UNDERSTANDING THE PSYCHO-SOCIAL AND CULTURAL FACTORS THAT INFLUENCE THE EXPERIENCE OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) IN CHINESE AMERICAN COLLEGE STUDENTS:
A SYSTEMS APPROACH

by

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# Table of Contents

Acknowledgements ii

Table of Contents iii

Abstract v

Chapter 1: Introduction and Background of the Problem 1
  Background of the Problem 1
  Statement of the Problem 2
  Purpose of the Study 5
  Research Questions 7
  Theoretical Perspective 7
  Organization of the Study 8
  Definition of Terms: Glossary 9

Chapter 2: Literature Review 13
  Introduction 13
  Establishing ADHD in Adults: How and Why 16
  College Success 18
  Treatment Methods 19
  Malingering 21
  Psycho-social and Cultural Factors in the Study of ADHD among College Students 23
  Chinese Americans’ Mental Health and Under-utilization of Mental Health Services 24
  Systems Theory and the Framing of the Present Study 32
  Conclusion 34

Chapter 3: Research Design and Methodology 35
  Introduction 35
  Sample, Population and Research Design 37
  Instrumentation: Doing Qualitative Interviews 40
  Recruitment and Human Subject Protection 42
  Data Analysis 45
    Psycho-social Dimensions 46
    Cultural and Ethnic Dimensions 46
    Academic Institutions 47
    Primary and Secondary Supports 48
    Service Institutions 48
  Limitations of Present Design 49
  Conclusion 50
Abstract

A review of the extant research literature reveals limited data on college students with Attention-Deficit/Hyperactivity Disorder (ADHD). Even less information is known in regards to minority populations living with ADHD, specifically Asian American college student. This research project was focused on Chinese American college students with ADHD. A qualitative design using a life history approach allowed the individual case studies to provide a vivid detailed account into the experiences with ADHD. The project was centered on a systems theory approach to understanding the psycho-social and cultural factors that influence the experience of ADHD in Chinese American college students as well as the coping strategies used in order to be effective learners. This project allows the reader to understand how Chinese American college students make sense of their ADHD diagnosis, cope with their condition and what this may mean for these students as they embark on their ADHD journey.

This project aimed to seek answers to these questions: 1) What are the different pathways to being a Chinese American college student with ADHD? 2) How do psycho-social, cultural and other factors shape the experiences that Chinese American college students have with ADHD? 3) How do Chinese American college students with ADHD navigate their academic environment in order to be successful learners?

The project found that social supports in the form of family and friends help the Chinese American college student to cope with their ADHD diagnosis, symptoms and academic struggles. The use of professional services inclusive of psychotherapy, psychopharmacology and psychological testing helped students to cope and make sense of their condition. The Chinese American college students found their academic performance improved with the use of the disability services offered by the university.
Chapter 1

Introduction

Background of the Problem

Contemporary research in the field of education studies is concerned to understand the nature of medical and psychological conditions that can obstruct or hinder efficient learning. Among these conditions is the diagnosis known as Attention-Deficit/Hyperactivity Disorder (ADHD), defined as “a developmental neurobehavioral syndrome” (Ramsay, 2007). Manifestations and symptoms of ADHD include tendencies toward impulsivity, hyperactivity, and/or inattention (Starcher, 2001). The consequences of ADHD for the student’s educational career can be serious. ADHD can interfere with the student’s ability to learn and absorb the curriculum to which he or she is exposed. In addition, a student with ADHD may find him or herself being singled out as disruptive presence in the classroom, thereby being made an object of disciplinary action and/or ridicule, which only exacerbates the problem of being able to fully engage the academic challenges that his or her peers are meeting. The student with ADHD runs the risk of falling behind academically, possibly becoming psychologically disenfranchised from their academic environment and suffering a deterioration in their sense of self-efficacy.

