than those who are neurotypical (Jellinek, 2010). While schools, employers, and our healthcare system tout the notion of equality and non-discrimination against disabilities, our entire society is set up for neurotypicals.

Access to care is another significant struggle for those with adult ADHD. Due to the belief that it is a childhood disorder, despite multiple studies confirming that in majority of cases it persists into adulthood, adult ADHD continues to go unrecognized throughout many healthcare systems in the U.S. (Minkoff, 2014). If by luck, an individual can find a provider that recognizes adult ADHD and is willing to treat them, a prior authorization with extremely specific wording is required by most insurance companies to cover the cost of medications (Goodman, 2018). Many times, people are forced to pay out of pocket for medication because insurance denied coverage, which costs around $200 minimum up to $2,582 per month (Modglin & Bawab, 2022). There are few individuals that would be able to cover the monthly cost of adult ADHD treatment, so many go untreated, despite the detriment caused by being untreated.

As a society, we are ingrained with unconscious and profuse systemic ableism toward adult neurodivergent individuals. There is an expectation everywhere you look within our culture to be early or on time, to sit still during a meeting or class, to communicate with others in a structured and predetermined way, and to be, the neurotypical cis-gendered, straight, white man's idea of, polite. Neurodivergent individuals, specifically adults with ADHD, struggle in our current construct of society due to the systemic ableism found in our culture, communication, and access to care. This paper will explore these concepts utilizing Jean Watson's *Human Caring Science: A Theory of Nursing* to bring awareness and change to these inequities for adults with ADHD.

Human Caring Science

World-renowned author and awardee, Dr. Jean Watson gained her notoriety after developing one of the most recent grand theories in nursing in 1979, Human Caring Science (McEwen & Wills, 2019. Pg 183). She developed this Theory to illustrate the need for a deeper

connection and involvement on a human-to-human level. Her theory was the first to address the

spiritual realm of nursing. Dr Watson's theory is unique and has characteristics of a human

interaction model as well as the ideals of a unitary process model, but ultimately is categorized

as a human interactive process. For her works and accomplishments across the globe, the

American Academy of Nursing formally honored Dr Watson as "a living legend in nursing."

Drawing from inspiration of other nursing theorists, psychologists, and philosophers, she stitched

together her theory on human caring. Watson's values of respect, kindness, and compassion are

evident throughout her theory. She notes that there should be a deep sense of respect and

responsibility to take care of our planet, in order to take care of each other. She recognized that

the ethical and spiritual aspects of humanity play an integral role in the human care process. She

described the spiritual aspect as mysterious and universal with love and caring at the center. Her

Theory transcends objectivism, descriptions and definitions, rigid rules, and guidelines, and

reaches toward subjective context, developing relationships, identifying patterns, and finding

meaning.

There are seven assumptions within her work. One can only demonstrate effective caring

through interpersonal connection (Pg 184-185). There are carative factors that result in the

fulfillment of human needs. The effective use of the Caritas Processes encourages growth and

healing. Responding to humans with loving-kindness allows for acceptance of the past, present,

and future selves. Providing a caring environment encourages the development and choice of

individuals. The caring and curing sciences are complementary to each other. Finally, the act of

caring is at the center of nursing. Watson identified these 10 Caritas Processes, intended to be

applied to oneself and others, to address their intrinsic human needs. Practicing loving-kindness;

authentically enabling a faith/hope/belief system; engaging in sensitivity; developing and

maintaining relationships of love, trust, and caring; authentically expressing and receiving of

positive and negative feelings; problem-solving creatively; teaching and learning within the

boundaries of the relationship; creating a caring environment; assisting with basic needs while

maintaining human dignity; and being open to spiritual unknowns.

