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# Concordia University-Portland

### College of Education

#### **Doctorate of Education Program**

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# A Phenomenological Study: How College Students With ADHD are Affected by Fragmentation and Dissassociation

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Concordia University - Portland

College of Education

Dissertation submitted to the Faculty of the College of Education in partial fulfillment of the requirements for the degree of

Doctor of Education in

Educational Development and Transformational Leadership

Christopher Maddox, Ph.D., Faculty Chair Dissertation Committee

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2018

#### Abstract

Students with attention deficit hyperactive disorder (ADHD) struggle with more learning challenges than any other group of students; these individuals may experience spiritual fragmentation that impacts the effectiveness of academic program structure and learning outcomes. The purpose of this hermeneutic, phenomenological study was to explore how college students with ADHD are affected by disassociation and fragmentation. The conceptual framework for this study was based on the constructionist theories of Erikson, Maslow, and Vygotsky. I utilized a sampling which included 39 participants using a Qualtiracs survey as the instrument. In addition, five of these parcipants were also interviewed. The data was analyzed through open, axial, and selective coding to identify common patterns and themes of behavior from the participants. The participants revealed that 75% of them understood the textbook definition of fragmentation but only 33% of participants understood how fragmentation hindered their ability to learn. Participants who had experienced trauma was 71% with 48% of participants having had trauma cause failure in academia, jobs, and relationships. Regardless of these high failure rates, 62% of participants believed they had strong enough coping skills in place to cope with life issues with 82% of these participants still struggling with negative coping skills such as binge drinking, illegal drugs, overspending and over eating. The implications of this study may affect students, parents, educators, universities curriculum, and military personal who struggle with these conditions by increasing awareness of effective tools and strategies used to improve the learning outcomes of students with ADHD.

*Keywords:* Attention Deficit Hyperactivity Disorder, fragmentation, dissassocation, coping skills, structure

#### **Dedication**

This dissertation is dedicated to four very special people in my life. First, to Jesus, my constant friend and companion who never lets me down. Lord, you have been there every step of the way and I am grateful for my relationship with You. My heart is full of gratitude in what You have helped me to set my hand to. I understand that there is nothing I could give you to return what You have given to me through this process, as it has taught me perserverence, humility, deep love, and wisdom beyond my years. I will serve You with deep passion all the days and look forward to meeting You face to face.

The second person this dissertation is dedicated to is my late father Col. Laurin R. Hood who taught me never quit and that I could do anything that I set my heart and mind to in life if I wanted it enough. That no one could dictatd my future except for God because only God knew the number of my days and ONLY He could help me overcome. Dad, thank you for teaching me the value of things and people, and that nothing felt better than waking up and being able to look in the mirror with pride, because of hard work and accomplishments. Especially when God's hand helped me. The third person this dissertation is dedicated to is my mother Karen M. Hood who taught me the meaning of what true love is. Mom, you have displayed the true love of Christ which is something that only Jesus can give a heart. You stated that we can try our best to immolate it but as flawed humans we will struggle. That a heart that loves itself and others is one always seeking to bring out the best "them" possible. Flaws and all. You taught me that a heart displaying true courage against insurmountable odds displays true faith.

Because of faiths attributes being: patience, kindness, endurance, and above all things hope, yet it never fails. Therefore true love (God is love) is the most powerful force on earth if I have

God backing my heart in any endeavor. Thank you mom. I love you so much and am grateful that God gave you to me through the gift of friendship and motherhood.

Finally, I want to dedicate this dissertation to my older brother Shawn F. Hood who I have observed to build an architectural dream line upon line and precept upon precept. I have observed my you struggle to maintain a business and work ethic, yet find the time for ministry, family. I have observed this you quietly pursue your passion while trying to find identity after the passing of our father in your pursuit of building a legacy. A legacy I know you wanted passed onto your own children because of what God has shown you. Our father taught us both to stand up for what was right, do right by God, and always protect, even the least of these. I have observed you observing me in dealing with the ADHD condition often wondering what you thought about me. Wondering if you thought me a failure or someone who just needed extra prayer (I would like to choose the latter) because I knew in the end God would show you. Thank you, Shawn for all your help. Please know that you are deeply loved even if I had to do it from a distance because my dream, like yours, which drove me to "Go BIG or Go Home!" And I refused to go home without it.

# Acknowledgement

I want to say a special *thank you* to Dr. Marty Bullis for his very clear, concise direction in editing and giving understanding within the body of this Dissertation. This process has been long and rigorous, and I appreciated his teaching expertise in how he lead me through it towards completion. I want to also thank my Chair Dr. Christopher Maddox for having the patience to walk with me through a difficult process and for giving me the wonderful opportunity to give back. I wish you God's very best in this life. I finally want to acknowledge the assistance of the dissertation committee for making this process possible. Thank you Dr. Ellefsen and Dr. Shoemaker.

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#### **Chapter 1: Introduction**

Individuals with learning disorders, specifically those persons with Attention Deficit Hyperactive Disorder (ADHD), may face many obstacles to succeed in life. in their attempt to achieve a higher quality of life; some learners easily maneuver through life with few hindrances while others flounder with deep experiences of heartache. As a result, disruptions linked with learning and intellectual disabilities have been speculated to be caused by spiritual fragmentation as well as psychological trauma. Fragmentation occurs when individuals experience deep trauma causing the splintering of the mind, heart, and soul so they lose the ability to focus. Individuals who once had a healthy foundation before experiencing trauma are are left without the ability to find the targeted focus needed to advance in all areas of life (Chironna, 2017). This may leave those individuals on a mental vacation from reality. A mental vacation from reality occurs when trauma severely impacts the reasoning abilities of an individual to the point that they detach themselves from reality (Chironna, 2017). An example of this would be after the traumatic death of a loved one the living relative begins to drink heavily, or do illegal drugs, or participate in behaviors to to numb their pain or memories. This numbing does not subside until those individuals learn new coping tools in order to deal with their pain and loss. Individuals' mindsets that are given the right spiritual tools enable that mind and heart to connect to their emotional and personal sense of self (Chironna, 2017).

In this study, I explored how *disassociation and fragmentation* affected college students with ADHD (Wieland, 2015). In Chapter 1, I will introduce the various components of the research study including the background, problem statement, purpose of the study, and

conceptual framework. Additionally, I introduced research questions, applicable definitions, nature, scope, limitations, and significance of the study.

#### **Background**

Goodman, Mitchell, and Surman (2016) stated that identity development is considered a critical component of life mastery during young adolescence into adulthood because these experiences are powerful in shaping how any person thinks, behaves, and perceives themselves. Chickering and Reisser (1969), are theorists who have addressed developmental issues into adulthood (Goodman et al., 2016). These theories are tools used to help those interested in understanding diverse populations, but also include broader frameworks and may miss unique, individual experiences that shape student identity development. Backgrounds of stress are sometimes behind developmental issues of those struggling with ADHD. According to Goodman et al. (2016), stress creates high levels of cortisol which may contribute to lack of focus. This lack of focus is a contributing factor in fragmentation (Goodman et al. 2016). This symptom, intermingled with thinking and performance, is a major factor behind inattention, hyperactivity, and impulsivity of those who struggle with ADHD (Goodman et al., 2016).

The common threads running through many learning disorders, including ADHD, are the lack of ability to grasp and apply learning concepts, disassociation, and fragmentation leading to post traumatic stress disorder (PTSD) or schizophrenia, dependent upon the level of fragmentation involved. Impairments associated with adult ADHD include distress from the symptoms, impaired ability to function in work and academic settings, and problems sustaining stable relationships (Goodman et al., 2016). *At risk* behaviors combined with impulsivity and hyperactivity only add to the ADHD student's stress level. Associated with the ADHD disorder

are volatile moods, antisocial behavior, and misuse or dependence on drugs and alcohol (Goodman et al., 2016). It can be difficult for ADHD individuals to fully understand why they may be displaying behavioral issues in specific environments (Dickerson, 2016). Volatile mood disorders can accompany learning disabilities and are defined as neurologically rooted problems and can affect academic achievement (Dickerson, 2016).

Mood swings can occur and be prompted with the receiving, processing, or communication of information as these moods become triggered with problems that arise in learning. These triggers have considerable influence on related aptitudes in language, social ability, self-help, and motor functioning (Dickerson, 2016). Dark mood swings can further perpetuate the need for isolation with students struggling with ADHD out of fear that their moods would not be acceptable within society.

# **Conceptual Framework for the Problem**

Maslow's Hierarchy of Needs (1943) can be used to develop an understanding regarding how the basic needs of college students with ADHD may affect their ability to advance academically and succeed in other areas of life. McLeod (2017) stated that certain needs take precedence over others with most basic needs being physical survival. These basic needs are primary motivators of behavior. According to Skillas (2012), the mind has a survival coping mechanism within it called *disassociation* which enables the individual to manage stress overload rather than being in a constant state of *fight or flight* which can cause many problems for those college students struggling with ADHD. This fight or flight mode causes the ADHD person to always focus on just surviving instead of following the normal paths that most individuals pursue (Skillas, 2012). Thus, an understanding of the basic survival needs

associated with ADHD may help the college student develop the coping skills needed to overcome the negative outcomes resulting from not getting basic needs met (Skillas, 2012).

McLeod (2017) stated that Maslow's five-tiered hierarchy applies to the ADHD individual's struggle as they attempt to choose between meeting basic needs and focusing on details of desired goals. This struggle with details occurs until maturation is achieved once executive brain functioning has developed with in the individual (Shields, Sazama, & Yonelinas, 2016). Daily life stressors and fatigue have significant impacts on learning and memory retention causing added stress, nervousness, frustration, and helplessness, as opposed to what non-ADHD students experience (Palmer, 2016; Shields et al., 2016). However, college students with ADHD must contend with maneuvering through psychological issues before they are able to advance into the Maslow's top tiers (McLeod, 2017). College students with ADHD may become complacent between the tiers of Maslow's hierarchy resulting in fragmentation. This fragmentation disrupts the ADHD person's ability to focus on the many pieces of their lives (McLeod, 2017).

Erik Erikson (1959) stated an eight-stage theory of psychosocial development from infancy to adulthood. During each stage, the ADHD person may experience a psychosocial crisis which could have a positive or negative outcome for personality development (McLeod, 2017). Comparing and contrasting Maslow's (1943) hierarchy of needs with Erickson's theory identifies how both theories intertwine as the college student with ADHD develops and matures. Fragmentation may occur when an individual gets stuck in development because of trauma which can hinder their ability to maneuver through Maslows hierarchy of needs effectively. Fragmentation has such a powerful impact on the mind that if fragmentation and trauma exist,

this trauma can splinter the ADHD person's ability to focus, which can interrupt Erikson's and Maslow's hierarchy of development if either are disrupted or if Maslow's hierarchy of basic needs are not met. Fragmentation interruptions by trauma can then hinder the ADHD person's mind from developing at normal rates (Bedard-Gilligan et al., 2017).

According to Erikson (1959), the mind develops as it successfully resolves crises that are distinctly social in nature. These crisis involve establishing a sense of trust in others, developing a sense of identity in society, and helping the next generation prepare for the future. If there are interruptions are severe enough fragmentation can further perpetuate the mind into PTSD. Bedard-Gilligan et al. (2017) stated that seminal theories and memory disruptions for information-processing deficits were enhancers of the development and maintenance of PTSD.

Vygotsky's (1978) perspective is the concept of the Zone for Proximal Development (ZPD), a realm in which learning conditions can be optimized through the identification of competences that the learner could mature if only with the right assistance. Vygotsky's ZPD theory is vital so the ADHD individual's ability to progress by teaching the individual to cope with stress filled life occurrences in the classroom or life. ZPD helps to change education paradigms through its analogy for learning. Appropriate stimulation assists college students with ADHD in being able to reach beyond their current level of development for new learning so the educator must carefully guide learners to circumvent paralysis or boredom (Danish, et al., 2017). ADHD individuals stuck in fragmentation between Maslow's hierarchy and Erikson's eight stages would be prime candidates by educational harvestors helping them to harness ZPD. Erikson's (1959) theory of psychosocial development provided the foundation for this study with

his eight stages of what college students with ADHD experience as they progress through the stages of life.

It is within these stages that most college students with ADHD are hindered because of repeated cycles of emotional or physical trauma; these tauma events impact students' ability to prioritize needs by creating cognitive and emotional distractions that impede the determinations between basic survival and advancement (McLeod, 2017). Typical students struggle with these distractions but advance more quickly because they are able to remain focused on the task (Parnham, 2017). However, students with ADHD experience what is called the *stop and start* process. This process occurs when stressful moments arise causing their brains to misfire resulting in loss of focus and continuity of thought (Erikson, 1959). Maslow's (1943) and Vygotsky's (1934) theories demonstrate differences in how the college students with ADHD and their non-ADHD peers navigate through stress and learning challenges.

Children cannot be an active participants in learning if they are constantly interrupted by brain misfiring. Vygotsky's (1934) theory may have had some impact in how it related to how children can learn from their peers which occur through his scaffolding process. Vygotsky's (1934) theory fell short because the ADHD forces individuals to develop strategies to achieve mastery. The one marked difference I found between Piaget (1952), Vygotsky (1934), and Erikson's (1959) theories of childhood brain development were negated within ADHD brain developmental research because authors found that children and young adult brains developed slower than that of the average learner (Berger, Slobodin, Aboud, Melamed, & Cassuto, 2013). Not all individual brains develop at the same rate as described in Maslow's (1943) Hierarchy of

Needs theory, therefore, the child development theories of Erickson's (1959) and Vygotsky's (1934) do not align with the ADHD child's method of development (Berger et al., 2013). The impact of Erikson's (1959) theory of psychosocial development on cognitive development can make predictions in how the adolescents can learn to handle life's stresses early on. Erikson stated that this might suggest how the individual, who was unable to resolve emotional issues at any stage, was destined to develop negatively thereafter. Stressful hindrances in the early stages of adolescent and cognitive development can impact learning well into adulthood causing dwarfish progress (Erikson, 1959).

#### **Statement of the Problem**

College students with ADHD are not as successful as their non-disabled peers. Students with ADHD experience a number of learning challenges, including fragmentation, which may affect their ability to meet academic expectations in college-level degree programs in spite of college support services provided for all students with disabilities. These students also struggle with other life challenges including career success, job advancement, and relationships. Even though strategies exist for college students with ADHD to address possible symptoms, these students fail to provide insight regarding how individuals overcome the root causes of ADHD and fragmentation. Support Service organizations discuss the scientific side of learning issues but fail to explore how spiritual components contributed to fragmentation which affected learning and progression in other areas of life. The problem is that ADHD students are not successful in higher education because of their lack of understanding about disassociation and fragmentation.

#### **Purpose of the Study**

The purpose of this hermeneutic phenomenological study was to explore how college students with ADHD are affected by disassociation and fragmentation. Claxton (2016) provided different types of information that help on the topic of ADD, ADHD, and learning disabilities to help educate and support parents, educators, and students with disabilities looking to garner understanding. However, there is less information relating to the fragmentation and how to create a structure for college students how it contributes to the ADHD mind and learning.

#### **Research Questions**

The following research questions were used to guide this study:

- 1. What skills do students have in place that assist them with trauma and the ADHD condition?
- 2. How do college students maneuver through fragmentation to advance in their studies?
- 3. What coping skills do college students with ADHD have in place to maneuver through the stress of learning?

#### **Nature of the Study**

The nature of hermeneutic phenomenology as a qualitative research approach enabled me to examine the nature of the ADHD condition, how it can evolve, and strategies to conquer the challenges it presents. The ADHD phenomena differs with each ADHD individual and thus students with ADHD can garner much wisdom by taking the time to learn about how disassociation and fragmentation may hinder the cognitive development process. Confusion or lack of understanding within each condition poses issues in what constitutes their development.

Maxwell (2013) examined the necessity of examining such phenomena through explanations regarding how components of cognitive structure work for and against the development of successful or uncessful functioning. The success of college students with ADHD may be partially based on their levels of coping skills and support structures. Johnson and Christensen (2012) discussed the *Double Learning Loop*, where information in the study critically examined and challenged deep assumptions, values, realities, and reasons for actions in how one learns versus how educators teach in how the problem relates to the larger system of academics.

Within this study, I used a phenomenological and the narrative approach to better explain cognitive development as it relates to disassociation and fragmentation of the participants. This qualitative approach enabled me to obtain a more detailed explanation from multiple points of view within the study which may allow readers to become well informed about disassociation and fragmentation and their effect on human development. The qualitative approach also allowed for readers to attain a perspective from the college students with ADHD daily lifestyles in what it was like to struggle with the condition in addition to struggling with trauma.

#### Significance of the Study

This study may benefit students with ADHD, parents of those struggling, and educators who teach those with the condition by bringing awareness of how fragmentation impacts the learning and coping skills of those struggling with ADHD (Cassidy, 2015). The nature of hermeneutic phenomenology as a qualitative research approach enabled me to examine the nature of the ADHD condition, how it can evolve, and strategies to conquour the challenges it presents. The ADHD phenomena differs with each individual and thus parents, students, and educators can garner much wisdom by taking the time to learn about how emotional pain and

fragmentation can hinder the cognitive development process. Confusion or lack of understanding within each condition poses issues in what constitutes their development.

Maxwell (2013) examined the necessity of examining such phenomena through explanations regarding how components of cognitive structure work for and against the development of successful or uncessful functioning. The success of an ADHD student may be partially based on his or her level of coping skills and support structures. Johnson and Christensen (2012) discussed the *Double Learning Loop*, where information in the study critically examined and challenged deep assumptions, values, realities, and reasons for actions in how one learns versus how educators teach in how the problem relates to the larger system of academics.

My hope was to use phenomenology and the narrative approach to better explain cognitive development as it relates to learning conditions and fragmentation. This qualitative approach enabled me to obtain a more detailed explanation from multiple points of view within the study which allowed readers to become well informed about fragmentation and its effects on development. The mixed methods approach also allowed for readers to attain a perspective from the ADHD students daily lifestyle in what it was like to struggle with the condition in addition to struggling with trauma.

There is less information relating to the fragmentation and how to create a structure for students with disabilities in how it contributes to the ADHD mind and learning. The purpose of this hermeneutical, phenomenological study is to explore how college program structures and fragmentation affect college students with ADHD.

#### **Definition of Terms**

A list of definitions is provided below for this study:

Attention Deficient Hyperactivity Disorder (ADHD): A condition marked by persistent inattention, hyperactivity, and sometimes impulsivity (Schei, 2015).

Autism spectrum disorder (ASD): A persistent impairment in reciprocal social communication and social interaction plus restricted, repetitive patterns of behavior, both present from early childhood (Barnett, 2016).

Cognitive development: This is how a child constructs a mental model of the world (Piaget, 1952).

*Disassociation*: A survival coping mechanism used to protect one's sanity if one is subject to trauma (Skillas, 2012).

*Fragmentation*: A sub personality (a piece or fragment of the true sense of self) created by the mind when trauma becomes unbearable or overwhelming (Skillas, 2012).

*Inner healing:* Inner healing means individuals become more like Jesus Christ (Hogan, 2017). If these persons are carrying around all of the baggage or old hurts and fears, those persons cannot become like Jesus. When individual spirits are wounded, Jesus wants to heal those wounded hearts. Jesus wants to bring individuals to the realization that of having a life filled with the peace that passes all understanding (Pierce, 2010).

*Mental vacation*: A mind that cannot deal with trauma so it disassociates itself away from the true sense of self (Chironna, 2017).

*Post-traumatic stress disorder (PTSD):* Fear involves primitive structures in the hindbrain, for example, the periaqueductal grey. Anxiety, unlike fear, activates the hypothalamic-pituitary—

adrenal axis. Fear is the key emotion in PTSD and its function is a motivating defense (Valdez et al., 2016).