Students with ADHD must contend with a variety of demands, both in and out of the classroom, while also managing their symptoms. Some of this may be addressed by way of medication therapy and/or psycho-social interventions that can assist these students to manage their symptoms and improve their ability to perform academically (Rostain and Ramsay, 2006). However, the nature of the demands on students are likely to change over the course of their educational careers and their stages of psycho-social development, and whether and how they are able to manage their symptoms efficiently is likely to be affected accordingly. Despite this
longitudinal dimension, the ADHD literature is narrowly focused and primarily centered around children and adolescents with the illness. This is likely because ADHD is commonly first diagnosed at younger ages, largely during childhood and adolescence. However, according to Ramsay (2007), at least 50%-90% of children living with ADHD symptoms will continue to experience the disorder into adulthood. Although other studies have reported somewhat different prevalence rates of ADHD into adulthood (Rostain and Ramsey, 2006; Riccio and French, 2004; McKee, 2008), the research literature has attained a consensus around the idea that childhood ADHD can persist through an individual’s lifespan from childhood to adolescence and into adulthood. The question that follows, therefore, is how do adult learners with ADHD differ (if at all) in their approach to managing their condition while pursuing a higher education?

**Statement of the Problem**

As the student with ADHD matures and pursues a college education, s/he is increasingly tasked with the responsibility of balancing life goals against the academic demands entailed by pursuit of a college degree while also handling her/his ADHD condition. How these competing demands are handled by adults with ADHD comprises an important question for ADHD researchers. The research on adults with ADHD is suggestive but limited: Barkley and Murphy (2010) report that growing evidence indicates that adult ADHD can be associated with various problems in occupation functioning; that adults with ADHD are at greater risk of absence, are at higher risk of workplace related injuries, lack sound problem-solving and decision making skills and exhibit greater work-related anxiety. Safren, Otto, Sprich, Winett, Wilens and Biderman (2005), agree that adult ADHD is valid and the symptoms continue to cause significant distress in adults.
Important though this work is, its implications for understanding college students with ADHD are unclear. A fundamental difficulty in relating this research to ADHD at the college level is that there is a lack of prevalence data for such students, who are not required to disclose their disability to colleges and universities (DuPaul, Weyandt, O’Dell and Varejao, 2009). Second, workplace environments do not completely parallel college learning and living environments. There is, in fact, limited data on the effects of ADHD in college populations, or how college students with ADHD are navigating the educational environment while also addressing issues related to their Eriksonian stage of psycho-social development (Berger, 1994). Students at this stage in the life cycle are addressing an increasingly complex (emotionally, socially, cognitively) set of demands, ranging from adjusting to a new living environment in which their parents and siblings are usually absent, identifying a career path and building a resume that will advance them along it, dating and possibly finding a life partner, starting a family, attaining psychological and financial independence, and so forth. At the same time that they find a number of life goals competing for their attention, college students are encountering academic topics being addressed more subtly and with greater sophistication than previously encountered, testing the utility and effectiveness of learning techniques and strategies they had developed in high school for managing their ADHD condition while discharging the student role. The outcome is that there is a need for research that examines how, specifically, individual students are managing to get these things accomplished while also pursuing a post-secondary degree.

The under-investigation of college students with ADHD is even worse when one considers research pertaining to college students who have minority status; here the research is minimal, especially with respect to students of Asian-American descent. Now, Asian-Americans
have increasingly become a larger share of the student population in the state of California, including at the collegiate level (for example, at the proposed site of the current research, students of Asian-American descent are about 22% of the undergraduate population). Despite their increased prominence, Asian Americans have not been the focus of research that looks at ADHD in educational settings. This project proposes to address this gap by looking at the experiences of Asian-Americans of a particular ethnicity -- Chinese -- who have ADHD and who are in college.

The study will focus on Chinese American college students specifically rather than Asian American college students more broadly based on the assumption that each sub-culture or ethnic category within the Asian American grouping collectively have distinct values, customs, beliefs, linguistic practices, and conceptual understandings of ADHD symptoms and the ADHD diagnosis, which can thereby shape their experience with ADHD accordingly. Since there is a significant lack of research data among Asian American students who are living with ADHD symptoms, it seems wise to narrow the research population to one sub-sector of Asian Americans rather than assume that all Asian Americans are “alike”. Therefore, this study focuses on Chinese American students in order to produce a more in-depth understanding of their experiences of living with, and managing their ADHD symptoms in the college environment while also attending to other psycho-social demands.