Watson explicitly defines three out of the four concepts of the metaparadigm, and

indirectly describes the fourth through additional major concepts (Pg 184-185). She defines the

human concept as a precious individual who is unique, valued and deserving of care,

understanding, assistance, and respect. The concept of Health is achieved when the perceived

and experienced self, become aligned. Nursing as a concept is the mediation of health and illness

experiences through caring connections and development of relationships. Watson also describes

the concept of the actual caring moment occasion, which is when the nurse and the individual

interact with compassion and acceptance, allowing for the development of a relationship. The

transpersonal caring moment arises from caring communication of thoughts and feelings

between the nurse and patient. The phenomenal field is the totality of an individual's experiences

in the world and can only be known by them. Life is a person's physical, spiritual, emotional, and

mental presence in the world. Harmony/disharmony is the balance or lack thereof the mind,

body, and spirit of a person and their relationship to the world. Lastly, the concept of time is the

subjective and objective realness in different states of being.

Watson's nursing theory of *Human Caring Science* will assist in illustrating the systemic

ableism toward adults with ADHD, as well as guide its change. The base values of respect,

compassion, and kindness found within Watson's work, provide stark contrast when comparing

this model to current societal constructs. Utilizing her framework will help to create a healing

environment where this problem can be discussed and addressed. As seen in Appendix A, the

diagram for Watson's model illustrates how the implementation of the Carative Factors becomes the Caritas Process and allows one to address another individual with love and care. This process creates an authentic, transpersonal relationship between both parties. This becomes a sacred space filled with love, compassion, and forgiveness, which is a healing environment for everyone. This connection comes from the mysterious and unknown universal energy.

Application of Human Caring Science to Critical Issue

Applying Watson's model to demolish systemic ableism for adults with ADHD would require acknowledgment of the issue, education about the problem and the model, understanding of both, and virality. However, it only takes one person to start the practice, one person to join, and a group of people to see the change, before more are joining in the movement. At a baselevel, I will incorporate this model into my own practice and encourage others to as well. To be able to apply this model, one must first be willing and able view and assess their own phenomenal field with self-love, compassion, and forgiveness. They should create their own sacred space within themselves and accept themselves as a beautifully made individual. By doing this, it will help them to approach people without judgment, and allow the mysterious energy, whether that is God, Buddha, gods, or energy itself, to work through them and spread healing to others. This will help them consciously regard each person as valuable, potentially hurting, and in need of care and love. One should be open to allowing their life stories to break their heart, which can drive their compassion, and lead them to action. Even the smallest of gestures can have immense affect in people's lives, both good and bad.

Within the sacred space, created by the use of the Caritas Processes, people feel heard, acknowledged, safe, and accepted. Approaching a person with ADHD as unique, instead of as a diagnosis or a problem, and treating them with the loving-kindness they deserve as a human, will

help them to not feel like outcasts or "other," which is what society has been telling them their

whole lives (first process). Being authentically present, and accepting them as they are, were, and

will be, can help them feel hopeful and may engage a belief and faith that their lives can be

different (second process), and that it is right for them to be unique. By encouraging them to

develop their own spiritual practices (third process), regardless of what that looks like, helping

them to use these practices to see beyond their sense of self, and creating an environment of

support where they can express their feelings and emotions (fifth process), whether they are

positive, negative, or neutral, will break way to developing an authentic and trusting relationship

with themselves and the provider (fourth process). Collaborating with them to discover creative

and caring problem solving (sixth process) and engaging in teaching-learning experiences that

respect boundaries and incorporate wholeness and meaning (seventh process), will encourage

growth, understanding, and inquiring the world around them. The previous processes create the

sacred space of comfort, dignity, and peace, where they can begin healing from the pain that

society has caused them (eighth process). We can assist with their basic needs, which are often

diminished by society, by compassionately providing resources and fiercely advocating for

societal change (nineth process), which potentiate the alignment of their mind, body, and spirit.

The final caritas process is being open to miracles and allowing for unknowable wonder to occur.

The final caritas is important to this critical issue because society does not change easily, but

with healing, advocation, belief, and faith, anything is possible.