Scaffolding: A framework that is built for support and access to meaning and taken away as needed when children secure control of success with a task. A construct that is critical for scaffolding instruction is Vygotsky's concept of the Zone of Proximal Development, ZPT (Vygotsky, 1934).

*Spiritual shapers:* When trauma motivates instinctual forces as major contributors to psychic states that assist an individual to survive (Knox, 2013).

*Multifactorial:* Involving or dependent on a number of factors or causes (Oerlemans et al., 2015).

#### **Assumptions, Limitations, and Delimitations**

According to Parke (2015), assumptions within research are that most students with ADHD lack a set of good structure and a sufficient set of coping tools for learning while the academic demands of these learners remain the same. The explanation of creating a structure for students with ADHD is essential in data collection because it will help to establish the importance of helping students with ADHD maneuver through the brain's cognitive processing.

Assumptions within this study included the participants having a basic knowledge about coping skills and about how to deal with stress and fragmentation. I made the assumption that college students and volunteer participants for the study would be honest and capable of contributing to the data through their answers to survey questions. Assumptions that may not be understood and not validated about these college students with ADHD include a limitation to how they answer questions because of immaturity, varying cognitive development, or lack of life

and academic experiences. I did not know the participants prior to the commencement of this study.

Although the scope of this study examined the experiences of students with ADHD, the primary focus was to hone in on the student perceptions about fragmentation and the need for structure versus the educator's viewpoints about how disassociation contributed to the process of fragmentation, learning, and development. Educator focus on information about the cognitive learning processes was imperative about how they approached students with ADHD in assisting them to maneuver through the cognitive development process. There is a shared responsibility in the learning process of how ADHD learners learn and maneuver. However, educators only share 50% of the responsibility (Major, 2016).

Researchers have found that a task that one student struggles with or has little difficulty in structuring or organizing can overwhelm and frustrate another at the same academic level (Major, 2016). As a researcher, I attempted to obtain information regarding any needed responsibility shifts due to the level of fragmentation present in one student over another. The other 50% of the responsibility would lie solely within the student and parent's arena to attain education about their ADHD conditions, its pitfalls, strengths, and how to master it (Major, 2016).

Major (2016) defined limitations as student with ADHD who often do not know how to approach academic tasks. There are limitations for college students with ADHD through disassociation and fragmentation levels in how it contributes to a student's ability to advance and learn the material. Cognitive processing deficits often are the reason for part of the definition of learning disabilities (Callinan, Theiler, & Cunningham, 2015). Cognitive strategy instruction

includes a clear set of instructions that assist individuals in translating materials to ensure ADHD student learning (Hughes-Pfannensteil, Pedrotty-Bryant, Bryant, & Porterfield, 2015).

Students with disabilites do not know what learning or cognitive strategies to use or how to use them. Thus, the students themselves need to explicitly and systematically learn the secrets of learning, the strategies that produce success (Major, 2016). The strategy that I employed in the research study pinpointed coping skills from college level participants within the ADHD population as to how these students approached learning. I identified where there were barriers to learning through fragmentation and disassociation and if there might be a consideration for spiritual remedies to learning conditions (Hogan, 2017). Spiritual remedies consisted of deep inner healing ministry or deliverance ministry where the individual is prayed over to achieve the spiritual ability to overcome barriers to learning (Hills, 2017).

### **Summary**

Individuals with ADHD may experience learning challenges including fragmentation and disassociation. The purpose of this hermeneutical, phenomenological study was to explore how college fragmentation and college support services affected college students with ADHD. I began Chapter 1 with an introduction of the study through a background literature review. My intention was to explore fragmentation, disassociation, and how these threads possibly disrupted cognitive advancement, structure, learning, and the success of college students with ADHD. The definitions section provided key words and definitions words for complex terms within the study to better assist readers in gaining understanding about the various topics. Assumptions, scope and delimitations and limitations explored the boundaries and challenges of the study using practical methods to address limitations.

In Chapter 2, I will review the literature search strategy and explained the conceptual framework in greater detail. I identified sources, describing the theory, providing coping strategies, the risks of not attacking fragmentation and disassociation, and how these elements might hinder long-term success. I also explored how deep inner healing contributed to the mastery of ADHD in how the healing of the mind could bring in a level of heightened focus to where the brain could advance.

#### **Chapter 2: Review of the Literature**

The clinical definition of Attention Deficit Hyperactive Disorder (ADHD) is a chronic condition marked by persistent inattention, hyperactivity, and sometimes impulsivity (Thapar, Cooper, Eyre, & Langley, 2013). There are three main types of ADHD including predominantly inattentive, predominantly hyperactive and impulsive, and a combined type (Thapar et al., 2013). The accepted scientific definition of ADHD includes: (a) moments of being inattentive; (b) impulsive; or (c) hyperactive. However, some adults with ADHD, experience these symptoms repeatedly and in a way that is severe enough to have an impact at home, school and work, or in social situations (Thapar et al., 2013). Out of all high school students diagnosed with ADHD only 12% to 15% graduate from high school with only 7% to 8% moving on to achieve a Bachelor of Arts Degree (Kaminski, Turnock, Rosén, & Laster, 2013). Only 4% of ADHD students who graduate with a bachelor's degree advance to achieve a master's level degree with only 1.2% ever achieving a Doctorate (Kaminski et al., 2013).

I selected a hermeneutical phenomenological study in order to examine how disassociation and fragmentation impacted college students with ADHD. I began Chapter 2 by discussing the literature search strategy continuing with an examination of the conceptual framework. I organized the review of literature to address the the causes of ADHD, the effects of ADHD and fragmentation on the individual and the family, and the process of healing. Finally, I will conclude with how mastery of the ADHD condition can be achieved giving limitless possibilities for those individuals who can begin to overcome, create structure, and apply coping mechanisms within academia.

Common themes emerged in the literature in key areas of ADHD with how the lack of coping skills appeared to leave the ADHD individual stuck in their current nonproductive realities. How the lack of structure hindered ADHD people from advancing and maturing into higher critical thinking abilities and how a lack of counseling and coping skills and structure could perpetuate the condition; and how more and more individuals were being wrongfully diagnosed with ADHD within society while others that suffer went undiagnosed.

In Chapter 2, I also explored literature related to that the effects of ADHD on learning and other areas of life. I studied articles that reviewed the ADHD student's ability to progress within settings with and without skills needed for advancement and sought to find what students with ADHD were doing to attain aid in their learning. I desired to see if there was a lack of knowledge or lack of interest in trying to find the suitable mechanisms that aided those struggling to advance into their dreams.

# **Literature Search Strategy**

I searched literature that explored ADHD through Concordia's University's library where I utilized: EPSCO, ERIC, SAGE, ProQuest Central, Google Scholar, and books. I used the the research terms: cognitive development, learning disabilities, and executive function, stress and ADHD correlations. I also used research phrases: ADHD and stress effects, childhood trauma and ADHD, mental illness and ADHD, academic success and ADHD, structure and ADHD, ADHD and fragmentation, relationships and ADHD, Eating disorders and ADHD, healing for the heart and mind and ADHD, causes of ADHD, motor skills and ADHD, ADHD brain responses under stress, and dropout rates. Established perimeters consisted of peer-reviewed journals for all educators at any educational level, all publication types, with 130 journals and

documents. It was difficult to fully exhaust older literature because of limited information about the authors which repeated itself within search engines such as Piaget (1996), Svetina (2014), and Rinatovna (2016).

#### **Conceptual Framework**

Maslow, Erikson, and Vygotsky stressed the importance of understanding the differences between in rates brain development of young children and young adults with ADHD because not all brains develop at the same rate as Maslow's (1943) developmental theory. There is growing evidence that ADHD has important developmental aspects and its symptoms change considerably over time (Berger et al., 2013). It was argued by Berger (2013) that ADHD is a developmental disorder with an early onset that deficits in inhibition and brain development appeared in early childhood leading to a cascade of other problems in self-regulation, encompassed under the rubric of executive functioning. Figure 1 below provides a visual representation of the differences and similarities of the three theorists used for this study.

Maslow's Hierarchy of Needs (1943, 1954) can be used to develop an understanding regarding how the basic needs of an ADHD individual may affect their ability to advance academically and succeed in other areas of life. McLeod (2017) stated that certain needs take precedence over others with most basic needs being physical survival. These basic needs are primary motivators of behavior. According to Skillas (2012), the mind has a survival coping mechanism within it called *disassociation* which enables the individual to manage stress overload rather than being in a constant state of *fight or flight* which can cause many problems for those struggling with ADHD (Skillas, 2012). This *fight or flight* mode causes the ADHD person to always focus on just surviving instead of following the normal paths that most

individuals pursue (Skillas, 2012). Thus, an understanding of the basic survival needs associated with ADHD may help the individual develop the coping skills needed to overcome the negative outcomes resulting from not getting basic needs met (Skillas, 2012).

Maslow's (1954) five-tiered hierarchy applies to the ADHD individual's struggle as they attempt to choose between meeting basic needs and focusing on details of desired goals. This struggle with details occurs until maturation is achieved once executive brain functioning has developed sufficiently within the individual (Shields, Sazama, & Yonelinas, 2016). Daily life stressors and fatigue have significant impacts on learning, memory loss caused by added stress, causing nervousness, frustration, and helplessness, as opposed to the non-ADHD student (Palmer,2016; Shields et al., 2016). However, the individual with ADHD must contend with maneuvering through psychological issues before they are able to advance into the Maslow's top tiers (McLeod, 2017). ADHD individuals can *get stuck* between the tiers of Maslow's hierarchy resulting in fragmentation. This fragmentation disrupts the ADHD person's ability to focus on the many pieces of their lives (McLeod, 2017).

Erik Erikson (1959) stated an eight-stage theory of psychosocial development from infancy to adulthood. During each stage, the ADHD person may experience a psychosocial crisis which could have a positive or negative outcome for personality development (McLeod, 2017). Comparing and contrasting Maslow's Hierarchy of Needs with Erickson's theory identifies how both theories intertwine as the individual with ADHD develops and matures. Fragmentation can occur when an individual gets stuck in development because of trauma which can hinder their ability to maneuver through Maslows Hiearchy of needs effectively. Fragmentation has such a powerful impact on the mind that if fragmentation and trauma exist,

this trauma can splinter the ADHD person's ability to focus, which can interrupt Erikson's and Maslow's Hierarchy of development if either are disrupted or if Maslow's Hierarchy of basic needs are not met (Bedard-Gilligan, Zoellner, & Feeny, 2017). Fragmentation interruptions by trauma can then hinder the ADHD person's mind from developing at normal rates (Bedard-Gilligan et al., 2017).

McLeod (2017) noted that according to Erikson, the mind develops as it successfully resolves crises that are distinctly social in nature. These crisis involve establishing a sense of trust in others, developing a sense of identity in society, and helping the next generation prepare for the future. If there are interruptions are severe enough fragmentation can further perpetuate the mind into PTSD. Bedard-Gilligan et al. (2017) stated that seminal theories and memory disruptions for information-processing deficits were enhancers of the development and maintenance of PTSD.

Danish, et al. (2017) noted that central to Vygotsky's (1978) perspective is the concept of the Zone for Proximal Development (ZPD), a realm in which learning conditions can be optimized through the identification of competences that the learner could mature if only with the right assistance. Vygotsky's ZPD theory is vital so the ADHD individual's ability to progress by teaching the individual to cope with stress filled life occurrences in the classroom or life. ZPD helps to change education paradigms through its analogy for learning.

An example of a change in paradigm thinking was presented by Ken Robinson who gave a TEDtalk relating to a story of a freak rainfall in Death Valley where dormant seeds lie (Robinson, 2006). Robinson concluded that the seeds of possibility are always just beneath the surface. This may lead educators to consider the ZPD as that dormant strip of ground on which

the educator identifies the strengths and potential (seeds) of the ADHD learner struggling with fragmentation and thus provide the appropriate supports for the student to be successful. (Danish, et al., 2017). Appropriate stimulation assists the learner in being able to reach beyond their current level of development for new learning so the educator must carefully guide the learner to circumvent paralysis or boredom (Danish, et al., 2017). ADHD individuals stuck in fragmentation between Maslow's Hierarchy and Erikson's Eight Stages would be prime candidates by educational harvestors helping them to harness ZPD.

Erikson's (1959) theory of psychosocial development provided the foundation for this study with his eight stages of what college students with ADHD experience as they progress through the stages of life (Erikson, 1959). The stages are (a) Trust versus Mistrust, (b) Autonomy versus Shame and Doubt, (c) Initiative versus Guilt, (d) Industry versus Inferiority, (e) Identity versus Role Confusion, (f) Intimacy versus Isolation, (g) Generativity versus Stagnation, and (h) Integrity versus Despair (Erikson, 1959). Adolescents experience one or more of these stages while progressing through cognitive and emotional development.

It is within these stages that most college students with ADHD are hindered because of repeated cycles of emotional or physical trauma. These tauma events impact the student's ability to prioritize needs by creating cognitive and emotional distractions that impede the determinations between basic survival and advancement (McLeod, 2017). Normal learners struggle with these distractions but advance more quickly because they are able to remain focused on the task (Parnham, 2017). However, ADHD students experience what is called the *stop and start* process. This process occurs when stressful moments arise causing their brains to misfire resulting in loss of focus and continuity of thought (Erikson, 1959). Maslow's (1943)

and Vygotsky's (1934) theories demonstrate differences in how the ADHD student and their non-ADHD peers navigate through stress and learning challenges.

A child cannot be an active participant in learning if he or she is constantly interrupted by brain misfiring. Vygotsky's (1934) theory may have had some impact in how it related to how children can learn from their peers which occur through his scaffolding process. Vygotsky's (1934) theory fell short because the ADHD forces an individual to develop strategies to achieve mastery (Vygotsky, 1934). The one marked difference I found between Piaget (1952), Vygotsky (1934), and Erikson's (1959) theories of childhood brain development were negated within ADHD brain developmental research because research found that children and young adult brains developed slower than that of the average learner (Berger, Slobodin, Aboud, Melamed, & Cassuto, 2013). Not all individual brains develop at the same rate as described in Maslow's (1943) Hierarchy of Needs theory, therefore, the child development theories of Erickson's (1959) and Vygotsky's (1934) do not align with the ADHD child's method of development (Berger et al., 2013).

The impact of Erikson's (1959) theory of psychosocial development on cognitive development had severe consequences in how the adolescent learned to handle life's stresses early on. Erikson (1959) stated that this might suggest that the individual who was unable to resolve emotional issues at any stage was destined to develop negatively thereafter. Stressful hindrances in the early stages of adolescent and cognitive development can impact learning well into adulthood causing dwarfish progress (Erikson, 1959).

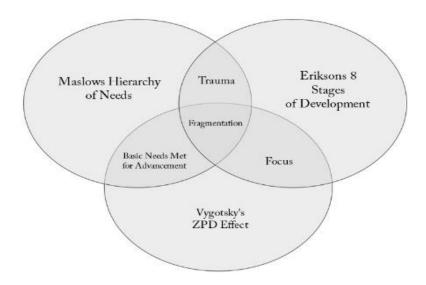


Figure 1. Visual Representation of Integration of Maslow, Erikson, and Vygotsky.

#### **Review of Literature**

Creswell (2014) stated that the Review of Literature is an assessment and an evaluative report of information related to the area of study. The report positions the research problem within the writing to a much larger, ongoing dialogue that is ongoing about their topic within the research community (McGregor, 2018). Most researchers research authors within their own arena of research and then use the prior research work to continue the conversation about their topic (McGregor, 2018).

#### **Information about the Causes of ADHD**

Accroding to Tharper et al. (2013), ADHD is controversial because in the past, researchers have thought that bad genes caused ADHD, through factors like pre and perinatal risks, psychosocial factors, or environmental toxins; Tharper et al. found that most patients see

the condition of ADHD as something that affects multiple household members, not just the individual affected. While specific genetic risks are not completely understood, it has been found

that second generation relatives of those with ADHD are two to eight times more likely than parents of unaffected individuals to display ADHD symptoms (Thapar et al., 2013). Twin studies showed high heritability rates for ADHD of around 71%–90% limiting the condition to just certain regions (Thapar et al., 2013).

The most important environmental risk factors for the study of mental disorders included ADHD and its secondary effects which are likely affected by family genetics influencing the individual's disposition (Reynolds, 2017). Associations of environmental risks with ADHD might partially arise through inherited confounds and genetic risks which can operate on phenotypes in environmental mechanisms (Reynolds, 2017). Individuals with more severe ADHD symptoms may also display levels of comorbidity within other psychiatric and behavioral disorders. Most notably, conduct problems, antisocial behaviors, alcohol and substance abuse, and mood disorders that are explained by shared inheritability (Thapar et al., 2013). Other environmental factors have been reported as associated with ADHD, but have been difficult to identify which are causal (Lahey, D'Onofrio, & Waldman, 2009; Rutter, 2007; Thapar & Rutter, 2000).

ADHD is one of the most common psychiatric disorders with the worldwide prevalence and has become even more prevalent amongst school-age children ranging from 8 to 12 years of age (Thapar et al., 2013). ADHD is predominantly found to develop within the onset of childhood and can persist into adolescence and adulthood to inflict long-term harm. Many observed associations could arise as a consequence of child and parent psychopathology or

disposition when observed within negative mother-child relationships. These relationships could represent the effects of an unmeasured third variable (Zhang, Zhang, He, & Shi, 2017). Variables such as punitive environmental factors not randomly distributed can include issues such as maternal smoking during pregnancy or second-hand smoke which arise through individuals choosing to shape their environments negatively.

#### **ADHD** and Stress

Investigations of Early Life Stress (ELS) in humans with later behavior and neurobiology is a newer progressive field (Marusak, Etkin, & Thomason, 2015). Challenged individuals seemingly experienced higher emotional or physical stress and faced additional hardship while maneuvering through those challenges (Marusak et al., 2015). ELS is the exposure to a single or multiple stress events during childhood that exceeded the child's coping resources that led to prolonged phases of stress. ELS stressors included sexual abuse, emotional and verbal abuse, neglect, social deprivation, disaster and household dysfunctions, including the witnessing of violence, criminal activity, parental separation, parental death, or illness, poverty, and substance abuse (Kaiser, Andrews-Hanna, Wager, & Pizzagalli, 2015). Educators stated that students coping with ELS must focus on structural and functional changes associated with deficits in cognitive function, and if ELS was allowed to continue into adulthood, it could significantly increase chances of mental illness (Marusak et al., 2015).

Palmer (2013) noted that chronic stress is the main component that triggers ADHD symptoms and without external structure or coping skills, the condition will skyrocket; the author stated that while there was limited knowledge on whether stress played a dangerous role within ADHD of the fatiguing effects were speculated to have an impact on student learning. The

impact of fatigue from having to learn about their own individual learning patterns while trying to advance/survive, hinder the student's ability to fully focus when stressed or overworked (Palmer, 2013). Thus, daily stress and fatigue may have significant effects on learning as cognitive resources become unevenly distributed with each student presenting a unique set of cognitive abilities (Palmer et al., 2015).

Combs et al. (2015) found that children with ADHD struggle with social dysfunction more so than their non-disabled peers. This type of stress is conceptualized as a negative cognitive, emotional state resulting from an individual perception of difficulty adjusting to or managing life events and relationships. However, stress can be a positive thing as it can also serve as a health warning to the ADHD student. Stress acts as a helpful warning to the body regarding potential dangers or by challenges through elevated stress levels because of its link to adverse life and health outcomes (Combs et al., 2015). These signals are important because chronic stress has been linked with increased risk of developing an illness which can contribute to other health conditions or aggressive tendencies (Combs et al., 2015).