As described in chapter two, a review of the current literature reveals that most studies on ADHD are based upon quantitative analyses. As a result, the contextual factors that shape the experience of ADHD for individuals are unclear. ADHD is a mental health disorder with biological and genetic underpinnings that are shaped by the psycho-social and cultural climate of the individual. The extent to which these psycho-social and cultural factors exert an influence
among Chinese-American college students with ADHD has not been adequately addressed by education researchers.

**Purpose of the Study**

A review of the literature (see chapter two) on ADHD reveals a significant gap in current knowledge regarding college students with the disorder as well as among minority populations. The particularities of the subjective experiences of adult learners have not been explored, likely because previous work has not employed qualitative research methods or framed the issues in terms that are consonant with a holistic sense of what adult learners are actively facing; instead, current research has favored the use of methods directed toward establishing the prevalence of the disorder in populations beyond childhood and adolescence, or has focused on the biological and developmental aspects associated with the illness, consistent with the medical model’s concern with the etiology of the disease. As a result, a significant gap has emerged in how we understand the psycho-social (including life-cycle) and cultural (including ethnic background) factors that shape the experience of the ADHD symptoms. Likewise, there is limited information on how students with ADHD navigate their academic communities in order to be successful learners.

Educational systems, and the education researchers who evaluate them, typically employ various kinds of benchmarks to document “success,” including such standardized measures as grade point average (GPA), graduation rates, attrition rates, achievement tests, and time toward degree completion. The extent of one’s ADHD symptoms directly affects a student’s motivation and self-efficacy, and therefore produces observable effects in ADHD students’ performance on these benchmarks (Wilmshurst, Peele and Wilmshurst, 2011). Although this research is important, benchmark-based studies are not able to address directly questions about the
processes associated with having ADHD and learning (or not learning). A qualitative approach focused on the struggles that students with ADHD face is therefore likely to complement these studies’ focus on benchmarks.

A qualitative approach to the study of college students with ADHD can be grounded in the work of Clark and Estes (2008), who assert that student motivation to learn is a function of how they engage three domains: “active choice, persistence and mental effort”. In this view, ADHD can directly impact how an individual handles each of these three areas critical to motivation. Therefore, it is important to move beyond benchmarks defined by grades, graduation rates and so forth as these fail to illuminate the experiences and struggles that ADHD students encounter in college, their belief systems regarding their academic achievement and self-efficacy, or the ways in which their “real life” concerns can distract them from their lives as students.

As indicated above, when studying students it is important to be mindful of cultural diversity, since the basis for such differences can have an impact on both how students with ADHD understand their condition and how they are treated by others. ADHD symptoms need not be understood by laymen in the same way that they are understood by clinicians or researchers, and this is especially important to keep in mind when considering segments of the population that may not be as acculturated to Western values and beliefs, including the diagnostic criteria underpinning ADHD, or the very idea of “mental illness” itself and the various DSM-IV-TR diagnoses (“ADHD,” “depression,” “schizophrenia,” and so forth).

As per the present study, in the Chinese culture mental illness is considered a taboo subject. Members of traditional Chinese families believe that individuals who are diagnosed with mental illness will suffer ostracism, from the extended Chinese community as much as from
fellow family members, service providers, employers, classmates, and so forth, and that the other members of the family will experience this impact vicariously. Mental illness is seen as a defect, in other words, and carries elements of shame for the family unit. Children who behave “badly” are therefore the recipients of techniques intended to induce a sense of guilt in the child (Sue and Sue, 2007) and outward conformity in his or her behavior, but not necessarily treatment of the underlying condition. Of course, this traditional perspective on mental illness can be offset by the Chinese-American family’s or student’s exposure to Western values and ideas, suggesting the importance of exploring how differences in the degree of acculturation can influence the student’s experience with having and managing ADHD.

In short, a qualitative research design will be implemented in this project to address the limitations observed in existing research, in the hopes of advancing an understanding of the subtleties and nuances of the ADHD experience for Chinese American college students.

Research Questions

Given the aforementioned, and as further contextualized in chapter three, the present study aims to gather information that will address the following questions: 1) What are the different pathways to being a Chinese American college student with ADHD? 2) How do psycho-social, cultural and other factors shape the experiences that Chinese American college students have with ADHD? 3) How do Chinese American college students with ADHD navigate their academic environment in order to be successful learners?