Within this sacred space, adults with ADHD can communicate in a way that feels

comfortable to them. They can fidget and move around without judgment, and they do not have

to mask. They can explore their experiences, accept their experiences and themselves, and work

towards self-advocating in a society that is not set up to help them. We can help them find

harmony within themselves and in society. The more people effected by this model, the wider

known it will become. When patients feel supported, believed, and cared for by their providers,

they are more likely to have better outcomes as well as feel safe when they advocate for

themselves and their needs (Chipidza et al., 2015), whether it is at work, school, or with their

health insurance agency. Similar to the science behind why a smile is contagious, so is this level

of love, care, kindness, and acceptance.

A major strength of this model for the stated problem is giving a healing and caring space

to individuals that have been hurt and are hurting simply because they have ADHD. Due to the

lifelong pain, rejection, and abuse, many of these individuals struggle with disharmony and

unmet human needs. Another strength is providing a space in which they are and feel completely

and utterly accepted as they are, without judgment. One of the greatest limitations is its'

spirituality component. Many people shy away from anything that includes spirituality, whether

from fear of offending, fear of being ostracized, or the belief that there is no such thing, but this

can be overcome by consistently practicing the caritas processes. To implement this model,

healthcare providers must be brave enough to self-reflect and acknowledge their role in societal

ableism; courageous enough to call out societal ableism when they witness or experience it and

potentially face scrutiny for it; daring enough to let go of judgment; and valiant enough to

educate those around them on the Caritas Processes and the need for spiritual healing in

conjunction with emotional, mental, and physical healing.

Conclusion

While professionals within healthcare systems carry all the intent of delivering care

equally and holding the value of human life, they are still influenced by society. In a society that

views disabilities as weak, vulnerable, incompetent, etc., this inevitably permeates into their

beliefs and effects the care they deliver. This is ableism, and it is often times unconscious and pervasive. Watson's theory of human caring calls for us to view each person as a unique and precious human. It beckons us to remove labels and preconceived notions around a person or group of people, accepting them as they are. It asks that we have faith in yourself, others, and the unfathomable unknowns. Have you ever met someone you judged, only to learn a valuable lesson about that judgment, yourself, or your views? Many people do not like the saying "everything happens for a reason," but have you ever found yourself in a situation that seems completely insane, only to grow profoundly from it? Tell me, would you have that same growth or realization without that exact scenario that once seemed surreal? When evaluating this model, I realized it is the antithesis of ableism, and as such the antidote.

Many theories discuss caring for and healing yourself so you can better care for and heal others, but with Watson's model, it is unique in the fact that it incorporates spiritual healing. One can take care of themselves, exercise, eat right, give themselves good self-care, but if they have become jaded and lost their faith in humanity, only spiritual healing can help that. When we look at an individual with ADHD, especially if they have gone their whole life without treatment, we may see someone who was an addict, attempting to self-medicate and feel normal because they have been told their whole life that there was something wrong with them. We may see someone who cannot hold a job longer than a year, is frequently late, constantly interrupts, and has extreme emotional reactions both positively and negatively. We may see someone that is charismatic, with a devil-may-care attitude, who appears to have it all together, but when they go home, they are spiraling from the belief they have been rejected, racked with anxiety from all the people-pleasing, and on a knife's edge from masking all day. All these scenarios likely triggered an initial reactive judgement without understanding the details. What would you say if I told you

this is the same person? Going further, what would you say if I also told you this person was heavily abused by parents, teachers, peers and even strangers for the simple fact that they had untreated ADHD, and just by being ADHD, they were 14.3% more likely to be abused than a neurotypical child (Hadianfard, 2014)? Did you experience a whirlwind of thoughts, judgements, and emotions as you learned more?