Marusak et al. (2015) stated that impaired intellectual ability, worse academic performance and a greater need for individualized education programs noted in children who experienced ELS, included early institutionalization with neglect or within various forms of maltreatment. Researchers found that the largest severity of abuse linked to higher prolonged periods of cortisol secretion, and hyperactivation (HPA) needed for long-term hippocampal atrophies manifested at the level of resolution of current MRI technology (Marusak et al., 2015). Cortisol production was proved to be markedly increased during times of acute psychological stress and acted as neuromodulators that increased and decreased long-term synaptic potential

(Berry, Blair, Ursache, Willoughby, & Granger, 2014). High cortisol levels linked to higher order cognitive functioning were essential proof that cortisol tears down cognitive development. Therefore, the longer cortisol overload was permitted with an already overloaded brain (through stress) with the more fragmentation that occurred could hinder its ability to focus (Berry et al., 2014).

Self-development helps to assimilate new information while developing the identity of the individual which consists of many components within the brain and learning functions (Alves, 2014). Assimilation does not necessarily have to wait for the appropriate level of development but is thought to work in cooperation between executive function development (EFD) which provides a foundation for higher psychological functions and consequent intellectual development (Alves, 2014). Vygotsky (1954) determined that the key to understanding higher mental functions occurred within the symbolic thinking of individuals as their development evolved.

Executive Function (EF) is also influenced by stress; EF enables planning, forethought, and goal-direction action (Shields, Sazama, & Yonelinas, 2016). Three types of functions coincide within the EF processes of an ADHD individual. These functions are (a) working memory, which keeps information in the mind and updates and integrates current contents with new data; (b) inhibition, which assists the ability of the brain to inhibit thoughts or proponent responses to conduct task-relevant information and engage in goal directing; and (c) cognitive flexibility; which is the ability to flexibly shift between cognitive rules or mode of thought which is affected by stress.

Palmer et al. (2015) examined the influence of stress on an EF which found that stress selectively impaired attentional controls and could disrupt functional connectivity. Stress may have mixed effects on aspects of memory function for students struggling with ADHD which adds to traumatic stress pressure affecting hormone levels and its ability to regulate neural activity. Issues of traumatic stress are even more impactful on students with ADHD because of the added trauma which can accompany learning and cognitive performance. Students with ADHD experience both types of stress which intensify nervousness, frustration, and helplessness, more often than that of non-students without disabilities (Palmer et al., 2015). These students may experience higher cortisol levels which can cause multiple health issues (Isaksson, Nilsson, & Lindblad, 2015). Additionally, most students struggling with learning, including those with ADHD, demonstrate suboptimal coping abilities in the face of pressure which is highlighted significantly within those students trying to function through shortcomings. This suboptimal coping is called the Threshold Effect (TE) (Isaksson et al., 2015).

According to Shields et al. (2016), stress contributes to a cognitive state of reactive and autoprocessing within the executive motor controls which facilitate engagement within or outside of the escape mechanisms from current stressors. However, the higher the cortisol levels, the lower the ability of the ADHD brain to perform within optimal cognitive levels which can affect adults and children struggling (Shields et al., 2016). Combs, Canu, Broman-Fulks, Rocheleau, and Nieman (2015) stated that while ADHD was previously thought to exist only in childhood, empirical research has shown that ADHD exists long into adulthood as ADHD manifests differently in children as opposed to adults. According to Raiker et al. (2012), ADHD manifests differently because impulsivity is not as prevalent in the adult population as it is in

children. Impulsivity is a hallmark of two of the three DSM-IV ADHD subtypes and is associated with a myriad of adverse outcomes. The ability to inhibit impulses is one of the earliest and most ubiquitous societal demands placed on children as deficits are particularly salient in children with ADHD and a primary feature of the disorder (Raiker et al., 2012).

Typically in the ADHD individual, hyperactive and impulsive symptoms impact other attentional symptoms, making it important to make age-appropriate adjustments within ADHD learning (Goodman et al., 2016). Inattention often affects giving close attention to detail or within difficulty remembering where the student places things. At work, this may lead to costly errors where tasks that require detail are tedious (e.g., accounting) and become very stressful. Rigid symptoms can include overly perfectionistic and rigid behavior, needing too much time for tasks involving details to prevent forgetting any of them (Goodman et al., 2016). Hyperactivity that consists of fidgeting with hands or feet can be observed and may include the picking of fingernails, shaking of knees, tapping hands or feet and constantly changing positions (Goodman et al., 2016). Fidgeting is most likely to be observed while waiting in the waiting area of the clinic, school, or on the job. Impulsivity can consist of blurting out answers before completing questions or can be experienced by problems such as other people talking too slowly while the ADHD brain has already moved on to another topic. The impulsive ADHD person will then find it difficult to wait for people to finish their sentences and will sometimes finish sentences for those individuals.

These tendencies to say what comes to mind without considering timing or appropriateness make it difficult to find employment for the ADHD individual causing some ADHD individuals becoming employed where it is compatible with their symptoms (Goodman

et al., 2016). Some ADHD individuals have become impaired by not being able to move in new directions as quickly in which they would otherwise have desired to move. Others may be functioning in attention-demanding professions, but with greater emotional costs without much success. High emotional costs can be attributed to the reason why an ADHD individual's career might not commensurate with their intelligence levels or educational backgrounds which often are judged as underachievement (Goodman et al., 2016). This thought process might also be attributed to the love lives of ADHD individuals. This occurs because although ADHD hinders them from performing on the level of intelligence they have, they are often dating relationships below their IQ levels, due to low self esteem issues caused by the condition (Goodman et al., 2016).

Seruca and Silva (2016) stated that causal effects of stress and aggression, evidenced by various experimental students, were linked to aggression and a wide variety of stressors including physical pain. Uncomfortable high temperatures and foul odors have been linked to sample groups with major life trauma, such as economic disadvantage and social upheaval, contributing to their ADHD condition (Seruca & Silva, 2016). Stress factors were difficult to track because fewer students disclosed about having experienced individual stress domains such as work, family, or relational aggression (Seruca & Silva, 2016). Research authors uncovered facts that individuals lacking inhibition within their executive function capacities struggled with aggressive impulse control problems and criminality (Seruca & Silva, 2016).

There is limited research examining the various effects of various stress domains such as work, family, or relational aggression as their ADHD may have overlapped with other psychiatric conditions. These overlapping conditions included mood disorders, substance abuse

issues, and personality disorders (Hashemiyoon, Kuhn, & Visser-Vandewalle, 2017). Students may have struggled with ADHD with secondary anxiety due to the frustration, failure, and negative feedback experienced all of their lives (Hashemiyoon et al., 2017). Impairments associated with adult ADHD included distress from symptoms, or impaired ability to function in work and academic settings, or with problems sustaining stable relationships (Goodman et al., 2016). The disorder associates itself with volatile moods, antisocial behavior, and drug and alcohol misuse with an increased risk of developing comorbid anxiety, depression, personality disorders, and drug and alcohol dependence (Goodman et al., 2016). ADHD symptoms appeared to modify with growing age with relative differences between cases and controls remaining associated with significant functional impairments (Goodman et al., 2016).

## ADHD, Experiences, and Relationships

Growing up in a stressful environment enhances certain cognitive functions because of the way that stress affects the ADHD mind (Mittal, Griskevicius, Simpson, Sung, & Young, 2015). Reduced performance is assumed to imply that exposure to early stress impairs general mental functioning while childhood adversity shapes cognition in adaptive ways. According to Mittal et al. (2015), early life conditions may result in improvedrather than reduced cognitive development. This may mean that experiencing a stressful childhood environment might improve specific types of cognitive performance. People who had more unpredictable childhood experiences performed worse at inhibition and better at shifting which could meant the ADHD person was in survival mode. Childhood stress has shown that psychosocial adversity such as poverty or high levels of family conflict typically impaired development, while harsh environments contributed to lower levels of development (Mittal et al., 2015). These authors

investigated the contexts in which adults raised in stressful environments displayed enhanced or diminished executive functioning compared to adults raised in low-stress environments. These components could be keys to explaining why ADHD children became more psychologically functioning adults reared in early life environments because of the inability to adapt rather than staying impaired (Mittal et al., 2015).

ADHD symptoms can be hard on relationships as some adults with ADHD give up on their capacity for intimacy which leads to an isolated existence (Goodman et al., 2016). ADHD individuals may be unaware of the ways in which their ADHD behavior patterns have contributed to relationship failures or even academic failures. ADHD is a common, heritable behavioral disorder that gives rise to significant social and educational impairments with risks for adverse long-term outcomes. There is no doubt that in some cases, ADHD symptoms persist into adulthood causing significant clinical impairments (Goodman et al., 2016). The main clinical issue is recognition of the disorder in adults quantifying the condition on adult psychopathology which means that ADHD is treatable dependent upon the levels of stress the ADHD person deals with on a daily basis (Goodman et al., 2016).

### ADHD and Stigmas Associated With Self-Disclosure

Marked by an upsurge of interest in Vygotsky's (1954) ideas, the last two decades of the 20th century proved insightful with newer revelations exposed from his writings (Chittenden, 2016). Vygotsky (1954) succeeded in developing an approach that connected social and mental processes. He also described describe the essential mechanisms of the socialization and development of the human mind. Understanding the nature of a disability and the means of compensating for it are the core of any system of rehabilitation within special education as most

see it as a social developmental phenomenon. Vygotsky (1954) argued that a disability could only be perceived as an abnormality only when brought into the social context and became a social implication (Chittenden, 2016). Education leads to development which is the result of social learning through the internalization of culture and social relationships. This type of development cannot be a straight path of quantitative gains and accusations but a series of qualitative dialectic transformations. All of which is a complex part of a process of integration and disintegration (Chittenden).

Vygotsky (1954) thought that disabled children had been considered either underdeveloped or developmentally delayed (in the case of mental retardation) as compared to a healthy child lacking only a sensory organ (in the case of physical and visual impairments). Vygotsky (1954) wrote that the effectiveness of the compensatory strategies might be relatively independent of the severity or type of the child's disability. May (2016) further contended that a disability was a kind of social dislocation brought about by the relationship of the child to his environment. Vygotsky (1954) believed if educators would treat students with learning disabilities while in the process of learning as a natural process, then that child would not feel as if they had to compensate for anything but instead were just learning. Vygotsky (1954) believed that teaching and raising a child with a disability was very involved but he also believed it would be so in the future (May, 2016).

### **ADHD** and the Effects of Cognitive Development

Cognitive scientists distinguished between two major types of knowledge which were declarative and procedural with declarative knowledge being about the world and its properties while procedural knowledge is knowledge about how to do things (Sweller, 2016). Cognitive

process learning allowed the individual to assume responsibility for their learning which naturally occured through normal cognitive development (Biever & Karinch, 2012). Disrupted cognitive development occurs when a student learns what they can do with what they learn and accept the logic for doing so because they can retain the information.

Sweller (2016) believed for learning events to occur the teacher needed to consider a formulation of goals within certain aspects of learning communication. In order for learning to occur, there must be a learner, a message, a source and sender, and a medium to transmit that message (Sweller, 2016). These attributes are what learners must have within learning in order to advance in academia so that they have self-worth; dignity, understanding their uniqueness; and so that respectability can be taught (Sweller, 2016). The message should be clear to the student and throughout the medium which conveys the message with interest, accurate perception, and practical learning (Biever & Karinch, 2012). Four processes are needed for the brain to cognitively process information to help it develop higher critical thinking skills. Skills such as fluency involving the ability to think quickly or in quantity with flexibility involving thinking in different modes, ideally using different categories and mindsets, and the ability to see things from another point of view (Sweller, 2016). Additional skills are needed such as elaboration which includes thinking in detail, extending ideas; and originality: which is to think in a new, unique, bright, and unusual way (Biever & Karinch, 2012). Pretesting helps to determine the level of synapses brain function and cognitive development within traditional learning of the disabled student with motivation and media used to teach those students (Sweller, 2016).

When cognitive abilities must operate under hindered development versus healthy development it can present multiple challenges for the individual trying to advance. The

hindrances can stem from assimilation of new information to the lack of regular communication contributing to higher psychological functions and intellectual development (Alves, 2014). Within these realms of hindered executive function lie cognitive developmental issues that ADHD individuals struggle with which include two major types of knowledge: declarative and procedural (Sweller, 2016).

Issues that might be the cause of genetic dysfunction in the ADHD brain suggests that ADHD is a polygenic disorder produced by the interaction of several genes with minor effects while another cause might be just pure stress (Salatino-Oliveira, Akutagava-Martins, Bruxel, Genro, Polanczyk, Zeni, & Kieling, 2016). Nutrition, sleep, hygiene, structure and task management are often early victims of the new found freedom of college students, especially with ADHD students (Palmer, 2013). The ADHD issue description is like children fighting a two-front internal war with inclinations to go fast, while learning strategies force them, at least initially, to go slow (Gehricke, 2017).

ADHD and Acute Stress Disorder (ASD) often co-occur in the same child and family (Van Steijn, Oerlemans, Van Aken, Buitelaar, & Rommelse, 2014). Children with ASD have deficits in social and communication skills and experience ritualistic and rigid behaviors that make them less cooperative and challenging to the parent (Van Stein et al., 2014). Parenting stress associated with negative parent-child interactions or harsh authoritarian parenting styles, promote child behavioral problems, and ineffective implementation of interventions which can affect the ADHD condition (Van Stein et al., 2014).

There have been significantly higher social influences on the brain in the form of protective, nurturing and stress-buffering effects of parents, the acquisition of languages, cultural

values, and skills that shape structure and function of many brain regions (Van Stein et al., 2014). Barrasso-Catanzaro and Eslinger (2016) stated that damage to the prefrontal cortex within later developmental ages can disrupt the emergence of EF and socio-moral judgment empathy and identity. Executive function, socioemotional, and moral decision-making impairments occured out of proportion to other cognitive domains such as general intellect, language, and spatial cognition (Barrasso-Catanzaro & Eslinger, 2016).

In this sense, affected individuals displayed average or higher IQ levels with normal speech and language abilities, but had a type of specific learning disability for EF, socioemotional and neural processing. Seven percent of children with male predominance associated with delayed neuronal maturation of the prefrontal cortex and reduced activation of frontal circuits by executive function task performed at lower rates (Barrasso-Catanzaro et al., 2016). Children with ADHD are often found to perform poorly on tasks requiring inhibitory controls and working memory even after accounting for general cognitive ability. The Theory of the Mind refers to the ability to ascribe mental states to oneself and others in order to understand and predict their behavior (Pedreno, Pousa, Navarro, Palmias, & Obiols, 2017). Moral reasoning and empathy occurs within children and adolescents as their minds evolve and grow through the theory of the mind while in developmental phases of life (Barrasso-Catanzaro et al., 2016).

With increasing social-cognitive development, the ability to conceptualize and share in the experiences of others becomes a valuable asset in establishing and maintaining relationships as well as social adjustment. A growing understanding of other's feelings contributes to the maturation with a broader sense for moral judgment. The only judgmental inhibitor which

would provide individuals with not understanding the feelings of others would be a childhood brain injury (Barrasso-Catanzaro & Eslinger, 2016). Childhood traumatic brain injury can occur for a variety of reasons, spanning from sports concussions to physical abuse, accidents, and impulsive actions. Damage to the prefrontal cortex at a somewhat later developmental age can disrupt the emergence of EF and socio-moral judgment empathy and identity (Barrasso-Catanzaro & Eslinger, 2016). All of these functions contribute to the overall wellbeing of the ADHD individual in their ability to operate at higher mental states. A strong possibility of digressing could exist for an individual if trauma reoccurs (Wieland, 2015). The more solid the core self of the individual enabled them to listen internally and put words to their experiences modulating emotional, physiological, and experiential impacts of future trauma (Wieland, 2015). There was considerable overlap found in people who could recognize the importance of attachment relationships as these people needed safety within relating along with a sense of self-calming, the ability to self-soothe, as well as the ability to educate themselves about trauma (Wieland, 2015).

Wieland (2015) stated that learners who understood the importance of staying attuned to dissociated feelings, sensations, memories, or dissociated self-states, created an ability to move out of past trauma and into their present creating integration. Individuals experiencing traumatic life events had more difficulty in re-establishing attachment relationships for fear of recurrence (Wieland, 2015). Early life trauma has proved to have profound damage to healthy emotional development and had enormous implications for the clinical practice of psychotherapists (Knox, 2013). In their clinical practices, psychotherapists are often working with patients with varying severe dissociative states, including borderline personality and dissociative identity disorder

(Knox, 2013). Psychotherapists recognized that many of these problems were accompanied by a history of past trauma, with varying degrees of psychological, emotional and physical neglect, and abuse from the people they loved and depended on (Knox, 2013).

Adults in the United States equated to two-thirds of the population having reported to suffer from some form of interpersonal trauma in childhood creating hidden trauma attributed to early stress, maternal buffering and psychiatric morbidity lasting into young adulthood (Knox, 2013). Early life trauma could have divergent impacts on psychological health causing invisible injuries provoking stress within daily learning tasks (Knox, 2013). Klein's views about mental abnormalities endorsed the death instinct and how it was much like the life instinct giving rise to primitive anxieties to the already self-conscious ADHD person (Knox, 2013). Individuals whose brains had the ability to progress were found with the plasticity of neurons within the brain that could also help the individual to reorganize themselves after the damage had occurred (Lyon, 2010). When components of the mental processes are organized the right way, they can induce mental shortcuts bypassing analytical thinking to attain an array of physical functions regulated by the autonomic nervous system-digestion, heart rate, and blood pressure processes not normally achieved under conscious control (Veissiere, 2017). This type of reorganization can also occur through instruments of self-help or inner healing prayer attained through deliverance ministries or ministries that have a faith-based focus. Swigart (2017) stated that some compare and contrast faith and reason, faith and knowledge, or faith and science, focusing on the lack of evidence available in matters of faith. Swigart (2017) explained James Fowler's Stages of Faith Development across the human life span, paralleling the models of Piaget, Erickson, and Kohlberg (whose models address psychological and moral development). Fowlers stages explain

the problems that most individuals experience in not knowing that they are not ok until something else traumatic occurs forcing them to look inward because most people *think* they cope with life adequately. Even after a traumatic event occurs as this same fact would be discovered from participants from the data found within this survey group. This revelation made me question the genuine understanding of the participant's life coping skills.

Leisman and Melillo (2016) stated that there were several fields of neuroscientific research that explored developmental impacts of relational trauma and the dissociative processes. These dissociative processes provided the most comprehensive contemporary review of neuroscientific explanations and other evidence which showed that early childhood abuse had causative long-term effects (Brenner et al., 2010). Evidence-based arguments proved that dissociation affected the brain's ability to function when hyperarousal activity of the limbic system was present affecting the anterior cingulate cortex causing it to shut down (Leisman & Melillo, 2016).

In this kind of dissociation, there was a failure to down-regulate emotion in response to traumatic reminders, giving rise to re-experiencing flashbacks, nightmares and other symptoms which could evolve into PTSD. Blackouts arose from the overstimulation of an unmodulated limbic system causing a form of dissociation like that of hypo-arousal (Leisman & Melillo, 2016). The biological framework for traumatic dissociation related to early life trauma is included as part of The impact of early life trauma on health and disease and was often the cause of hyperarousal (Knox, 2013). However, there is a spiritual component involved within fragmentation that cannot be overlooked if the individual wants to maneuver into their future. Disassociation often seems to be a two-stage process where there is an acute sense of personal

threat which reflects the heightened activity of the limbic system (Knox, 2013). States of hyperarousal make it unbearable for those struggling and cause feelings of utter helplessness, making them fear that an abuser would cause pain, or even that one may be about to die. This type of hyperarousal then causes these parts of the brain to shut down to cope (Knox, 2013).

It was indicated that there had to be more pragmatic approach to stage-orientated treatment for early life trauma-related complex PTSD or stress and dissociative disorders (Knox, 2013). The Impact of early life trauma on health and disease: The Hidden Epidemic suggested that the avoidance symptoms of PTSD conceptualized as the avoidance of shame was caused by an essential part of the interpersonal trauma. Shame has possibly the most corrosive and persistent effects of early relational trauma and is the most resistant to change in psychotherapy (Knox, 2013). Shame exists partly because it has such a generalized feeling which is not easily pinned down to a particular traumatic experience which constitutes a self-blame system (Knox, 2013).