Theoretical Perspective

This research project will utilize a Systems Theory approach to understand the psycho-social and cultural dimensions that impact the ADHD experience for Chinese American college students. Understanding these dimensions through a systems perspective allows for holistic
inclusion of multiple themes and factors that organize the experience of ADHD that are generally not addressed from traditional medical perspectives emphasizing psychopathology. The Systems Theory perspective is also in-line with the DSM IV Axis IV criteria in that it is centered around psycho-social factors relevant to mental illness.

**Organization of the Study**

This research project is based upon a qualitative research design that will entail each subject’s participating in two in-depth interviews, to be separated by independent journaling by the participant. The interviews will last approximately between 90 minutes to 120 minutes (1.5 hours to 2 hours). Each session will be spaced roughly between one and two months apart (pending availability of the participants), which will afford the interviewees the opportunity to self-reflect upon their experiences with ADHD and how they are adjusting to the university setting, as well as pondering which issues they wish to discuss with the researcher during the second interview. Between the first interview and the second interview, a journal will be provided to the research participant to allow them to free associate on their daily life experiences and challenges with ADHD as well the coping strategies they use to negotiate their academic surround. These journals will be collected and reviewed by the researcher approximately one week before the second interview (pending scheduling availability of the participants), serving as a bridge between the first and second interviews allowing participants to freely think about their ADHD experiences as well as a reference point that the researcher can use to elicit follow up information from the interviewee. These journals will not be coded or analyzed beyond the intent stated previously. Each interview will be digitally recorded with permission from the interviewee in order to ensure an accurate portrayal and documentation of their candid statements. All transcripts will be stripped of identifying information to maintain the
confidentiality of the participants. Resulting data will be coded. The interviews will be analyzed to understand key themes and factors that underpin and shape the experience of ADHD as well as the coping strategies participants use in pursuit of their education and in the context of the life cycle issues they are negotiating. Participants will receive $30 compensation at the conclusion of each interview for their time spent.

**Definition of Terms: Glossary**

**Co-morbidity**-Adults with ADHD are more likely to face co-morbidity with alcohol and/or substance related disorders, other mental health disorders and/or medical conditions. Ramsey and Rostain (2007) state that the non-specific symptoms of ADHD are common amongst other DSM IV disorders. Ramsey and Rostain (2007) assert that between 70%-75% of these individuals have at least one other co-morbid disorder.

**Malingering**-A review of the literature acknowledges that a sector of individuals with ADHD had a tendency to misrepresent their symptoms and clinical presentations as a method to achieve secondary gains or benefits. According to Harrison (2006) and Quinn (2003), malingering may be a contributing factor that results in the accurate diagnosis of adult ADHD. Harrison (2006) defines malingering as: a range of behaviors from subconscious exaggeration to the deliberate and outright fabrication of symptoms. Based upon this definition, an individual may actually have symptoms that are overly emphasized or an individual may complete make false claims of symptomatology in the hopes of achieving secondary gains. As a result, Quinn (2003) believes that adult ADHD should be diagnosed using multiple methods such as: a clinical interview, medical evaluation, behavioral rating scales, self-reports, and structured tasks to measure attention and impulsivity. Harrison, Edwards and Parker (2007) state that in-depth bio-psycho-social histories should obtained pertaining to childhood symptoms, which can be
corroborated by reliable sources. Harrison et al. (2007) indicate that students may have a
tendency to malinger in order to benefit from some of the following: acquiring psych-stimulant
medications, obtaining access to an array of disability services, may qualify for potential tax
benefits, be granted access to government-funded services and programs, and/or receive loan
forgiveness due to mental disability. Although this is an important consideration in
understanding the potential for acquiring the ADHD diagnosis, the purpose of this research
project will not focus on this area. It is rather mentioned to allow the reader a more involved
understanding of the rationale of why a student may have a tendency to malinger. Since this is a
voluntary case study with little potential for secondary gains, it is hypothesized that such
individuals will not seek inclusion into the study.