When we apply the model of human caring, we create a sacred space, filled with non-judgement, loving, compassionate acceptance of both the knowns and unknows as it relates to each person. We can remove assumptions that the person you are communicating with is being impolite and replace it with open-mindedness and curiosity. We can identify when someone is masking to fit into society and give them permission and acceptance to be who they are. We can help people work with their ADHD instead of silently judging their fidgeting or tardiness. We can take that compassion and new knowledge to fiercely advocate for adults with ADHD to improve their access to care. We can create a society set up for neurodiversity. Implementing this model to demolish systemic ableism for adult ADHD reminds me of the butterfly effect. Each person we create sacred space for may be just a butterfly touching the water and causing ripples, but the way that person feels after will help restore their faith. As more faith is restored in people, the bigger the movement becomes until it is a tsunami taking over society and reducing trauma experienced in their day to day lives.

Appendix A
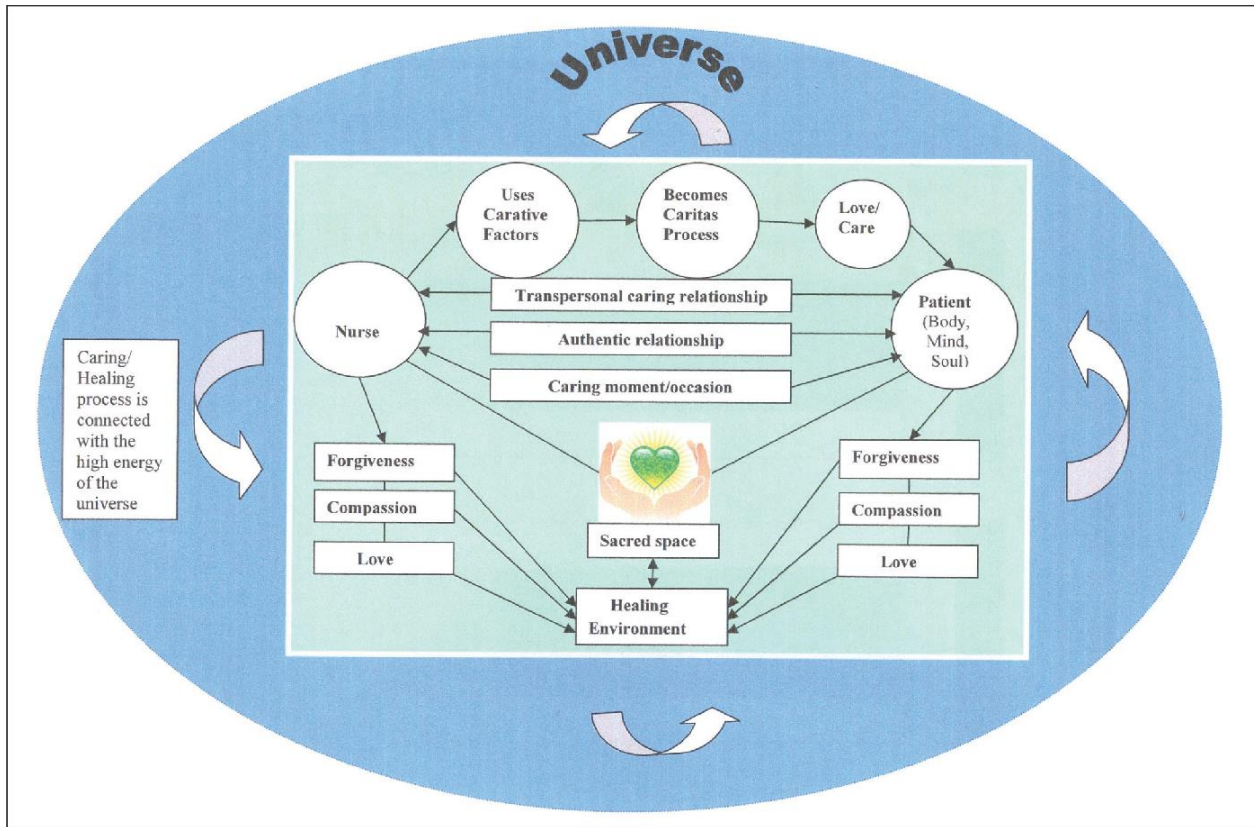
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