Shame often takes the form of persistent self-attacks, self-disgust, and self-hate making any attempt to work through a traumatic memory quickly inadvertently hijacked by overwhelming shame (Knox, 2013). Overwhelming shame is a form of dissociation of emotion and cognition, and within that emotion lies self-blame and guilt hindering any attempt to reflect consciously on those emotions (Knox, 2013). Recent neuroscience research has begun to cast more light on some of the processes whereby negative facial expressions and responses from caregivers are internalized to become a core part of a individual's sense of identity (Leisman & Melillo, 2016).

Palmer et al. (2016) stated that external structures serve in developing cortical structures across high school but fade considerably upon entering college. Research examining the influence of stress on executive functioning has found that stress selectively impairs attentional control and disrupts functional connectivity in an attention-shifting front parietal network (Palmer et al., 2016). This impairment can be caused by traumatic stress which releases stress-related hormones disrupting or preventing the brain's ability to regulate neural activity. Shields, Sazama, and Yonelinas (2016) stated that it was found that college students who lacked hormonal balance and who also struggled with ADHD were more susceptible to socio-emotional problems because of hormonal disruptions. These disruptions were found to interrupt and affect these students ability to focus because of becoming overly sensitive to their environments or personal life situations (Palmer et al., 2016).

Today's society has the overarching goal of education to prepare youth to be successful helping them to become democratic citizens who will contribute to the nation's economic growth (Deyoe, 2015). Despite the initiation of policies that strive to improve general education improvement is still lacking. Deyoe noted that in 2009 and 2010, 3.4% of students in public schools in the U.S. dropped out of school because of mental illness where one in five (22%) incoming high school freshman students did not graduate in four years; mental illness may have detrimental effects on the educational attainment of adolescents with at least one in 10 children having a mental health issues so severe that it interfered within their functionality at home, school, and with peers. Devoe (2015) stated that possible effects of mental illness in student success led to the inclusion of mental health as an important aspect of research studies to prepared youth for achievement in school holistically, and later becoming educated, successful

participants in society. Mental health problems become more compounded when they co-occur with disabilities supported by the Individual with Disabilities Education Act (IDEA) (IDEA, 2004).

Research shows that students with pre-existing conditions requiring them to receive special education experience higher rates of additional mental health problems such as depression or anxiety (Deyoe, 2015). At school-based mental health counseling programs are being coupled with strengths-based counseling approaches to expand across schools determining what differences exist. These differences help to determine what ramifications emerge for students based on their disability, mental health problems, or ethnicity (Deyoe, 2015). Cassidy (2015) questioned the etiology of ADHD and found that attention problems and impulsive behaviors were more frequent in those children who had experienced interpersonal trauma caused by Fragmentation. This occurs when an individual is unable to resolve crisis order to develop in a healthy manner. The normal flow of healing is that it is ideal for an individual to resolve a crisis but may not happen in real life circumstances. Cassidy (2015) believed that the interactions of biologically based maturations and the demands of society is what allows personalities to evolve.

The crisis at each of Erikson's 10 developmental stages asks the individual to adjust to stressors and conflicts but real life circumstances do not always allow time for individuals to work through life issues (Erikson, 2014). Knox (2013) stated that the role of actual trauma can motivate instinctual forces as major contributors to psychic states. A patient's projections into the analyst as consisting of a pure culture of the death instinct but instead saw projections as that of inner objects serving as "shapers" (Knox, 2013). These "shapers of the human psyche" can be

impacted by inner forces and by environmental ones (Knox, 2013). These shapers could then impact everything from logic to learning to the individual's ability to have vision coping abilities for the future. These *shaping* attributes were some of the criterion the researcher found in some of the participant's survey answers which led to another question, *Did participants have enough* structure created within their lives to cope with trauma?

Quality of life issues become prevalent for patients with ADHD who suffer from the consequences of the condition such as being less likely to finish college and are nearly two times higher to experience divorce or separation (Brody, Schmitt, Goodwin, Hodgkins, & Niebler, 2012). These individuals have a two to three time's greater rate of substance abuse with cigarette smoking, frequent job changes, and lower household incomes than adults without ADHD (Brody et al., 2012). No studies have explored the arena where older ADHD patients suffer from the cumulative consequences of ADHD leaving them frustrated and financially disadvantaged. The dysfunction of people with ADHD clearly expresses the need for human mediation for possible resources on the subject to begin a gradual process in their cognitive repertoire (Garlica, 2013). Important issues of this research focus on identifying cognitive factors that promote awareness and emotional regulation (Garlica, 2013).

Diagnostic manuals identify mental abilities affected by the presence of behavioral and social difficulties associated with ADHD but fail to specify cognitive and emotional assistance which helps to advance the educational approach. Cognitive models currently under discussion range from those that presuppose the existence of primary nuclear deficits to those whose low efficiency explains events linked to ADHD (Garlica, 2013). Concepts that address the development and cognitive functioning, generated from Vygotsky's (1954) conceptual

framework appear to be one of the most fruitful in the development of teaching and learning (Garlica, 2013). Vygotsky's (1954) concepts were the most developmental area most affected by mental illness (Garlica).

Garlica (2013) asserted in his theory of Structural Cognitive Modifiability (SCM) and Mediated Learning Experience (MLD) that cognitive performance could change significantly. Cognitive performance changes if individuals receive the benefit of quality learning, oriented to the activation of new cognitive structures and the development of the potential to learn. According to Garlica (2013), the characteristics of adaptability, flexibility, and plasticity of intelligence give the quality of being modifiable to any person. SCM is the central concept of a theoretical framework whose purpose is to explain individual differences in cognitive development (Garlica, 2013). The Mediated Learning Experience (MLE) is considered a variable responsible for developing the flexibility of schedules to ensure incentives that leave their mark on the individual in a meaningful way. This experience raises the processing in cognitive development with affective dimensions often overshadowing unsatisfactory or inappropriate performance.

Hansson et al. (2015) stated that estimating the prevalence of adult ADHD is difficult because of the DSM criteria which were non-validated for the adult population because the clinical presentation of ADHD tended to change during adolescence. Hyperactivity and impulsivity usually becomes less visible and is expressed differently as displayed through inner restlessness, inability to relax, with patterns of job loss and relationships issues on impulse (Hansson et al., 2015). Problems related to inattention disorder could become painfully impaired as life demands become more involved with the individual expected to function at higher levels.

Higher levels functioning requires more independence often manifesting with symptoms including disorganization, boredom, and sensitivity to stress (Hansson et al., 2015). Individuals who experience mood labilities and short-fused temper outburst might also experience substance abuse, mood, anxiety, personality disorders, and other neurodevelopmental disorders, which sometimes dominate the picture (Hansson et al., 2015). These patterns of behavior expressed the need for healthier coping strategies because strategies entail creating structure and structure that could lead to success.

# **ADHD, Coping Strategies, and Structure**

Healthy coping strategies helped to overcome ADHD symptoms where the adaptation of professional environments and supportive family structures could further mask impairments. Still, individuals frequently struggled with impairments in everyday life, academic, and social functioning as a result of the condition. However, a diagnosis of ADHD was not always a curse but had several positive consequences with heightened perception levels of understanding one's difficulties, increased levels of self- improvement or self-perception with improved functioning and coping (Hansson et al., 2015).

Emotional well-being is situational dependent upon the psychological makeup of the individual. Current neurological information informed researchers that both male and female children were operating on reactive systems rather than proactive systems dependent upon an individual's neurological disposition (Pletan, 2017). Facts showed that children, by nature, wanted to do everything fast one time and finish the task that first time around (Hansson et al., 2015). However, issues of hurriedness caused mistakes and wasted work efforts because of the drive to go in fast motion all the time (Hansson et al., 2015). Wasted work efforts impacted the

individual in school, on the job, and within academia, because teachers could not read the work causing lots of red marks, and "do-overs," with efforts below the teacher's and child's expectations. If expectations are left untreated, they could become self-fulfilling prophecies unnecessarily reinforcing a negative self-image (Hansson et al., 2015). Dejected feelings perceived as oppositional caused unintentional fronts for those struggling with learning disabilities.

Children with a diagnosis of ADHD who also experience motor planning issues experience additionall challenges as they work against inclinations to go fast while learning strategies force them to go slower. This may result in frustrations for the child, parents, and teachers (Hansson et al., 2015). Children have an internal image of the way things should look with work produced and if that work was less than the envisioned result the issue could propel the ADHD learner in one or two directions. Examples of how students were slowed in their focus occurred in the questioning the *why* of everything surrounding their learning which had the propensity to spiral ADHD students downward into other emotional issues (Hansson et al., 2015).

The five top adverse effects described in previous studies of ADHD were experiences of stigmatization (Hansson et al., 2015). Self-worth, or ADHD persons valuing themselves, felt more included in the experience of increased value treatment where they treated themselves kindly instead of tolerating abuse. Abusive treatment may result in positive self-talk such as "I have become tougher because of their treatment, I think"... "but now I know why they get on my case... but I do not have to take any of their crap anymore" (Hansson et al., 2015, p. 6). ADHD Individuals with developed self-respect understand their own limitations and have come to terms

with wanting to keep up with others where behaviors are considered normal and healthy (Hansson et al., 2015). These ADHD individuals have reduced the demands on themselves and judged themselves less harshly which assisted with identity.

According to Hansson et al. (2015), some individuals spoke about the possibility that the ADHD diagnosis might interfere with identity, raising questions and worries concerning identity. The concerns expressed as to whether individuals could remain the same person after having been assigned a diagnosis of ADHD with questions of *do I have to start all over again or will I become someone else now* because of the confusion that a diagnosis creates. Individuals worried about how to retain one's individuality and identity about oneself and others with thoughts like *It is easy for me to over-interpret things* through the lens of ADHD ... or "It is like I identify with this or that in relation to others, but I am still me"..... *I do not want people labeling me as an ADHD person; I want acceptance as [says her name]* (Hansson et al., 2015, p. 7).

ADHD had been considered less detrimental to individual identity issues in earlier years because it was considered to affect a person's individual character traits. Identity issues became apparent because ADHD became a medical diagnosis regarded by both the individual and the surrounding world as a legitimate reason for shortcomings (Czapla et al., 2017). The positive outcome of the ADHD diagnosis was that misbehaviors were no longer being interpreted as actions carried out purposely but as symptoms of a medical disorder. The result included the individual's self-worth becoming protected creating a relocation of blame from the individual to the disorder which has had positive consequences for self-perception (Hansson et al., 2015). A diagnosis of ADHD should be followed up by a variety of treatment and follow-up characterized

by an overall view of the individual's life situation, self-perception, and health care needs, and not merely focusing on medication (Hansson et al., 2015).

It is important for professionals to be aware of potential negative consequences of being diagnosed because patient experiences could interfere with different treatments. Positive experiences could be considered resources while negative experiences might create obstacles to improving cooperation and facilitated planning of treatment to meet individual needs. Knowledge of the rich palette of different experiences could facilitate the introduction of alternative or complementary ways of thinking (Hansson et al., 2015). These identity issues would be categorized within Erikson's fifth step of his eight Stages of Psychological Development with how the individual advances and develops psychologically (Erikson, 1959).

Possible benefits of medication on identity. Knowing that a diagnosis created reduced suffering and provided consequential answers to long awaited questions about hindrances has existed for a few years. Chances for a healthy or a comfortable life became more probable instead of a life of torment created by a restless body because of improved functions (Hansson et al., 2015). Functioning that improved the thought life of the ADHD person may result in thoughts like the meds are working and I am coping better, learning faster, if not as fast as my peers. The positive effects on the ADHD individual's behavior could be of vital importance because it was untenable before where medicine has aided the ADHD brain into maturation where before that the ADHD individual's brain struggled (Hansson et al., 2015). ADHD individuals currently look at themselves through a different perspective creating healthier perceptions by describing themselves as healthy people who once were constantly looking for kicks through frustration and rebellion (Hansson et al., 2015). Many ADHD individuals started

to think as adults where they replaced their immature viewpoints with healthier thinking and coping skills. ADHD individuals then started to shape their understanding of difficulties into inspiration searching for ways to handle their ADHD symptoms resulting in different strategies (Hansson et al., 2015). This may result in avoiding situations where these individuals had once faced significant limitations relating to ADHD which was compensated through fighting fears of self-disclosure. According to Hannson et al. (2015), some interviewees expressed worry that if the surrounding world, society knew of their diagnosis, those persons might judge them differently and more negatively with ADHD.

Hannson et al. (2015) stated that judgments could result in other people distancing themselves from the ADHD person evoking difficulties in relationships or problems obtaining employment, or educational opportunities, life insurance, or obtaining something as simple as a driver's license. Consequences of these judgments ruminated within the minds of individuals suffering over whether or not to tell others about their diagnosis because of the possibilities created. There was also concern that a diagnosis might be recorded in various places and used against them creating threats. Now suddenly these individuals feared that information was on file somewhere, in some database, stating that the individual had the diagnosis of ADHD. Creating issues that the ADHD individual now had to struggle with through misperceptions about ADHD and that the person might have the ADHD information twisted because of a diagnosis (Hansson, et al., 2015).

### **Positive Versus Negative Coping Skills and ADHD**

Both poor behavioral inhibition and greater risk-taking were related to the greater quantity of consumption in the entire sample, whereas reduced attentional inhibition was related

to more significant amounts specifically among those with ADHD (Czapla et al., 2017). The results revealed age specificity in association to heavy drinking, and alcohol use disorder (DSM-IV) symptoms, with DSM-IV AUD rates, elevated between 15 - 17-year-olds, but not amongst younger adolescents (Mesman, 2015). For young adults, drinking quantity and AUD rates had been raised with antisocial personality disorder with childhood predictors indexing antisocial behavior (Mesman, 2015).

Studies performed on the students examined differences in reported levels of drug and alcohol use among college students with and without ADHD (Hirneise, 2016). Research demonstrated that 45% - 55% of patients diagnosed with ADHD also suffered from comorbid substance abuse, and 11% - 55% of patients diagnosed with substance abuse suffer from undiagnosed ADHD (Gorzkowski, Samochowiec, & Suchanecka, 2014). Alcohol dependence remains a primary cause of social degradation and is instrumental in the etiology of both many mental disorders and physical diseases. Patient's early experimentation with alcohol seems to implicate early alcohol initiation with impulsiveness, poor emotion regulation skill, a tendency to externalized behavior and potential development of dissocial personality (Gorzkowska et al., 2014).

### Lack of Coping Skills with ADHD and Risk to Academic Success

Poor coping skills and increases in risk-taking behavior may also affect academic success. As previously stated, behaviors such as alcohol and drug use are problematic for some ADHD individuals. This can be attributed to both poor behavioral inhibition and greater risk-taking related to the greater quantity of consumption of these substances, whereas reducing attentional inhibition relating to more significant amounts specifically among those with ADHD

(Czapla et al., 2017). Studies performed on the students examined differences in reported levels of drug and alcohol use among college students with and without ADHD (Hirneise, 2016). According to Corzkowska et al. (2014), 45% - 55% of patients diagnosed with ADHD also suffered from comorbid substance abuse, and 11% - 55% of patients diagnosed with substance abuse suffered from undiagnosed ADHD. Alcohol dependence remains the primary cause of social degradation and is instrumental in the etiology of both mental disorders and physical diseases.

The transition from high school to college can be traumatic for students, but especially for those students with ADHD when they do not understand how ADHD affects their academics and social behaviors. Many of these students relied on their parents to be their primary advocates for services by helping them succeed in self-advocacy through skills required for college success. Statistics show that out of all high school students diagnosed with ADHD only 12% - 15% graduate. Out of that percentage, only 7% - 8% ever attain a Bachelor of Arts degree (Kaminski et al., 2013). Out of that percentage, only 4% will only achieve a Master's degree, with only 1.2% attaining a Doctorate (Kaminski et al., 2013). However, the structure of military environments appears to have a positive impact on college students with disabilities, particularly ADHD students because they benefit from the consistent structure of the programs (Graham, Hewett, Warner, & Graham, 2013).

Choosing a college for the ADHD student should be determined by the type of teachers, and specialized programs schools offer for students with disabilities (Graham et al., 2013).

Research suggested that there were specific skills needed for academic success where students needed stronger studying and managerial skills, higher self-confidence, and the ability to train

their brain's to concentrate (Graham et al., 2013). The concentration that allowed college students with ADHD to become motivated to maintain career goals further motivating them forward with strategies needed for success. These strategies included utilizing daytimers, purposeful scheduling in classes which built stronger educational relationships. The *outstanding professor factor* also played a role in the success of the ADHD student where discernment is key to understanding others around themselves because great teachers assisted these students to succeed (Graham et al., 2013).

# **Fragmentation and Spiritual Beliefs**

Religious beliefs impact revelation and projection of emotional issues with regard to issues of holiness and human frailty; but the burden of proof, or the burden of belief, lies on the believer (Ruffing, 2012). That frailty is comprised of the construction of spiritual identity and a single eye of faith which becomes virtually impossible for the fragmented self and the coherent sense of self to become stabilized once fragmentation has begun. In order for an individual's spiritual identity to remain open to future life adaptation or into the transformed life they dream about that individual must be open to allowing God to heal their heart, mind, will, and emotions (Chironna, 2015). This transformation must unify all scattered parts of self which include the saturated self, the empty self, the chameleon self which allows the creation anew into a wholehearted unified sense of self and identity (Ruffing, 2012).

**Spiritual identity.** Like a pilot, Berghaus and Cartagena (2014) introduce the spiritual dimension of identity, in how the issue becomes both complicated and interesting as a person's spiritual identity is formulating relationally as well cognitively. Marselus (2015) explains achieving spiritual identity to that of a military fighter pilot in training in how each are trained

methodically through academics and experience. Pilot training is a series of building blocks that start with academics which are then practiced in simulators and completed in flying. At any time, that pilot may find himself lacking in the abilities that will be required to go on to the next level and will thus be eliminated from ever being a flight lead let alone an aviator (Marselus, 2015).

It is interesting to note that the level of responsibility of adulthood and spiritual identity equals, if not surpasses, what a flight lead must do, yet in most cases, no formal training is offered (Marselus, 2015). By looking at the training that a flight lead goes through, there are many parallels that require spiritually and emotionally mature adults to consider to ensure they are successful, just like a flight lead does to ensure that his mission is successful (Marselus, 2015). To become spiritually mature an individual must first find a relationship with themselves and Christ in which they continuously search and create meaning and purpose. This purpose is found in academic advancement, through careers, but also in relation to others with whom they share their spiritual journeys (Marselus, 2015).

Marselus (2015) stated to be a flight lead (or leader leading others less mature) the pilot must complete years of training. The process is rigorous and only a few will be chosen to enter Undergraduate Flight Training (UFT) to be given the opportunity. This same premise is true for the individual seeking to find spiritual identity in Christ and can only be found through godly leadership available to mentor hearts seeking it (Marselus, 2015). Christianity provides an opportunity for the individual to renew that person's true identity within the *colony of heaven* whose communal life embodies the truth about the world revealed through the life, death, and resurrection of Jesus of Nazareth (Jones, 2015).

Hindrances to the spritiual identity process come in spiritual forms as we are all spiritual beings (God is a spirit, man is a spirit, and the devil is a spirit) (MacMillan, 2016). Heavenly spiritual beings (angels) can provide divine protection, healing, divine intervention, power encounters with demonic forces, and teaching on generational bondages (MacMillan, 2016). According to the *Britannica Concise Encyclopedia* angels are spiritual beings who mediate between heaven and earth often serving as messengers or servants of God or as guardians of an individual or nations (Angels, 2017). However, there are demonic spiritual beings (fallen angels) that serve as hindrances to achieving spiritual identity and are used as the Satan's instruments to hinder individuals from becoming spiritually mature vessels. According to *Britannica Concise Encyclopedia* demons, occasionally called satyrs (Heb. se'irim), were thought to dwell among the ruins in the wilderness causing spiritual warfare for the saints (Demons, 2017).