Psychosocial and Cultural factors—Lombardi, Gerdes and Murray (2011) purports that
students with ADHD who have intact social supports have a strong tendency to yield higher rates
of self-efficacy in the academic environment. Starcher (2001) outlines a model of viewing
ADHD symptoms via considering the following factors: Neuropsychological factors, genetic
factors, environmental factors, prenatal and neonatal factors, temperament factors and
psychosocial factors. As with many mental disorders classified in the DSM IV-TR, ADHD has
been found to have biological, genetic and psycho-social factors associated with the illness
(Starcher, 2001). Wilmshurst et al. (2011) state that family support may be a protective factor
against the negative effects of ADHD. Wilmshurst et al. (2011) mention that there are currently
no studies that investigate the nature of college students’ resilience to their symptoms of ADHD.
Frazier, Youngstrom, Glutting and Watkins (2007) state that college students with ADHD face
different stressors that children or young adults who do not attend post-secondary education. In
particular, Frazier et al. (2007) indicate that college students need to acclimate to their academic
environment and the numerous demands that are inherent in attending college and therefore may constitute a separate and distinct sub-population of individuals with ADHD. This is an important aspect of this research project as the researcher will attempt to understand how Chinese American college with ADHD learn to navigate their academic environment in order to be successful learners. Since these Chinese American college students are currently enrolled at the Pacific Southwest University, it is assumed that these learners have been able to develop a set of coping strategies to assist them with their daily struggles as students.

**Systems Theory** is also commonly referred to as: general systems theory, life model, ecosystems perspective and ecological perspective. Barker (1995) defines systems theory to be a reciprocal relationship between the elements or concepts as it constitutes a whole that emphasizes a relationship among individuals, groups, organizations or communities and mutually influencing forces in the environment. “Systems theories focus on the interrelationships of elements in nature, encompassing physics, chemistry, biology and social relationships.” (Barker, 1995, 375)

Possible need to evaluate DSM-IV criteria in adults - Murphy and Barkley (1996) believe that the diagnostic criterion for ADHD in adults is not appropriately captured in the DSM-IV. As a result, Murphy and Barkley (1996) suggest that the diagnostic criteria for ADHD in adults be evaluated to reflect developmental and age relevant criteria rather than be fixed across the lifespan as it is currently defined. Riccio, Wolfe, Davis, Romine, George and Lee (2005) also confirm the need to redefine the diagnostic criteria for adult ADHD as the clinical presentation and behavioral/symptom profile presents differently than in children and adolescence. This research project is not intended to debate the necessity for the diagnostic criteria for ADHD to be augmented to account for the continuance of the disorder into adulthood. Rather this study will
focus on the psycho-social and cultural experience of ADHD in a sample of Chinese American college students. Inferences drawn from this study should take into consideration the narrowed focus of this project, sample size, population sampling methods and the nature of the study. This study is not meant to be generalizable but more informative in nature due to the limited amount of empirical literature related to adult and minority populations with ADHD.
Chapter 2: Literature Review

Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is characterized by developmentally inappropriate degrees of inattention and/or hyperactivity-impulsivity, and can be exhibited across the life span of an individual (DuPaul, Weyandt, O’Dell and Varejao, 2009). Although definitive causes of ADHD have yet to be established, several causes have been speculated about as accounting for its origins, including genetic predisposition, brain damage during the pre-natal and post-natal periods, and exposure to cigarettes and alcohol during prenatal development (Santrock, 2011). Students living with ADHD have a high risk profile across a broad range of factors and probabilities, including a higher risk of: academic under-performance, stigmatization, self-medication from alcohol and/or substance use/abuse/dependence, alienation from family and/or friends, and low levels of self-efficacy in comparison with non-ADHD learners. DuPaul et al. (2009) believe that students with ADHD face greater risk for grade retention, for identification for special education services, and for dropping out of secondary schools. Students with ADHD have been found to have higher rates of academic failure, are at greater risk for poor academic performance as measured by grade point average (GPA), may face greater risk of being on academic probation and are less likely that their non-ADHD cohorts to attend college or attain a college degree, despite the presence of protective factors (DuPaul, 2009).