Spiritual warfare thrives on the belief that evil forces frustrate human existence and must be dislodged through militaristic engagement/deliverance (Quayesi-Amakye, 2016). These evil forces are believed to be responsible for all mishaps in life (Quayesi-Amakye, 2016). These mishaps occur in the mind of the individual that struggles with life advancement because the devil is after the mind. It is because the devil knows that in destroying the mind he destroys a future. The devil's strongholds are built in people's minds so that they will be ignorant of God and about what God has done for them on the cross and accept it (Quayesi-Amakye, 2016).

Therefore, Christ has to guide that spiritual maturity and identity, as the Healer, in order for individuals with or without ADHD, to advance through Maslow's hierarchy of needs and Erikson's eight stages without getting stuck in trauma. The person who attempts spiritual maturity outside of Christ usually lacks spiritual insight. This lack of spiritual insight is how

Satan tempts, misleads, torments, traps, hinders, and deceives individuals through his attempt to enslave them through false teachings and lack of knowledge (Quayesi-Amakye, 2016). As is stated in Hosea 4:6, "My people are destroyed from the lack of knowledge." Therefore, healing and deliverance ministry is crucial for society and the church today (Nguyen, 2013). When individuals are set free from these bondages, they are more able to grow and mature in faith, and advance spiritually (and in the natural) like every other healthy individual (Nguyen, 2013).

Much of what we have understood as faith or spiritual identity is actually inner awareness, or spiritual awareness of things that naturally occur, and that we can clearly perceive, but not with the human mind or the external human senses (Swigart 2017). This enigma within spiritual maturity therefore, such as identity or inner healing becomes a huge component within the Phenomenon of ADHD allowing for cognitive development and advancement (Ruffing, 2012). It is a phenomenon because the individual must shift over into the things of the spirit in order to advance within the natural.

Diller (2014) stated that scientists and doctors should be hailed for their insight on ADHD because it is both justifiable and ironic. Practitioners and the public alike for nearly 30 years have been presented with a deluge of information on ADHD which emphasized its neurological, genetic, and biochemical etiologies. The phenomenon has baffled the science world because they have not been able to connect the dots leading into the spiritual arena in how spiritual maturity and inner healing become the gateway for advancement for those with ADHD. (Ruffing, 2012).

Swigart (2017) stated that developing faith in ourselves or in something beyond ourselves makes it easier to accept the things we can't yet understand. It is important to realize that the

beliefs or acceptance of others are not a requirement of our own beliefs, nor does it diminish or invalidate them (Swigart, 2017). Some, for a variety of reasons, will not believe anything unless they have personally learned or experienced it, or unless someone they respect supports it. That is one of the most limiting of all possible human conditions (Swigart, 2017). This mindset alone is what was observed some of the data participants (involved in faith based programs) having excelled faster than those who were just trying to cope with the ADHD phenomenon on their own.

**Life stories.** While some people may accept a fragmented or partially coherent sense of self, many indivudals work at achieving a stronger sense of self, as expressed in a temporal, coherent, and a self-defining life-story; Ruffing (2012) stated that the six characteristics of adequacy were: coherence, openness, credibility, differentiation, reconciliation, and generative integration. The integration of the *sense of self*, or building the mind within a temple can only be achieved through spiritual healing (Nguyen, 2013). Many people struggle to see themselves as a unified person because they believe that each identity requires them to be a distinctly different person (Berghaus and Cartagena, 2014). Individuals believe they are different because they are only living through parts of themselves instead of living through the whole self (Nguyen, 2013).

Berghaus and Cartagena (2014) stated that throughout any given day, an individual transitions from being one person to another as they move to each new social context with some people achieving this transition better than others. Those struggling with hidden trauma have a tendency to comingle identities and transitions because of fragmentation (Berghaus & Cartagena, 2014). An example of this would occur when an individual leaves home and goes to the

workplace where they no longer see themselves as a spouse but as an accountant. They believe that their identity as an accountant has nothing to do with their identity as a spouse. They are an accountant at work and a spouse at home and the one identity is separated from the other (Berghaus & Cartagena, 2014).

Their view of themselves and their identities, by which they seem to lead, serves as a double life but is still a variation of identity (Berghaus & Cartagena, 2014). The less mature or fragmented mind does not cognitively understand how to separate each identity and therefore comingles their separate environments together because of lack of discipline within their ability their to harness each *self* within those environments (Ruffing, 2012). Personal trauma only adds to confusion and cognitive abilities because of the splintering effect trauma has on an individual's ability to maintain a *single focus*. This splintered faith or lack of focus within the *self* then scatters an individual's thinking, personality, and their ability to relate effectively (Ruffing, 2012).

The process of healing. Because God is a multidimensional God and humankind is made in God's image, persons become candidates for healing in multidimensional levels through deep inner healing ministry. Chironna (2016) stated that pastor John Wesley believed in multidimensional healing and used it regularly in his pastoral practice; Wesley preached that Jesus was a *functional* God. Chironna stated that Jesus was united with God the Father through the trinity; Jesus acted as God through his own holiness in being God the Father, God the Son, and the triune being as God the Holy Spirit. The name *Abba* attests to the absence of any remoteness between Father and Son or a lack of unity that was needed in order for *completeness or* wholeness to exist. The headship of *Abba* distinguishes the power of unity because Abba exists

as the *all in all* for the triune being or the *cap* meaning nothing can exist apart from it (Chironna, 2016). Deep inner healing occurs when God works through healing ministers through the laying on of hands to administer.

Engaging in moderate levels of stress, which are involved in new learning and adapting to enriched environments, can trigger the release of neurohormones that enhance cortical reorganization and new learning (Kimball, 2015). Psychotherapy provides an optimal level of stress in which the client voluntarily participates and learns new ways of relating to others and reflecting on the damage caused by their abuse (Kimbell, 2015). Psychotherapy also engages the survivor in a new kind of human relationship which is safe enough that old neuronal habits of avoidance and fear gradually evolve into new learning about positive interpersonal communication. The essential nurturance found in such a relationship illustrates the effectiveness of an enhanced environment. Research conducted by interpersonal situations triggered new growth of neural stem cells which can build stronger neural networks; researchers thought that new growth occurred perhaps by promoting more strength in coping abilities creating stronger emotional capacities within thinking about past abuse situations (Lee & Olenchak, 2015).

Hammond (2014) stated that there were many people who are fighting something that they do not fully understand in their lives: some frustration, something that every time they are about to succeed intervened and kept them from success. Something that held them back from being a complete person, from being completely free, from being able to serve the Lord the way they would wished to, and from leading a life of real victory (Hammond, 2014). In many cases, the problem these individuals were fighting, which has never been diagnosed were the fact that

there is a very real blockage over their life, a curse that hindered their advancement (Hammond, 2014).

### **ADHD Versus Giftendness**

The diagnosis of ADHD does not include intellectual boundaries but educators and parents could assume that ADHD children might have higher IQ levels, gifts, and talents (Lee & Olenchak, 2015). According to Zhang et al. (2017), individuals with ADHD and children who are also gifted often engage in similar behaviors. However, it is important educators and parents to recognize the gifted apart from children struggling with ADHD so the students have the opportunity to achieve to their best potential (Zhang et al., 2017). Inaccurate identification of giftedness and ADHD is confusing when students with disabilities struggled with traits of hyperactivity and challenged authority common to children without the condition (Lee & Olenchak, 2015).

Gifted children are considered the result of heightened intellectual perception with an unwillingness to accept the judgment of others unquestioningly whereas ADHD children challenged authority resulting from oppositional behaviors and impulsivity (Lee & Olenchak, 2015). In both gifted and ADHD children, enhanced complex thinking was ignored because of the negative way in which it is expressed in the child's behaviors becoming more hostile and aggressive (Kuo, Liang, Tseng, & Gau, 2014). The gifted ADHD child's valuable contributions could easily go unnoticed as a result of disruptive behaviors and social-emotional development (Lee and Olenchak, 2015).

It is in the areas of social-emotional development that much of the similarities between gifted children and those with ADHD are evident as gifted children have an unequal balance

between advanced intellectual ability and creative talent (Lee & Olenchak, 2015). Due to heightened perceptions of self the gifted child was vulnerable to the self-knowledge of being different and might experience stress from self-evaluation and critical thinking. Difficulties also occurred when gifted children had a cognitive understanding of knowledge that they are not emotionally equipped to handle (Lee & Olenchak, 2015). Uneven intellectual and motor development could cause distress resulting in frustration and emotional outbursts, social isolation occurred causing lower self-concepts. Impulsive actions and words, aggression, disruptive behaviors caused dislike by peers and rejection occurred causing sadness or anger buildup leading to cycles of inappropriate behavior and further peer rejection (Lee & Olenchak, 2015).

Problematic social interactions resulted in lower self-esteem with ADHD children tending to be more withdrawn or anxious leading to social isolation. The child became constantly criticized as they struggle to stay on task, following directions, and controlling impulsive behaviors with lowered self-concept, causing explosive tempers, mood swings, or withdrawal which may have coexisted with other disorders (Lee & Olenchak, 2015). Combined social and emotional factors resulted from the coexistence of giftedness and ADHD producing a heightened sense of alienation, sensitivity, and overreaction in the gifted or ADHD child (Lee & Olenchak, 2015). Social isolation experienced by the gifted child in addition to the peer rejection of the ADHD child can cause a disturbing sense of alienation, affecting attitude toward school, achievement, and self-esteem. The sensitivity of the gifted child joined with the emotional overreaction, frustration, and irritable moods associated with ADHD can also cause manipulative and egocentric reactions (Lee and Olenchak, 2015).

Difficulties can become lifelong concerns because of similar attributes existing in both conditions without acquiring the skills for emotional development. The lack of information within research for gifted and ADHD children might indicate the possibility that many of these children are not being identified correctly. This lack of identification with diagnostic measures revealing gifts, attentional problems, learning disabilities, and emotional problems, which are necessary (Lee & Olenchak, 2015). The case with many gifted children whose gifts and talents occur in various areas are left unidentified by standard IQ or achievement tests such as music or the arts. The asynchronous development of the gifted child compounded with the social and emotional difficulties of the ADHD child implied serious concerns for both types. It is imperative that emotional skills be taught to assist the child dealing with frustration, anger, stress, self-concept, and depression, for it was this ability which either facilitated or interfered with all other abilities (Lee & Olenchak, 2015).

Diagnosing children with ADHD when they were truly gifted also led to inappropriate treatment which commonly led to stimulant medication (Tseng & Gau, 2013). In some cases, evidence suggested that medication could impair cognitive performance (Weyandt et al., 2017). Stimulant medication could have negative side effects including appetite suppression, insomnia, irritability, anxiety, sadness, and nightmares and so it seemed unconscionable that children would unnecessarily experience such negative effects of stimulant medication (Zhang et al., 2017)

Increasing confusion in children with and without psychological problems becomes a truism in the ADHD condition verses gifteness. Neither explained enough information because both groups possessed high activity levels, difficulty in paying attention, acting without

forethought, experience problems persisting on certain tasks, and had difficulty following rules (Mullet & Rinn, 2015). Behaviors found in many human beings at certain times could be a qualifier but were too vague to make this passage useless as a descriptor of giftedness or ADHD. Regardless of giftedness or difficulties in learning, there was little reliable data showing that such similarities existed and a diagnosis of either must be based on differences between the two conditions which were differences that were unmistakable and impossible to miss (Mullet & Rinn, 2015).

To diagnose giftedness, we have to be able to observe signs of such as assessing gifted children displaying signs of giftedness, according to any accepted definition. Gifted children tended to have high brain activity levels, with difficulty paying attention, acting without forethought, experiencing problems persisting in certain tasks, and having difficulty following rules (Mullet & Rinn, 2015). These differences depicted behaviors of ADHD children thought to be caused by a neurological abnormality in the prefrontal cortex of the brain and neurotransmitter dysfunction (Zhang, Zhang, He, & Shi, 2017). Gifted student inattention is usually situational specific while inattention in children with ADHD was pervasive across settings (Zhang, Zhang, He, & Shi, 2017).

Researchers continued stating that Diagnostic and Statistical Manual of Mental Disorders, (5<sup>th</sup> ed), Text Revision (DSM-IV-TR) required that symptoms be present in two or more settings for a diagnosis to occur though it is not uncommon for gifted children to have attention problems at school, and none at home (American Psychiatric Association, 2013). Children with ADHD often experienced problems in both settings because of immature attention skills being lower (Barkley, 2009). Maintaining attention for long periods of time was similar to

both ADHD and gifted children because both had the ability to be interested in preferred activities to engage their attention (Mullet & Rinn, 2015).

Individuals who had two exceptionalities in both giftedness and a learning disability sometimes had been neglected in education and research endeavors of the past (Lee & Olenchak, 2015). To prepare, study, and understand the gifted and ADHD population early on is to prepare these individuals for a successful future. Otherwise, many received the frustration of a dual diagnosis making them think that they could only succeed in certain areas (Lee & Olenchak, 2015). Increased knowledge about the gifted and ADHD population might ease academic and psychosocial burdens but still, left controversy surrounding the identification of the dual diagnosis.

Researchers said that ADHD might be over because the definition of giftedness being too broad and somewhat vague, with the diagnosis of gifted and ADHD having the potential for misdiagnosis (Lee & Olenchak, 2015). Understanding that dual diagnosis of giftedness and ADHD occurs with accompanying symptoms and should first be individually understood and then compared. ADHD has grown in popularity in recent years and is known as the *diagnosis of the decade* with current prevalence rates for ADHD ranging from 3% to 11% (Lee & Olenchak, 2015). Over-diagnosing ADHD is controversial due to the large increase in prevalence as well as falsely diagnosing ADHD to comorbidity with other diagnoses and changes in diagnostic criteria. Defining Giftedness is controversial with its broad concepts that ranged in definition from the high intellectual ability to rarities in several different life components. The National Association for Gifted Children defined the gifted as *those who demonstrated outstanding levels* 

of aptitude or competence in one or more domains with domains including structured areas of activity with a symbol system and a set of sensorimotor skills (Lee & Olenchak, 2015).

The federal definition according to The Jacob Javits Gifted and Talented Students

Education Act listed the gifted as children and youth who give evidence of higher performance
capability in such areas as intellectual, creative, artistic or leadership capacity. Or children
excelling in academic fields which require services or activities not ordinarily provided by the
schools to develop such capabilities fully (U.S. Department of Education, 2012, para 43).

Researchers found that twice-exceptional students performed similarly to their gifted peers
regarding intellectual ability, but performed poorly in academic areas, where they were more
similar to the learning disabled population (Lee & Olenchak, 2015). There were no research
studies in the ADHD subpopulation with these types of comparisons as the section identifying
literature on the performance of gifted students, students with disabilities, or students who had a
dual diagnosis of gifted and ADHD (Lee & Olenchak, 2015).

Performance, psychosocial outcomes of individuals with giftedness and ADHD are important to gauge functioning (Lee & Olenchak, 2015). Research has provided a glimpse into results for individuals who had a dual diagnosis of giftedness and ADHD. Four outcome topics arose in the current literature ranging from academic, mood and emotions, life satisfaction, and functional and behavioral outcomes (Mika, 2006). Academically, children and adults who had giftedness and ADHD were more likely than gifted-only students to need academic tutoring. Also, children who are gifted and ADHD were more likely than gifted children to have to repeat a grade and be placed in special education (Mika, 2006).

Both groups of children with ADHD were underachievers, consistently disliked or hated homework, and reported preference in working with others. Both gifted groups showed preferences for challenges, pressure, and competition with life happiness being lower for individuals who had gifted and ADHD compared to skilled controls (Tseng & Gau, 2013). Gifted and ADHD children, adolescents and adults reported less overall happiness and reported lower quality of life ratings in multiple domains, including home, work, and social areas (Mika, 2006).

### **Summary**

Maslow, Erikson, and Vygotsky discussed their contribution to the field of Educational Development and Educational Psychology within academia. The Chapter 2 research was documented with regard to the history, causes, and stigmas of ADHD and how could stress triggered the condition as well as fragmentation. The brain's role was discussed in development, executive function, cognitive development, and hindered development, as well as how stress affects learning. It was important for the researcher to expound on the facts that hindered the mind of the learning disabled person for foundational building to enable the reader to grasp explanations of trauma and its contributions to hindered brain function.

Trauma contributes to ADHD during early childhood development through fragmentation of the mind which can transcend into mental illness with an undiagnosed ADHD condition (Takagi, et al., 2013). To curtail the effects of trauma the researcher sought to expound on the need for structure and how it assisted the healing process caused by fragmentation. Creating structure through coping skills further assisted in developing stronger motor skills allowing for a healthier lifestyle and overall quality of life of the disabled (Takagi, et al., 2013).

The importance of understanding coping strategies and discussing how to develop healthier coping strategies versus unhealthy coping strategies was vital to the contribution of structure creation. The importance of this knowledge will hopefully guide readers to understand why a lack of healthy coping strategies caused risk within academic success to the ADHD learner. The future of ADHD individuals learning to master ADHD through overcoming fragmentation can utilize ADHD for the gift that it is assisting the heart and mind to overcome the spiritual side of fragmentation (Greene, 2015).

A problems found within the research was the lack of attention paid to the instruction of the ADHD student in how structure creation eliminated stress and chaos. There were no studies that examined the effects of structure creation deficits and how those effects hindered the ADHD brain. Information that was found was how educators taught students with ADHD to learn but failed to teach how they might eliminate stress through structural creation and move into higher level learning. Structural tools taught to students enabled them to learn rapidly in the middle of their chaos (Greene, 2015). Rapid learning occurs through teaching students the tools to cope with the disorder when triggered so that the person maintained focus under duress. ADHD students learned how to maneuver through triggered symptoms of the condition enabling them to continue moving forward within academia by learning to minimize ADHD's effects. Erikson's sought to prove this need to take the mind of the disabled brain and treat that individual with dignity in their chaotic environment so that they could learn like any other student.

This focus teaches individuals how to create structure while allowing students to create a mental apparatus which they might hang their mental learning tools. Most learners do not ever think about having to build mental apparatuses for learning, but the ADHD brain is moving so

quickly that forcing it to stop and *think about what it is thinking about* constitutes a trauma in and of itself. Most individuals with ADHD feel while their brains are moving through life events that they do not know how to make themselves stop and think about thoughts, learning abilities, patterns of learning, or what makes them tick. It is then during a *forced stop* that the ADHD brain learns how to reorganize itself into a more effective thinking processor which assists that learner to function at their optimal ability.

# **Chapter 3: Research Methods**

The purpose of this hermeneutic, phenomenological study was to explore how college students with ADHD are affected by disassociation and fragmentation. Even though there was research on the topic of ADHD, there was varying amounts of information for parents, educators, and students to garner understanding. However, there was less information relating to fragmentation and how to create a structure with its contribution to the ADHD mind and learning. In Chapter 3, I will discuss the research questions, purpose of the study, and design of the study. I will also describe the role of the researcher and discuss the methodology which includes the instrumentation, data collection, and data analysis. The issues of trustworthiness discussed in this chapter include limitations. explore fragmentation, disassociation, and how these threads may disrupt cognitive advancement, structure, learning, and the success of college students with ADHD. Assumptions, scope and delimitations and limitations explored the boundaries and challenges of the study using practical methods to address limitations.

### **Research Questions**

The following research questions were used to guide this study:

- 1. What skills do students have in place that assist them with trauma and the ADHD condition?
- 2. How do college students maneuver through fragmentation to advance in their studies?
- 3. What coping skills do college students with ADHD have in place to maneuver through the stress of learning?

# **Research Design and Rationale**

This hermeneutical study explored how college students with ADHD coped through possible fragmentation with or without structure and coping skills. The research of ADHD guided the design because this design enabled me to explore the phenomenon of ADHD, its symptoms, and triggers with the option of speaking to those who suffered from the condition as well as those who teach those suffering. I believe this hermeneutical phenomenological allowed me to explore how learning disabled college students with ADHD experienced spiritual fragmentation and disassociation hindering current academic program structures from being effective.

### **Role of the Researcher**

Within this study, I will explore how college students with ADHD are affected by disassociation and fragmentation. My role as a researcher was to magnify areas of need within an ADHD student's learning journey to better assist teachers, parents, and students of newer tools available within academia. Learning observations represent the researcher, her work, and the study's context towards participants and to the readers. I was the sole researcher in the data collection process and was the only individual conducting the fieldwork with my goals being efficient, and undistracted while conducting one on one interviews. Within my research, I utilized the Office of Disability Services (ODS) at a University within the U.S. I did not know the participants within my study. I enlisted the ODS to distribute IRB approved survey questionnaires through Qualtrics to 20 students with ADHD registered with the ODS. This survey was originally distributed to 39 students. My role as a researcher also included recording interviews and then transcribing these interviews to analyze the data. As the researcher, I did not

guide, lead, or otherwise, try to sway participants in any direction in hopes of finding where the facts led. Confidentiality was critical throughout this process. No monetary compensations were exchanged or given to the participants for their participation.

## Methodology

I approached the sampling group through survey questions and analyzed data to bring more clarity about contributing factors to college students with ADHD. Data collection used was through individual interviews and surveys with college students with ADHD. Collected data from a survey consisting of 20 questions assisted in formulating information about the sampling group to provide more clarity on fragmentation. Likert scales were utilized ranging from *a very small* impact to *a very large impact* regarding disassociation and fragmentation experiences. Other questions asked for factual information such as *age, college classification, male or female*, and *if students would like to self-disclose their diagnosis*.

# **Procedures for Recruitment, Participation, and Data Collection**

Prospective participants included 39 students with ADHD within the United States.

Prospective participants provided data through interviews regarding the phenomenon of ADHD and fragmentation from the natural and the spiritual perspective. I obtained IRB approval before contacting the participants and beginning the study to ensure that all IRB protocol was followed; this ensured the safety of all participants. I included an invitation of agreement for participating in the study at the end of the survey giving students the ability to ask questions.

The sampling strategy involved a purposeful selection of college students with ADHD.

The schedule that I approached each of these areas occurred within the following week guidelines:

- Week 1: Recruitment and participation. The following procedures were completed during week 1:
  - 1. Contact ODS to prepare for the upcoming student survey notifying college students with ADHD the following week's email that will be forthcoming.
  - 2. ODS sent out an email to students with ADHD recruiting study participation.
  - 3. Prospective participants responded to me with interest in participating and responded to questions they might have about the study. They also notified me if they wanted to participate in an interview. Each participant self identified as a college student with ADHD.
  - 4. I confirmed participation and ask prospective participants to sign a consent form via email.
  - 5. After I received a signed consent form, I emailed a survey to the college students with ADHD for completion. Participants had 1 week to complete the survey.
- Week 2: Begin conducting surveys and student interviews. The following procedures were completed during week 2:
  - 1. I confirmed interview participants via email.
  - 2. I started conducting interviews with students via Skype, in person, or by phone.
- Week 3: Complete student surveys and interviews. The following procedures were completed during week 3:
  - 1. Completed interviews with participants.
  - 2. Sent email to all participants as a reminder to complete survey, if not already done so.

Weeks 4 through 8: Data collection. The following data collection procedures were completed during weeks 4 through 8:

- 1. Contacted ODS to request Survey Questionnaire participant data
- 2. Transcribed interviews.
- 3. Reviewed data from college students with ADHD.
- 4. Started inputting data into Excel spreadsheet to organize and code.

### Instrumentation

Creswell (2014) stated that qualitative methods demonstrate a different approach to scholarly inquiry than methods of quantitative research. Although the processes are similar, qualitative methods rely on text and image data and have unique steps in data analysis. The information draws on diverse designs while writing a methods section requires individuals to read as to the intent of qualitative research while carefully reflecting on the role the researcher plays in the study (Creswell, 2014). The instruments within this study were a Qualtrics survey and interview questions that concentrated on specific data that lead to viable results. I asked questions relating specifically to disassociation, fragmentation, developed coping skills, and creating structure. All data collection instruments within this study were self-designed and included a Qualtric survey (Appendix A) and interview questions (Appendix B). Self designed instruments were rooted upon the ideas and theories from Chapter 2 authors and theorists such as Maslow and Erikson.

### **Data Collection**

The Qualtrics survey was given to all participants using the Qualtrics Survey System with each participant filling out a written consent form before taking the survey. The only problem

encountered occurred while trying to attain consent forms because forgetfulness is a trait of ADHD students which can be caused by the ADHD condition and how it affects students being able to follow detailed directions. Reynolds (2017) explained that consistently reminding an ADHD person they made a mistake is not going to propel them into changing because nothing they do stems from malicious intent.

Participants took the survey at their own leisure in the privacy of their own home with a home or laptop computer. The survey should not take each participant more than 15 to 20 minutes for completion. The data survey was comprised of 17 multiple choice questions with three fill in the blank questions that served as the data collection instrument. All other questions included data variations of questions to prompt responses in how to attain the strongest data possible.

# **Data Analysis Precedures**

Creswell (2014) stated that it was important to identify the type of qualitative data collection and analysis that would be presented. I conducted individual interviews with ADHD participants to further observe patterns within ADHD participants to see how they would react and respond to various survey questions. I questioned participants about their condition and if they considered themselves *high risk*; I also asked partipants to define fragmentation and if they had experienced trauma throughout their life time. I looked to observe answers that were raw in nature and then observed to see if the participants struggled with ADHD had healthy coping skills in place. I sent out surveys to 20 students who struggled with ADHD and attend a university in the U.S. and to 20 students within a private educational organization.

Creswell (2014) stated that the researcher should conduct face-to-face or telephone interviews with participants involving unstructured and generally open-ended questions. I transcribed and analyzed all my interviews observing patterns or common threads between those diagnosed with the ADHD condition and fragmentation reviewing their final survey input. Data analysis procedures and strategies were useful for validating findings through a combination of Interpretative phenomenological analysis (IPA) and open coding, axial coding, and selective coding within a narrative structure to anticipate ethical issues that might arise. Interpretative phenomenological analysis is an approach which is dedicated to the detailed exploration of personal meaning and lived experience (Creswell, 2014). More importantly, how participants make sense of their personal and social world to formulate meanings of those experiences; IPA is strongly idiographic, starting with the detailed examination of one diagnosis until some degree of closure or achievement (Smith, 2015). Achievement then moves to a detailed analysis of the second diagnosis, and so on through the remainder of the diagnoses. When achievement mastery is finalized there would be an attempt to conduct a cross-case analysis as the table of themes for each table to be interrogated for convergence and divergence. The analysis process goals were to collect extensive information from all participants through interview questions related to the research questions.

Procedures for the data analysis involved basing Smith's (2015) approach to phenomenological analysis based on three broad elements. It represented an epistemological position, offering a set of guidelines for conducting research, and described a corpus of empirical research (Smith, 2015):

1. I transcribed verbatim all one-on-one interviews.

- 2. I examined all surveys through Qualtrics to determine if patterns existed in approaches to student learning. Creswell (2014) spoke of open coding, axial coding, and selective or restrictive coding to look at information line by line, or through combining original codes into major categories to find relationships between the two. I examined surveys to look for patterns in approaches to creating structure, similarities and differences in background trauma, exposure to possible influences through life experiences, levels of fragmentation, and varying degrees of diagnosis of ADHD, Asperger's, Autism, and PTSD looking for how varied each condition appears on the Likert scale.
- 3. I analyzed all transcripts to find the differences from learning professionals in the coding of insights through individual learning and cognitive advancement for those that struggled versus students that do not struggle.

Smith, Flowers and Larkin (2014) stated that the goals of the researcher should be to work closely and tensively with the text looking for patterns or coding that might give insight into the participants life experience. The coding unfolded, reflecting what the participants actually experienced and recurring patterns of meaning started to become apparent (Smith, Flowers & Larkin, 2014). My goals were to examine the themes of where structure might be lacking in individual learning to see if possible degrees of varied fragmentation existed and did these students advance cognitively or did they digress. I understand that some of these themes might lead into broader themes to which I might be able to observe patterns of learning behaviors for these students. Smith, Flowers and Larkin stated that in IPA, a good analysis is one which balances phenomenological description with insightful interpretation, and which anchors these

interpretations in the participants' accounts. The research and data analysis plan was hermeneutic and explores the phenomenon of ADHD and the lack of structure in academia and whether or not ADHD is caused by fragmentation. The data was then composed into a final report listing a description of participants and the methodology used in Chapters 1 and 3.

### **Issues of Trustworthiness**

## **Internal Validity**

Creswell (2014) stated that within qualitative research there was more focus on validity then reliability because the information comes from researchers, participants and reveiwers as internal validity bases the information on a larger population. I, as a researcher, had to soley rely upon my participants to gather data because without their participation I would have had no data or internal validity. The data was interesting in in the way that much of the information was revealed through blindspots of the participants as almost all of the survey answers were intertwined within with other survey questions. This intertwinement of answers assisted the researcher in seeing patterns of thinking or lack of coping skills not readily in place to assist in advancement.

The blindspots also allowed the researcher to see that the participants were reliant upon their own understanding of coping skills and structure information in order to succeed instead of how new knowledge might have benefitted them in learning. These issues can especially arise within phenomenological research. Adams et al. (2016) noted that triangulation involved exploring the convergence, complementarity, and dissonance of results on related research questions obtained from different methodological approaches, sources, theoretical perspectives, or researchers. Theory Triangulation was utilized to find patterns in how survey participants

maneuvered through Maslows Hiearchy of Needs versus Erikson's Eight Stages of Development at the same time. Sarsa and Escudero (2016) stated that research has plenty of difficulties to arise as education research is already complicated and can mask identifying factors which can cause unexpected issues.

### **External Validity**

Creswell (2014) stated that external validity was based upon internal validity which generalizes the results of the larger population. The most commonly applied strategies in Qualitative Research to confirm external validity occurr by using a sampling rationale, analyst triangulation, with combined methodological limitations (Guzys, Dickson-Swift, Kenny, & Threlkeld, 2015). The strategies chosen to confirm external validity for this study were strategic because of the particular grouping of students surveyed. The external validity of the students with ADHD was to survey whether or not each student had the proper structure and coping skills in place regardless of whether they were affected by trauma or not. These survey questions were developed to expose internal blindspots of surveyed individuals based on external advancement with survery participants. Sixty six percent of participants had been affected by trauma while trying to maneuver their way through higher education. Eighty two percent of the participants thought they had enough coping skills in place to cope with stress and create structure yet 62 % of them had failed out of academics, jobs, and relationships.

## **Dependability**

Creswell (2014) stated that dependability derived from the ability to test the data for patterns of behavior or certain types of coding within the data itself. The intercoding agreement broke the segments of data into parts to where the researcher could analyze those data segments

in the way survey participants answered the survey questions revealing patterns or repeated types of behavior. Critics are reluctant to accept the trustworthiness of qualitative research or frameworks for ensuring rigor in the form of work which has been in existence for many years.

Researchers seek to satisfy four criteria when conducting Phenomenological Research: credibility, transferability, dependability, and confirmability (El Hussein, Jakubec, & Osuji, 2016). The credibility of most survey participants was reflected in the dependability of the answers given by survey participants. Credibility was formulated in that all participants had acquired degrees from universities (or were currently enrolled) and were volunteering for the [Site name redacted] or were enrolled through the Office of Disability Services at a university in the United States. [Site name redacted], is an accredited network of specialists, school counselors, therapists, parents, volunteers, of/or students with learning conditions striving to help those students advance into higher education.

# **Confirmability**

Creswell (2014) noted that the topic of confirmability was established through the auditing of the data process as the data begins to establish credibility within the research.

Researchers argue that the transference of terms across paradigms are inappropriate; however, if researchers reject the concepts of validity and reliability, they reject the concept of rigor (Avenier & Thomas, 2015). Rejection of rigor undermines acceptance of qualitative research as a systematic process that can contribute to the advancement of knowledge (Avenier & Thomas, 2015). This same premise would be true within phenomenology as the features of phenomenology can be explored through a group of individuals who have experienced the phenomenon of ADHD and fragmentation. As a researcher with ADHD, I did not participate in

the study and did not allow past knowledge of ADHD to influence the findings of the research or participant information(Creswell, 2014). Instead I approached the data by excluding ADHD symptoms as a part of the survey questioning but instead only looked for patterns and coping skills that could cause fragmentation from traumatic experiences through the survey answers. Strategies included interview notes and comparing the participant's life experiences in cognitive development with theorists Erikson (1959) and Maslow (1943).

## **Summary**

Within Chapter 3, I examined the research design, rationale, and methodology of this hermeneutic, phenomenological study. Cognitive development varied per student in the learning process. My goals were to see if fragmentation caused the level of cognitive development to increase or decrease depending upon the *stressor* variables in the individual's life. Literature depicts that students with disabilities struggle but only within the area of ADHD. Each diagnosis appeared separate with causes of fragmentation intermingled with individual life events. All the conditions become interconnected with seemingly interrelated patterns and themes flowing through each. My goals were to follow the ethical guidelines set forth by the IRB board to help determine the issues of trustworthiness in my attempt at finding answers within the study. I attempted to maintain all ethical guidelines including internal validity, external validity, dependability and confirmability to ensure a solid foundation be established. Houghton, Casey, Dympna, Shaw, and Murphy (2013) stated that there was increasing recognition of the valuable contributions of qualitative research which can be made towards educational knowledge. It was important that the research be conducted in a rigorous manner and demonstrated in the final research report.

# **Chapter 4: Data Analysis and Results**

Attention Deficit Hyperactivity Disorder (ADHD) is a multifactorial disorder with complex etiology and strong genetic underpinnings of chronic symptoms caused by stress (Combs et al., 2015). It is a clinically heterogeneous disorder characterized by developmentally inappropriate, persistent, pervasive, and impairing levels of inattention, impulsiveness, and hyperactivity that exacts a burden both on society and the individuals concerned in terms of financial cost, stress to families, and adverse academic and vocational outcomes (Combs et al., 2015). It has been found that those suffering from ADHD have neurological systems that are operating on reactive systems rather than proactive systems (Gehricke et al., 2017). Individuals struggling with a diagnosis of ADHD are fighting a two-front internal war as they are working against inclinations to go fast, while learning strategies force them, at least initially, to go slow (Gehricke et al., 2017). This is not just frustrating for teachers and parents, it is frustrating for students. They have an internal image of the way things should look, but all too often, have difficulty in articulating that work which is far below the envisioned result (Gehricke et al., 2017).

The purpose of this hermeneutic phenomenological study was to explore how college students with ADHD are affected by disassociation and fragmentation. The following research questions guided the study:

- 1. What skills do students have in place that assist them with trauma and the ADHD condition?
- 2. How do college students maneuver through fragmentation to advance in their studies?

What coping skills do college students with ADHD have in place to maneuver through the stress of learning

In Chapter 4, I will discuss the data collection and the analysis process. My goals were to find patterns, relationships, contradictions, with the students understanding of fragmemtation and possible concerns throughout the educational arena, with regard to teaching for students struggling with disabilities. I concluded this chapter with charts and graphs, and figures depicting levels of validity, confirmations, and concrete evidence as to what lack of structure and information creates amongst those struggling with ADHD and other disabilities.

# **Description of the Sample**

The participants were registered within the Office of Disability Services at a Southern college within the United States. I contacted 39 students from ODS and from a private educational HUB which networks special educational professionals, school school counselors, parents, and students with learning conditions, requesting they participate in the survey and volunteer for an interview. I heard back from 23 of the 39 students. Survey participants equated to 48% of those students who were registered with the ODS as undergraduate students: Freshman equated to 13%, 3%, Sophomores, 13%, Juniors, and 19%, Seniors. Student participants who were graduate students equaled to 52% of those surveyed. Survey participants included 16 females and 4 male participants. Out of the 52% of that were classified as graduate students 25% of participants either held a Master's or a Doctoral degree. All participants who signed consent forms were referred to in this study using pseudonyms as organized in interview questions (Appendix B). A large number of the participants had combined conditions in addition to the ADHD condition as most participants were thought to have only ADHD.

# **Research Methodology and Analysis**

The student survey (Appendix C) was given to all participants through Concordia Qualtrics Survey System with each participant filling out a written consent form before taking the survey. The only problem which occurred while trying to attain consent forms occurred because of the forgetfulness of ADHD students which can be caused by the ADHD condition. This trait of forgetfulness occurs because of how it affects students being able to follow detailed directions. Reynolds (2017) explained that consistently reminding an ADHD person they made a mistake is not going to propel them into changing because nothing they do stems from malicious intent. Participants took the survey at their own leisure in the privacy of their own home with a home or laptop computer. The survey should not take each participant more than 15 to 20 minutes for completion. The data collection instrument was a survey comprised of 17 multiple choice questions with three fill in the blank questions.

Survey questions included:

- 1. Student classification
- 2. What is your diagnosis (optional)?
- 3. What is your honest definition of fragmentation?
- 4. Have you ever experienced trauma in your life that interrupted your learning or progression and growth?
- 5. Did you struggle to focus on learning after that trauma?

All other questions included data variations of questions to prompt honest responses in how to attain the strongest data possible.

# **Summary of the Findings**

Data was organized according to research questions within this study. None of the questions were intertwined but instead written to generate thought to provoke questions about the psychological issues that can hinder learning. Appendixes C and D provided a list of the survey and interview questions used to collect information on the following.

Most survey participants (75%) tried to give a definition or dictionary example of what they *thought* fragmentation to be. The other 25% of participants did not know what the meaning of fragmentation meant or how it could affect their learning. These answers to this question about fragmentation defined how a lack of understanding can hinder progress because *we do not know what we do not know*. Another meaning: if an individual has experienced trauma and fragmentation yet lives with themselves 24/7 then if life in that regard is their sense of *normal*, that is all they know normal to be. Change usually does not occur unless that *sense of normalcy* starts to impact their everyday living, or livelihood and ability to maintain a job, relationship or to stay in school. These interruptions hinder these individuals from developing in a healthy manner.

Participants (75% or 23 out of 39 of my participants) seemed to understand the definition of fragmentation but lacked the understanding of how fragmentation impacts them within their learning or hlife experiences. The other 25% did not even appear to grasp the definition of fragmentation at all as they gladly reported that they were giving a Webster's definition to me. Repeated themes included:

- 1. Brokenness within the mind
- 2. When the mind feels chaotic

- 3. Not whole because of hurts and traumas
- 4. Broken down or shattered
- 5. Something not connecting, parts not connected

Only when interviewed did participants further explore the definition of fragmentation and what it might have contributed to their life experience.

These participants (44%) stated that they were not sure that the ODS Services was giving them enough insight on success. The other 55% of participants felt that they were succeeding while many felt that they were still struggling. Participants (36%) believed that the ODS Department was giving enough insight while 45% of survey takers were a maybe as to whether or not ODS was fully functional in its ability to helping those learning disabled that were still struggling. Gillespie-Lynch, Bublitz, Donachie, Wong, Brooks & D'Onofrio (2017) stated that challenges students face adapting to college can be pronounced, the challenges that students with learning disabilities face (e.g., difficulties with social interaction, self-advocacy, and executive functioning) are even more challenging. I discovered that 36% of these participants did not always know how to articulate their struggles or were made to feel that they were causing trouble by implementing self-advocacy. This lack of self-advocacy usually meant that these students wound up falling through the cracks when they are not sure what was expected of themselves or what responsibility lied upon the educational institution they attended.