Most of the research literature is focused upon ADHD in elementary and secondary education (probably because the disorder is usually first diagnosed in childhood and adolescence), thus less is known about how the disorder affects college students and adults (Barkley, Murphy, O’Connell, Anderson and Connor, 2006). Tracking data for ADHD are not required at the college and university level, whereas these data are reported at the elementary and
secondary education levels. Prevalence rates of ADHD among US adults have been estimated at around 4 to 5%, with “prevalence among US students being 3.9% and 2.9% for women and men, respectively” (Ramsay and Rostain, 2007, 339). Current reports by Wilmshurst et al. (2011) and Barkley et al. (2006) state that roughly one-third to two-thirds of children diagnosed with ADHD will continue to experience symptoms throughout their life span. Wilmshurst et al. (2011) estimate that between 2% and 4% of college students will meet the diagnostic criteria for ADHD. Nevertheless, there is some dispute about the existence of ADHD among college students and how to best diagnose it among adults, and some researchers and practitioners argue that the criteria in use to diagnose ADHD among adults cannot be identical to the criteria used to diagnose it among adolescents (Ramsay and Rostain, 2007; Harrison, Edwards, and Parker, 2007; Murphy and Barkley, 1996).

Epstein et al. (1998) and Solanto et al. (2010) argue that ADHD is no longer to be considered a disorder of childhood that disappears as an individual ages into adulthood: upwards of 30% or more continue to display full ADHD symptoms as adults. Riccio, Wolfe, Davis, Romine, George and Lee (2005) notes that although adult ADHD continues to be an area of controversy, recent findings suggest evidence that the ADHD disorder continues to hamper individuals throughout the developmental course (Riccio et al., 2005): ADHD symptoms cause significant impairment in adults’ educational/academic performance, occupational performance, and social and emotional functioning, as well as producing greater rates of co-morbidity (mental health and substance use/abuse/dependency disorders) than are found among non-ADHD adults (Solanto et al., 2010; Barkley and Murphy, 2010). The controversy over adult ADHD may have been facilitated because ADHD disorder is easy to substantiate during childhood and early adolescence as contemporaneous data from parents, teachers, and other observers can assist by
providing detailed behavioral observations and histories to assist in the diagnosis of the disorder; when working with ADHD adults, however, data from parents and teachers become minuscule, resulting in the disorder being diagnosed in different patterns than are found in children. Clinicians are forced to rely solely on self-reporting data from “ADHD” adults to validate a diagnosis because of the lack of observational data as well as third party reporting data. Even if such third party reporting data were available, Health Insurance Portability and Accountability Act of 1996 (HIPPA) regulations and consent for release of information must be obtained by the clinician from the individual that was previously given by parents for younger children. Some researchers relate the controversy over adult ADHD to the lack of diagnostic criteria that are developmentally appropriate across the life span of individuals (Ramsay, 2007; Riccio et al., 2005).

In contrast to the slim amount of research that has been done on ADHD among adult learners in the US, attention to ADHD among college students of Chinese-American descent has been even more scant. In fact, the only published work that seems to have been produced that is of even marginal relevance was done as a cross-cultural study that examined ADHD symptoms among college students from the U.S. and China (Norvilitis, Ingersoll, Zhang and Jia, 2008). This study found that 4.4% of American and 7.8% of Chinese students reported significant current ADHD symptoms; 1.7% of American students and 2.7% of Chinese students reported symptoms that were 1.5 standard deviations above the mean scales measuring current/past symptoms (DuPaul et al., 2009). Although the study seemingly validates that ADHD is present among Chinese college students, the findings are problematic and cannot be generalized to Chinese-American students. The findings are problematic because China’s secondary education environment is hyper-competitive and can itself account for mimicry of many of the “symptoms”
that are diagnosed as pertinent to the concept of ADHD; furthermore, the tools that were employed to measure ADHD were of Western origin and not culturally validated with a Chinese population (although the scale items were translated into Chinese). The findings are not generalizable because, although Chinese-American and Chinese students share a common national ancestry, the cultural meanings of presenting “ADHD” symptoms (and the diagnosis itself) are likely very different, especially as Chinese-American students become progressively more acculturated into the mainstream of American culture and society.

What follows is a discussion of the empirical and clinical literature on the subject of ADHD. In addition, the state of knowledge about college students with ADHD, and research on mental health and illness among Chinese-Americans (including their under-utilization of services) is reviewed. The chapter concludes with a consideration of the need for inquiry to fill gaps in the literature regarding the experiences of Chinese American college students with ADHD, and the potential for insight that a Systems Theory perspective brings to the subject will be highlighted.