Survey participants who felt like they had enough healthy coping skills in place yet were still struggling with unhealthy coping skills at the same time equated to 88% of the surveyed group. Graham et al. (2014) stated that students with disabilities may not have enough strong self-advocacy skills in place or the management skills needed for college success.

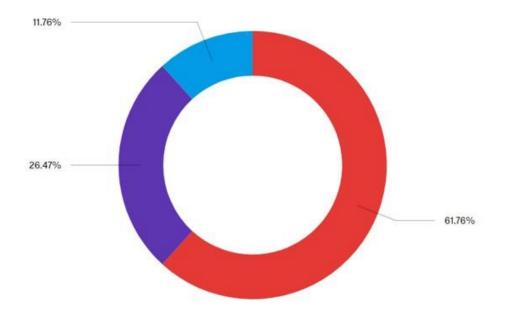


Figure 2: Circle graph of students who felt they had enough coping skills in place

Lack of self-advocacy can also be a contributing factor in students with disabilities to have the ability to maneuver through higher stress learning.

### **Presentation of the Data and Results**

Survey participants stated that they knew what fragmentation equated to 75% of participants survey with 33% of participants thinking that they did not need any additional help in attaining more education about the topic. Those participants thought that they were well informed with the skill set necessary to advance yet 60% of those participants had failed out of school, out of jobs, or within relationships until they received more inner healing. These same participants who had experienced trauma within varying degrees equaled to 80% of participants with 65% of participants stating that they had struggled to focus on learning after that trauma had occurred. Seminal theories focus on memory disruptions and information-processing deficits as crucial to the development and maintenance of PTSD and fragmentation (Bedard-Gilligan,

Zoellner & Feeny, 2017). Lack of coping skills caused by trauma, PTSD or fragmention can be serious components hindering learning for students. Most students surveyed thought they were doing *OK* in academics and life yet their failure rate data reflected the opposite.

Participants felt like they had successful coping skills in place equated to 75% of those surveyed with 88% of participants currently utilizing those skills within education or career. Most participants (91%) felt like they knew the difference between healthy coping skills and negative coping skills yet 66% of those participants were struggling in some unhealthy coping skill and thought that they were *OK* and dealing with life stresses adequately. This was a direct contradiction because these 66% of participants were currently failing in various areas of their lives, within school, or within career which contradicted the survey question that some participants felt like they had strong enough coping skill in place to cope with life stresses. This answer was a contradiction because it reflected the opposite to prior survey answers originally asked with regard to coping skill understanding and having enough healthy coping skills in place.

These participants (75%) believed that they had enough healthy coping skills in place while 85% of the participants stated that they struggle or have struggled in the past with negative coping skills with regularity. Gorzkowska, Gorzkowski, Samochowiec, Suchanecka & Samochowiec (2014) stated that 45% - 55% of patients diagnosed with ADHD also suffer from comorbid substance abuse, and 11% - 55% of patients diagnosed with substance abuse suffer from undiagnosed ADHD or other related conditions. These *other life stressors* can then add to the ADHD student's ability to focus on everyday activities or responsibilities to the point that the individual starts to digress.

Participants who contradicted themselves equated to 75% by stating that they did not consider themselves *at risk* because of their current coping skill in place which made the researcher question their *core self* understanding.

Some participants (44%) were not sure they had enough created structure around themselves in order to assist them in progressing forward within education, day to day living, or within careers. Markovits (1993) found that lack of good structure did not provide sufficient definitions of essential vocabulary and required inappropriate skill demands of learners in order to advance. On the survey list were three definition questions that only 12 of the 39 participants gave genuine answers for with regard to the definition of *structure*. The researcher questioned whether this group of participants were disingenuous because of insecurity or because they genuinely lacked the information needed.

Participants (55%) who were not sure ODS was giving them enough insight as to how to succeed in their studies answered questions in a contradictory manner. Their survey answer was a contradiction to the coping skills questions as 85% of survey participants stated that they felt like they had enough coping skills in place to succeed. Knox (2013) stated that he saw how the relationship between Freud and Jung, and their increasingly bitter conflict over the nature of the unconscious (what we understand or do not) set the tone for the clinicians' understanding of the psyche defenses regarding repression or dissociation. The lack of coping skills would mean that these students were trying to maneuver through stress, possible trauma/fragmemtation (if it exists) own their own which might involved disassociation from reality. Neuroscience research can take the form of psychotherapy if the individual is willing to understand new ways of conceptualizing dissociation, particularly relating to relational trauma (Knox, 2013).

Participants (76%) stated that they did not believe that educators had a strong enough grasp of spiritual principles or that these educators knew how to teach them in order to assist them to overcome and succeed. This was a contradiction because 62% of partipants stated that they had strong enough coping skills in place which would have required resourcefulness within that allowed them to maneuver through learning. Hence the question should not have been about educators and their teaching abilities but about those students ability to maintain self resilience and self-sufficiency had healthy coping skills existed.

Yet 71% of these same participants stated having had past trauma that caused them to fail out of jobs, colleges, and experience failed relationships. Leaving 45% of the participants to be in question that maybe educators knew how to teach them and then again, maybe not. This questioning made me (as a researcher) wonder if the survey question itself made partipants question if there might be more information they were unaware of with regard to hindrances in learning?



Figure 3: Gauge Chart of students who felt educators did not have enough spiritual insight or understanding to teach them in order for them to overcome

Out of this grouping of survey participants 62% stated that they still struggled, procrastinated, or just avoided doing the harder tasks in their lives because of what they themselves did not understand or because they lacked spiritual guidance from moral injuries (Singh & Impiombato, 2016). Moral injury is gaining increasing notoriety because of findings that trauma can cause from deep inflictions and afflictions perpetrated through physiological or psychological harm (Carey et al., 2016). Moral injury wounds affect the *soul* and are far more difficult to heal, if they ever completely heal, without the aid of spiritual help (Carey et al., 2016).

#### **Evidence of Trustworthiness**

Strategies to form internal validity within this study included: (a) data triangulation, an examination of experiences from interviews, and clearly defined member checking, (b) through long-term relationship engagements where interviews will be conducted online within private environments, and (c) through current refereed literature, Vygotsky's (1978) ZPD and scaffolding type learning and Erikson's theories (1959). No adjustments were made during the implementation process of this study; interviews, member checking, and refereed literature were considered and utilized as previously described. Strategies to form external validity were limited in this hermeneutic, phenomenological study because the participants are representative of a particular learning population. An assumption was made that the conclusions of this study may not be valid to outside populations, but a reader may consider transferability if the study participants are similar to other environments and if the conclusions are justly applied to other settings. The degree of transferability is limited to a case-by-case basis and individual circumstances. Within this study and research design, there were no great differences made in

being able to measure the chances for higher degrees of internal validity though survey questioning; because in doing so might decrease the validity of the conclusions.

## **Dependability**

Strategies used to formulate dependability within this study included (a) methods in seeking patterns between participant data regarding the phenomenon of ADHD, (b) data triangulation involving the life experiences of those struggling with the condition of ADHD and their progression through education, career and personal experiences through follow up interviews and the data survey itself, and (c) reflective analysis of conclusions that incorporated ideas for healthy adjustments within education, the individual's life, and bringing more awareness.

## **Confirmability**

Credibility was established within this hermeneutic, phenomenological study through the researchers attempt to demonstrate that a true picture of the phenomenon of ADHD under scrutiny was presented. Methods of data collection were important because methods helped to establish credibility from the sample groups along while attaining genuine answers. My strategy was to present each survey participant with blunt questions within the survey evoking genuine psychological responses that were the opinions of the participants and not my own (Creswell & Plano-Clark, 2014). The strategy was a process within the process which incuded asking survey questions in such a way to attain information while generating psychological responses to measure fragmentation understanding. These steps would hopefully give a thorough examination of the level of fragmentation/trauma (if it existed) that participants had experienced through the survey answers (Creswell & Plano-Clark, 2014). I reviewed and checked the

transcripts of the interviews and implemented member checking multiple times to confirm the opinions of the participants.

# **Summary**

In this hermeneutic, phenomenological study, I explored ADHD, and its effects on students' ability to create structure in their attempt to achieve a higher quality of life. I explored the perceptions of students with ADHD through data collection from 39 individuals who were either diagnosed with ADHD or suffered from a dual diagnosis of ADHD and other conditions. All participants participated in the study through surveys or interviews conducted online as all participants were located mainly in a Southern state within the United States.

Throughout the interviews, participants provided examples of Erikson's Scaffolding effect in how each were able to slowly progress from life experiences throughout their education (Erikson, 1959). It appeared as though many life experiences were coupled in the process of their educational learning experience. However, the process of life experiences (or trauma) also appeared to slow some individuals down from progressing because many did not appear to understand how trauma might have impacted their lives.

Brown (2014) states that emotions, and struggles play a central role in the daily life of all children, adolescents, and adults. Emotions guide what they notice and what they ignore, what they focus on intently and what they carefully avoid. Conflicting emotions can cause us to disrupt engagement with a task we want to accomplish, or lead us repeatedly to do what we consciously intend never to do again (Brown, 2014). Overloaded emotions might explain why some ADHD individuals/survey participants have gotten stuck in levels of Maslow's Hierarchy of Needs and Erikson's Eight Stages of Development while trying to manever through learning

(Maslow, 1943). Human needs arrange themselves in hierarchies of prepotency and the appearance of one need usually rests on the prior satisfaction of another, more pre-potent need, so no need can be treated as if it were isolated because; every need is related to the state of satisfaction or dissatisfaction of other (Maslow, 1943).

Participants seemed contradictive in answering survey questions because many participants seemed to have looked at the questioning with preconceived perceptions about fragmentation and trauma with regard to emotional impact. To the point to where participants appeared to be held captive by what they *thought* they understood about fragmentation versus handling trauma, stress and healing. Marusak, et al. (2015) stated that when a person was challenged in their emotional or physical well-being to the extent that it exceeded their ability to cope, stress ensued. ELS is the exposure to a single or multiple stress events during childhood that exceeds the child's coping resources and leads to prolonged phases of stress (Marusak, et al., 2015). Early childhood stressors can include sexual abuse, emotional and verbal abuse, neglect, social deprivation, disaster and household dysfunctions, including the witnessing of violence, criminal activity, parental separation, parental death, or illness, poverty, and substance abuse (Marusak, et al., 2015).

I found a contradiction in that 80% of survey participants stated that they had experienced trauma yet did not seem to understand how trauma could affect their thinking, learning, or ability to progress. Data that supported this finding occurred where 47% of participants had failed out of school, jobs, and relationships because of deep hurt with trauma. I questioned the contradiction as to whether participants understood what transpiried within themselves emotionally or within the mind of a human being after a traumatic incident? Harrison (2017) stated that the impact

ADHD had on a family and their careers could be detrimental if not controlled or could cause a decrease in work performance while also minimizing the opportunity to succeed in relationships and career progression. In addition, social skills diminish, shortness of temper exists and may cause adults with ADHD to drive recklessly, increase aggressive behavior, or display irresponsible disposition (Harrison, 2017). These decreases prompted me to conduct my interviews with very specific types of ADHD people. Those including spouses of ADHD individuals, Parents of ADHD individuals, ADHD individuals themselves, and Educators of ADHD individuals. My goals were to give a well-rounded observation of how the condition impacts all types of people surrounding the ADHD individual and what it might be like to live with ADHD.

The one component that I observed with participants and interviewees was the fact that 50% of them incorporated faith based programs within their lives. Those who incorporated faith seemed non-stagnant with regard to trauma and advanced more quickly than those who did not while incorporating the deep inner healing of the gospel. All my interviewees who had incorporated faith into their every day living had all experienced trauma in their past. These same individuals stated and recognized the need for their faith as it was a major component to their advancement out of past events/trauma. Unfortunately, higher education often excludes spirituality in the pursuit of other knowledge and skills. Nguyen (2013) stated that most people are not used to operating out of this sphere and, therefore, are uncomfortable with it. Another reason why some ignore the reality of the needed deep inner healing/deliverance from trauma is the modem scientific approach to life that eliminates the consideration of the spiritual (and therefore, invisible) causes working behind the scenes of modem life (Nguyen, 2013).

Survey participants and interviewees who stated they were participating in some type of faith based program were found to be situated uniquely to facilitate and receive the *entire* learning/healing process of *body, mind and spirit* (Schmidt-MacKenzie, 2017) The idea of holistic individual development includes individuation, uniqueness, experience, and responsibility, as well as communal values of community, equality, justice, caring, service, caring-based ethics, and caring for society (Schmidt-MacKenzie, 2017). Faith-based ideas combined with education and learning appeared to allow survey and interview participants to advance further and faster than others who did not practice the same behaviors.

# **Chapter 5: Discussion and Conclusion**

The purpose of this hermeneutic phenomenological study was to explore how college students with ADHD are affected by disassociation and fragmentation. There was a large amount of research relating to the topic of ADHD and its use among educators, parents, and students, but there was little refereed literature indicating how students with ADHD understood how they deal with disassociation and fragmentation. The discoveries within this study reflected how many students had a textbook understanding of ADHD and fragmentation but really did not understand how fragmentation affected them long term.

# **Summary and Discussion of the Results**

Individuals who experience trauma as an after effect could also experience fragmentation as one of the effects which can hinder those individuals within learning, advancement, relationships, and career success. Erikson (1959) stated that was ideal for individuals to resolve trauma, but this may not happen in real life circumstances; he believed that the interactions of biologically based maturations and the demands of society were what allowed personalities to evolve. The crisis at each of Erikson's eight developmental stages asked the individual to adjust to stressors and conflicts. Erikson was one of the first developmental theorists to consider non-western cultures (Erikson, 1959).

Other findings of the study included the fact that 88% of survey participants thought they had acquired enough healthy coping skills to cope with daily stress. Yet 85% of participants utilized negative coping skills to deal with life, while 65% of participants claimed to have experienced and were still dealing with unhealed trauma. This fact made me question the level

of participant understanding of the definitions given for coping skills, fragmentation, and its impact.

A focus of study in childhood trauma research concentrated on the victim's emotional response to stress, which could do damage to both a child's body and mind (Cassidy, 2015). Children who suffer a high level of stress due to exposure to frightening and/or threatening experiences might conjointly suffer from damaged 35 developmental systems (Cassidy). Another significant finding within the survey participants surveyed was that 44% of participants claimed to have enough structure creation around their lives in order to cope with education and career yet 76% of those participant's were still struggling with challenges.

Challenges in attaining needed extra help from educators or the ODS Services when almost half of the survey population stated that they felt adequate. The third and final significant finding was that 62% of participants stated that they avoided accomplishing hard tasks because they could not create enough study structure around their learning. This lack of ability to create structure was an insurmountable contradiction to the prior question. Their answers were contradictive because participants stated that they were doing well in classes/life, and had enough coping skills to combat stress, yet they still needed more help from ODS and educators.

Fifty percent of participants focused on the traditional textbook definition of what they thought fragmentation and created structure was as learned in undergraduate, and perhaps graduate, classes at any university. Participants drew conclusions to the definitions of fragmentation and created structure through life experience, however, most felt like they understood the definitions. Another question came to mind about whether participants felt

intimidated by their own lack of knowledge on the subject and did not want to look bad or uninformed?

The five interviewees attributed ADHD symptoms to a lack of maturity, and/or the individual's lack of understanding of what I meant when asking questions regarding fragmentation, trauma and created structure. Most answers ranged from *I do not know what you mean by trauma to I do not know* as answers. Various opinions variated from participants with ADHD children as progressing well within their lives currently to trying to justify the student's non-success behavior to *that's just the way they are*. Graham et al. (2013) stated that research suggested that several skills are needed for academic success. Students need much stronger studying and managerial skills, more self-confidence, to be able to train their brain's to concentrate, having the motivation, and having a career goal to strive towards.

Approaching student success skills in multiple areas are needed to assist the ADHD population to become healthy functioning members of society instead of leaving them to fumble within their own weaknesses and trauma. Long-term effects of not addressing trauma early on can begin to mind mold (create a new norm) for society into becoming sick care societies instead of well care societies to where educational candidates are left fending for themselves.

Identifying the origins of adult disease and addressing them early in life are critical steps toward changing our current health care system from a *sick-care* to a *well-care* model.3–5 (Reiss, 2017). Educating within and without, therefore, becomes an essential component for students, parents and educators, struggling to teach, to parent, or to manuever through the ADHD condition.

Education on all levels, whether that be the student realizing that it is their responsibility to self-advocate and educate about their condition, or whether it is the educational system's

responsibility to learn about these conditions to better assist these students. Further responsibility would be expected of parents of those struggling with learning conditions in how to help their children to become more educated about creating structure, coping skills and how trauma can affect learning and progression. Adults think children are resilient to any trauma and it will do them no harm but a child's brain, when traumatized, can react by being anxious and less able to focus on other things besides just survival (Marsters, 2017).

Erikson (1959) presented the Scaffolding Effect within learning which made me wonder if many of the participant's had learned from others around themselves how to cope with life issues? Was their knowledge base created from healthy knowledge about the core self or knowledge based on dysfunctional, spiritual understanding? Wieland (2015) stated that the stronger the core-self the stronger the ability to listen internally and put words to experiences that enabled those individuals to modulate emotional, physiological, and experiential impacts of trauma or future trauma. A lack of understanding posed the contradiction about trauma and its effects on the human psyche (heart, mind, and soul) as entrance points to where spiritual warfare could begin having an impact on the life of a human being (Nguyen, 2013). Spiritual warfare then presents complexities within the dynamics of everyday living that can hinder students/individuals from living and experiencing healthy productive lives. Schmidt-MacKenzie (2017) stated that if society expects to prepare students to face complex issues in the future and to do so with a strong sense of meaning and purpose, it is important to integrate spiritual matters into the academy.

Human beings can *think* they understand what drives and affects their thinking without realizing that there might be spiritual forces at work that have gained inroads into their spiritual

dimensions without knowledge. Courtney (2015) stated that western wisdom traditions, religions, and philosophies have long sought to understand the relationship or interrelationship of body and soul, psyche to matter, or spirit to matter. However, questioning spiritual matters only at the onset of trauma or until significant changes occur in one's mindset can cause severe impacts on the livelihood of that individual. Something like hidden trauma, or trauma from war, abuse or violence, while stuffing emotions afterward can have a severe impact on those suffering.

Chironna (2017) explained Senge's observation in how individuals learn to react to circumstances where they are unconscious to what they actually thinking in how circumstances unfold around themselves. Meaning: an individuals perception of events drive their actions and thinking to resolve issues or perpetuate them because *perception is reality*. Our observations of reality can be skewed by our limited perceptions of what is unfolding before our eyes because we are doing what I heard as a phrase years ago in South Africa, *looking at the dawn through the eyes of yesterday's sunset* (Chironna, 2017). When you continue to look at what is unfolding in the now through the fractured lens of what did not happen yesterday, you discount new interpretations of what is unfolding and opt for what is familiar because as uncomfortable as the familiar is, we have learned to trust it and rely on it (Chironna, 2017).

This truth led me to believe that the lack of understanding in spiritual matters and how the things of the spirit affect many survey participants was key in opening new doors of opportunity and new learning if they were open to the possibility. If individuals are going to change or be changed, they have to leave the familiar and cross the threshold into liminal space, that in-between place where uncertainty looms large (Chironna, 2017). Brown (2014) stated that

stressors ranged from looming deadlines for school papers or business projects; having to face parents, teachers, or employers disappointed in their performance; peers who repeatedly teased or bullied them; having to face new relationships or living situations; facing parents with serious depression or medical illnesses; facing the collapse of a dating relationship or marriage; getting laid off or fired from a job; or loss of a parent to death—caused these ADHD individuals to get locked up in patterns of self-defeating avoidance and denial. Inner healing therefore becomes a mandate for those struggling and wanting to advance into their dreams and higher level learning. Nguyen (2013) stated that inner healing was actually a tool that the Lord used to mature His people and bring them into their *truest identity*.

Deep-level inner healing is a ministry in the power of the Holy Spirit aimed at bringing healing and freedom to the whole person, spirit, emotions and body (but especially the mind) (Nguyen, 2013). Individuals (ADHD or not) seeking to excel need the power of Christ to bear on the roots from which hurts and damages spring. These roots are stored in the memories carried, largely unconsciously, by hurting people in the heart and mind (Nguyen, 2013). Specific problems often encountered are unforgiveness, anger, depression, shame, guilt, low self-esteem, fear, worry, lust, rejection, deception and the like (Nguyen, 2013).

These hurts cause additional clutter for the mind that struggles with ADHD because a mind can only cope with so many emotional thoughts at one time. Brown (2014) stated that people with ADHD report that momentary emotion often gobbles up all the space in their head, as a computer virus can gobble up all the space on a hard drive, crowding out other important feelings and thoughts. What I have found in the world of ADHD is that individuals suffering from the symptoms of the condition settle within their circumstances as to the fact that that is

their life diagnosis. The reality is that when individuals allow God to place His *super* on their natural does their life prognosis change. Pope (2017) stated that there was a wide interest in today's society regarding the topic of deliverance ministry because of all the chaos occurring in the world. The reason for the interest is that as our world becomes more secular, families disintegrate; the outright celebration of sinful practices spread and there is an increase in bondage to sinful drives, psychological trauma, and openness to demonic influence (Pope, 2017).

The ADHD experience encompasses many spiritual symptoms such as anger, fragmentation, soundless mindsets, lawlessness, rebellion, confusion, and the inability to articulate and reason information, lacking order in thought, processing, and development (Hwang & Wang, 2016). All of these symptoms can be manifested through generational cursing's, trauma, or sins committed against that individual. This trauma then causes the splintering or fragmentation issues of the mind, spirit, and soul (Hammond, 2014). These issues leave the individual with a scattered sense of thinking and processing to where advancement can be almost all but impossible without deliverance ministry.

Survey participants who acknowledged having experienced trauma equated to 80% which interrupted their learning, progression, and growth. This percentage was a fairly large number given that most survey participants also stated they felt equipped with strong enough coping skills in order to cope with life's challenges.

Participants who acknowledged that they were frustrated with their current life circumstances and ability to progress equaled to 69%. These participants expressed their displeasure in response through one on one interviews. Many participants had successful interpersonal relationships involving holding social information and cues for working memory,

searching, and planning effective social-interactive strategies, yet still struggled. ADHD individuals, who are at risk for deficits in these cognitive functions may be more likely to experience difficulties interacting with peers (Weyandt et al., 2017). Several married participants expressed that it has been difficult at times being married because of the ADHD condition in the way that it affects moods, temperament, and attitude but was aided by faith based programs and church attendance.

One participant expressed that his son used to really struggle in education because of the condition of ADHD. Fred discussed that his son has regularly attended church for many years who observed that his son had overcome many of the deficits caused by the ADHD condition. Fred also expressed that he has watched his son mature, pursue a mechanic's career with success and that many of the hindrances, caused by the ADHD condition, do not seem to be as apparent as they did in times past. Research has primarily focused on the behavioral level in the search for potential causes for peer problems in ADHD. Cognitive processes and mechanisms may impede the fluid and appropriate execution of social behaviors but are relatively underexplored (Weyandt et al., 2017). Fred nor Robert were interested in learning more about Fragmentation or about deep inner healing and what it might help to accomplish within their lives.

Psychologists, educators, and other professionals have noticed that many individuals with ADHD symptomology are not responsive to one-size-fits-all behavior interventions and/or medication (Cassidy, 2015). Specifically, professionals have noticed that a large number of these individuals diagnosed with ADHD come from unstable home or community environments and have experienced, or are experiencing, traumatic incidents such as abuse, neglect, witness to violence, death/loss, or natural disaster (Cassidy, 2015). In speaking to the father, he was

reluctant to discuss his son's background, with regard to having experienced trauma or life experiences. The father did discuss the severity that the ADHD condition played in his son's life during his high school years but felt that the condition could be outgrown.

#### Discussion of the Results in Relation to the Literature

Literature revealed the lack of attention paid to the instruction of the disabled student in how structure creation eliminated stress and chaos. There were no studies that examined the effects of structure creation deficits and how those effects hindered the ADHD brain.

Information that was found was how educators taught students with disabilities to learn but failed to teach how they might eliminate stress through structural creation and move into higher level learning(Greene, 2015). Structural tools taught to students enabled them to learn rapidly in the middle of their chaos (Greene, 2015). Rapid learning occurs through teaching students the tools to cope with the disorder when triggered so that the person maintained focus under duress.

ADHD students learned how to maneuver through triggered symptoms of the condition enabling them to continue moving forward within academia by learning to minimize ADHD's effects.

Erikson's (year) sought to prove this need to take the mind of the disabled brain and treat that individual with dignity in their chaotic environment so that they could learn like any other student.

This focus teaches individuals how to create structure while allowing students to create a mental apparatus which they might hang their mental learning tools. Most learners do not ever think about having to build mental apparatuses for learning, but the ADHD brain is moving so quickly that forcing it to stop and *think about what it is thinking about* constitutes a trauma in and of itself. Most individuals with ADHD feel while their brains are moving through life events

that they do not know how to make themselves stop and think about thoughts, learning abilities, patterns of learning, or what makes them tick. It is then during a *forced stop* that the ADHD brain learns how to reorganize itself into a more effective thinking processor which assists that learner to function at their optimal ability.

In the future, I see many colleges evolving into offeringonline courses being offered because of what technology can provide thru structured systems for all learning types. This learning style change could possibly become a highly productive tool for those with learning disabilities because of the programming and application structure that exists. Systematic minds require created structure around themselves or structure that is built into learning and today's technology just might be the answer in providing those solutions (Graham, et al., 2013).

Technology also allows for the student to pace themselves and learn at their own rates instead of having all the learning crammed into one or two one hour sessions. Scaffolding Learning is built within technology and is necessary for students with learning disabilities to continue to learn step by step providing a chunk-style learning as the student moves forward (Erikson, 1986). This type of learning has been very successful in aiding students with ADHD because of the way that technology can aid academic and learning challenges more effectively within processing information and enhance processing speeds (Van Steijn et al., 2014).

Survey participants who were parents of students with ADHD expressed concerns how their children were not receiving proper aid within learning in classes that could prepare them for college. Thirty percent of participants felt that lower academic arenas lacked the expertise to deal with their children because those students with ADHD performed at much lower rates. This lack of expertise might be because the scientific world is just becoming aware of how to attack

the condition of ADHD and education systems have just started to implement tools for teachers to utilize to assist those struggling. Those participants also expressed frustration over the lack of understanding and compassion given to ADHD students because those parents were highly active in their child's learning.

These participants stated that they felt as if teachers did not want to take the time to learn about their child's needed learning tools because those educators were already inundated with so many other issues. These survey participants felt that this lack left many ADHD students at the mercy of parental teaching or through hired tutors in addition to what was offered in the classroom. Fifty percent of survey participants felt that they had learned a majority of their information by watching or learning from their peers or outside of the classroom yet still felt like they were struggling or outside of the classroom yet still felt like they were struggling. Survey participants provided theoretical examples of Erikson's (1986) Scaffolding theory through examples of how their children appeared to learn through a building process. Participants of students with ADHD stated that their children appeared to learn line upon line, precept upon precept, along with the aid of regular church attendance, tutors, and through additional one on one teaching.

#### Limitations

The phenomenological aspect of the ADHD condition could not have been observed without survey data and interviewing as I was able to glean specific responses through one on one conversations. Phenomenology also required the participants to be conscious of their lived experiences and it was apparent that each participants life experience was vastly different from the other candidates interviewed (Johnson & Christensen, 2012).

Limitations existed because I could not meet on location with all my interviewees to observe body language and facial expressions because interviewees were too busy or lived out of state. All interviewees opted to speak by phone only after being able to look at the interview questions beforehand with 30% of my participant's struggling to answer open-ended questions. I felt like they struggled because of their own lack of know on the topic of fragmentation and disassociation. It is unknown if the participants' intrapersonal skills played a role. I did repeat interview questions, ask follow-up questions to redirect, and provide think-time during the interview process, as necessary, to assist the participants.

The other limitations were observed between those ADHD individuals that were in college versus those with no college experience. Students with ADHD participating in the study seemed more relaxed and more accepting of survey questioning versus those students with ADHD who were not enrolled. I was not aware if ADHD individuals not attending college struggled with levels of trauma or any other psychological issues except by what they felt comfortable relaying to me themselves. Finally, the research process involved the use of an audit trail (Johnson & Christensen, 2012). The audit trail was a clear outline of the steps taken from the beginning of the research project to the analysis and reporting of findings at the end to enhance credibility.

Interviewees gave descriptions of their life experiences with ADHD in how the condition impacted them personally. Findings that depicted job losses, divorce, bankruptcy, emotional turmoil, some psychological issues which hindered advancement. Most interviewees struggled for years with the impact of the ADHD condition in how it affected their quality of life. Some

interviewees became more successful having dealt with the traumas caused by fragmentation and disassociation while others are still struggling.

# Implication of the Results for Practice, Policy, and Theory

The results from this study did not have implications on the theories listed by Maslow, Vygotsky, and Erikson because participant answers only assisted in proving that in order for ADHD individuals to succeed they must have met the first tier (or lower teirs) of Maslows Hierarchy of Needs. Maslow's theory represents the physical needs around an individual that must be met in order for that individual to progress into self actualization or *spritiual identity/knowing why they were placed into the earth*. Maslows first teir within this hierarchy of needs is the teir of having survival needs met before individuals can move up to the upper teirs of safety, social, self-esteem, and then self actualization needs. ADHD Survey participants displayed that that those participants who were still struggling to master holding a job, or maintaining relationships, or even moving up into higher level education displayed that they were still struggling within the lower tiers of Maslows theory.

What I realized as a researcher was that Maslow's theory then affects Erikson's theory of emotional development so individuals who first struggle to get their physical needs met are usually stuck in survival mode until they can master each tier. This *lack of mastery* can leave the ADHD individual stuck for a lifetime because most ADHD individuals can only focus on one thing well at a time as they are not strong multitaskhers.

The individuals who struggle to master Maslows Hierarchy of Needs will then struggle to maneuver through Erickson's Eight Stages of Development and if trauma exists can get stuck in those eight stages until the trauma is then healed releasing them to maneuver upward. This

trauma is usually caused within Maslow's Hierarchy of Needs so their attempts at maneuvering upward can be futile without spiritual help.

## **Recommendations for Further Research**

The data from this study could be utilized as the foundation piece for future studies on Fragmentation and structure creation for students struggling with ADHD. Recommendations for this study include the expansion of students with Autism, PSTD, and schizophrenia with regard to how fragmentation affects the mind, heart, and soul as it progresses through learning, structure creation, and healing. In doing so, future experts could expound on teaching, learning, and inner healing strategies for students struggling with learning disorders. Future studies could also expound into helping soldiers coming back from war. Studies to include assisting soldiers within deep inner healing ministry from trauma in how fragmentation and trauma affect their gravitation back into career, family, and society.

Future studies could also include teaching parents how to develop coping strategies for their children who struggle with ADHD, Autism, PTSD, Dyslexia and other learning disabilities. Coping strategies are key in helping to develop learning structure as students' progress through their educational and career advancement. These students can then take those structures and apply them to their careers, families, and lifestyles helping them to advance at the same rate if not faster.

Future studies might also assist educators to develop orientation curriculum that would better assist incoming freshmen into the college lifestyle. Assistance such as teaching students what to expect, how to create coping skills while maneuvering through learning, study groups, cell phone reminders for school deadlines, helping to enhance educational progression. Students

who know what to expect from school life are better able to prepare and become more successful in how to deal with all types of life challenges, and so on. These changes can also enhance their ability to cope with other challenges that occur within their lifetime, so these tools are not just applicable for school life, they become coping structure tools for life management.

### **Implications for Transformation**

The implications of these recommendations could be life-changing for students, parents, educators, universities, and soldiers struggling with these conditions. Technology has created multiple advancements for students with learning disabilities in how it assists in their ability to learn in all four learning styles. Learning styles to include visual, hands-on, repetition, and audial style learning which computers cater to. Universities have also adapted online learning courses where students can utilize computers with study aides which allow for students to learn in all four learning styles regardless of what learning type they utilize. However, student advancement also depends upon how advanced that student's cognitive ability functions at so that the student can continue advancing at normal rates (Sweller, 2016).

#### Conclusion

In this hermeneutic, phenomenology I explored the phenomenon of ADHD and its effects on student's ability to create structure in their attempt to achieve a higher quality of life. All participants were of sound mind and had acquired average success in college or within their careers. The data was collected and analyzed using open, axial, and selective coding. Participants collectively defined fragmentation and structure similar to authors and scholars of the referred literature who focused on each student's present learning needs and abilities. Most survey participants seemed curious about fragmentation and how it might be impacting their

lives currently. I believe this was partially due to the fact that the term fragmentation was a new term and sparked interests as a new type of self-help within healing with new possibilities for growth.

In relation to how participants were affected by the research questions I learned that many participants needed more information about fragmentation and disassociation and how it operated within trauma hindering their success. I also learned that many participants and interviewees were still stuck in the trauma of fragmentation caused by ADHD and other psychological issues while some had found skills to maneuver through it, others had not. Finally I found that many (if not most) still struggled with the stress of learning, whether that be in jobs, families, and within academics and had not acquired strong coping skills in order to move into higher levels of success. Most participants knowing about ADHD, trauma, and fragmentation chose to stay where they were at, while others chose to stay in denial that anything might be wrong at all.

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### **Appendix A: Statement of Original Work**

#### I attest that:

- 1. I have read, understood, and complied with all aspects of the Concordia UniversityPortland Academic Integrity Policy during the development and writing of this dissertation.
- 2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly referenced and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the Publication Manual of The American Psychological Association

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February 15, 2018		
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## **Appendix B: Interview Questions**

The following questions were asked during the individual, participant interviews:

- 1. What is your definition of ADHD?
- 2. Do you have ADHD?
- 3. What is your education level?
- 4. What prompted you to seek professional advise regarding your diagnosis of ADHD?
- 5. Did you notice any specific behaviors in yourself before the professional diagnosis?
- 6. What is your definition of fragmentation?
- 7. Have you ever considered that the condition of ADHD and Fragmentation are related and may be a spiritual condition?
- 8. Have you ever experienced trauma?
- 9. If yes, how did you cope with the trauma?

# **Appendix C: Qualtrics Survey**

Survey Questions	(Write in response below)			
1. Student classification?				
2. Optional: Students may choose to self-disclose their diagnosis. What is your Diagnosis?				
Fragmentation Questions: (Write in response below)				
3. What is your definition of "Fragmentation?"				
Check Yes or No then circle impact number below	YES	NO		
4. Have you ever experienced trauma in your life that				
interrupted your learning or progression and growth?  (Circle Level of Impact)				
0 = no impact				
1 = small impact				
2 = moderate impact				
3 = large impact				
4 = very large impact				
5. If yes, did you struggle to focus on learning after that trauma?				
(Circle Level of Impact)				
0 = no impact				
1 = small impact				
2 = moderate impact				
3 = large impact				
4 = very large impact				

6. Did that trauma cause you to fail out school, or lose relationships, jobs, etc. until you received more healing from the trauma?	Yes	No		
(Circle Level of Impact)				
0 = no impact				
1 = small impact				
2 = moderate impact				
3 = large impact				
4 = very large impact				
Coping Skills Questions: (Write in response below)				
7. What is your definition of coping skills?				
Check Yes or No then circle impact number below	YES	NO		
•				
8. Do you currently utilize coping skills to assist yourself in				
•				
8. Do you currently utilize coping skills to assist yourself in education?				
8. Do you currently utilize coping skills to assist yourself in education?  (Circle Level of Impact)				
8. Do you currently utilize coping skills to assist yourself in education?  (Circle Level of Impact)  0 = no impact				
8. Do you currently utilize coping skills to assist yourself in education?  (Circle Level of Impact)  0 = no impact  1 = small impact				
8. Do you currently utilize coping skills to assist yourself in education?  (Circle Level of Impact)  0 = no impact  1 = small impact  2 = moderate impact				
8. Do you currently utilize coping skills to assist yourself in education?  (Circle Level of Impact)  0 = no impact  1 = small impact  2 = moderate impact  3 = large impact				
8. Do you currently utilize coping skills to assist yourself in education?  (Circle Level of Impact)  0 = no impact  1 = small impact  2 = moderate impact  3 = large impact  4 = very large impact  9. Do you understand the difference between positive coping				
8. Do you currently utilize coping skills to assist yourself in education?  (Circle Level of Impact)  0 = no impact  1 = small impact  2 = moderate impact  3 = large impact  4 = very large impact  9. Do you understand the difference between positive coping skills versus negative coping skills?				
8. Do you currently utilize coping skills to assist yourself in education?  (Circle Level of Impact)  0 = no impact  1 = small impact  2 = moderate impact  3 = large impact  4 = very large impact  9. Do you understand the difference between positive coping skills versus negative coping skills?  (Circle Level of Impact)				

3 = large impact
4 = very large impact
10. Have you ever struggled with negative coping skills to the point that those skills were causing you to fail in life, in school, or within jobs?
(Circle Level of Impact)
0 = no impact
1 = small impact
2 = moderate impact
3 = large impact
4 = very large impact
11. Do you feel like you have enough healthy coping skills in place to help you maneuver through your life and become successful?
(Circle Level of Impact)
0 = no impact
1 = small impact
2 = moderate impact
3 = large impact
4 = very large impact
12. Have you ever struggled with unhealthy or negative coping skills?
(Circle Level of Impact)
0 = no impact
1 = small impact
2 = moderate impact
3 = large impact
4 = very large impact

13. Do you consider yourself "at risk" as a college student		
because of your current coping skills?  (Circle Level of Impact)		
0 = no impact		
1 = small impact		
2 = moderate impact		
3 = large impact		
4 = very large impact		
Structure Questions: (Write in response	below)	
14. What is your definition of Created Study Structure?		
Check Yes or No then circle impact number below	YES	NO
15. Do you feel you have enough structure around yourself in order to assist you to progress forward?  (Circle Level of Impact)		
0 = no impact		
1 = small impact		
2 = moderate impact		
3 = large impact		
4 = very large impact		
16. Do you feel the ODSServices provides enough assistance to help you within learning or do you still struggle?		
(Circle Level of Impact)		
0 = no impact		
1 = small impact		
2 = moderate impact		
3 = large impact		
4 = very large impact		

17. Do you feel like your current structure skills are enough to	
assist you in learning?	
(Circle Level of Impact)	
0 – no import	
0 = no impact	
1 = small impact	
2 = moderate impact	
3 = large impact	
4 = very large impact	
18. Do you feel like educators know how to assist you well	
enough to take on harder challenges within learning?	
(Circle Level of Impact)	
0 = no impact	
1 = small impact	
2 = moderate impact	
3 = large impact	
4 = very large impact	
19. Do you struggle, procrastinate, or avoid doing hard tasks	
when you cannot create enough structure around you're	
learning?	
(Circle Level of Impact)	
0 = no impact	
1 = small impact	
2 = moderate impact	
3 = large impact	
4 = very large impact	
20. Would you be interested in learning more about	
"Fragmentation and how to overcome?"	

Appendix D: How Fragmentation Creates Dysfunctional Cycles Through

Maslows Hierarchy & Erikson's Eight Stages