**Establishing ADHD in Adults: How and Why**

According to Starcher (2001), Attention-Deficit/Hyperactivity Disorder (ADHD) is usually evaluated (i.e., identified and diagnosed) via three methods: a medical examination, an in-depth clinical interview and a behavioral rating scale or checklist. Quinn (2003) outlines a multi-modal approach to ADHD assessment that encompasses the use of a medical examination, self-report rating scales from the individual and through third party reporters, a structured clinical interview, as well as structured tasks of attention and impulsivity. The medical examination is conducted to rule-out possible physical causation that can mimic ADHD symptoms. In mental health practice, physical health issues are teased out from psycho-social
variables in order to ensure that the presenting problems are organic or due to medical reasons. For example are the symptoms exhibited a direct result of a medical condition or are they psychosomatic in nature? Mental health practitioners are concerned to address competing explanations for the existence and persistence of symptoms reporting. This approach allows the practitioner to tailor specific treatment planning strategies to meet the individualized needs of the person while taking into consideration alternative sources of possible causation. The clinical interview or psycho-social evaluation is performed (see Appendix E) in order to substantiate that the self-reported symptoms constitute ADHD. This diagnosis is achieved by taking into account the frequency, severity, and chronicity of symptoms reported as well as how these symptoms impair functioning. Behavioral rating scales or checklists are usually used to assist the practitioner in measuring the self-reported symptoms of the client. Validating or verifying mental health related symptoms in this way is important as “symptoms” are subjectively experienced by the client and may not be fully grasped by a clinician during a face to face psychiatric interview. Harrison, Edwards and Parker (2007) advocate the use of clinical interview and self-reporting data alone as neuropsychological testing has not proven consistent at indicating impairment; they add that no single neuropsychological battery has been developed to adequately address issues of “diagnostic sensitivity and specificity”.

Establishing ADHD in adult populations is crucial because its nature and existence have been a subject of controversy (Riccio et al., 2005; Faraone, Biederman, Spencer, Wilens, Seidman, Mick and Doyle, 2000; Faraone, Biederman and Mick, 2006). Early researchers believed that children and adolescents with ADHD would “grow out” of their symptoms as they progressed through the life cycle. On the contrary, adult learners encounter what are arguably more onerous educational environments, as they not only have to be cognitively engaged in their
instruction, but they also face competing demands of work, family, and adult responsibilities that are unlikely to impact younger learners. “Some students go away to college but continue to live at home psychologically. Other students live with parents but use the college environment to define personal goals and values that are truly their own. Older students may have left home long ago but never developed self-direction. Other mature students have followed career paths, raised families, and managed their lives with independence but enter college in order to change directions or start afresh.” (Chickering and Reisser, 1993, 115) In addition, Chickering and Reisser (1993) believe these adult learners may also face possible backlash from their spouses and/or partners who may be threatened from their pursuit of higher education. Adults with ADHD face daunting challenges as they must juggle these social, educational and career demands while simultaneously managing their ADHD symptoms; however, how they manage these competing demands has not been systematically examined, either using qualitative or quantitative means, a deficiency the present study will attempt to address.

**College Success**

Traditional benchmarks for educational success consist of GPA, graduation rates, achievement tests, and attrition rates. Students with ADHD are expected to manage their symptoms while simultaneously performing to satisfy various benchmarks, but such traditional benchmarks do not account for the difficulties, trials and struggles ADHD learners endure as they manage their disorder while also meeting these standardized criteria. Individuals with ADHD have been noted to have higher risk taking behaviors, greater impairment in social functioning, difficulty focusing on tasks, lower than average grades, self-esteem issues, a higher propensity to use/abuse/depend upon alcohol and substances, more employment related dysfunction, and higher rates of failure and drop-out in comparison to their peer group cohorts.
who do not suffer with ADHD symptoms (Barkley, 1996; Stevenson, Whitmont, Bornholt, Livesey and Stevenson, 2002). Despite the fact that a slew of negative symptoms and resultant behaviors have been documented, little is known regarding how ADHD sufferers construct or define “success” as learners. Kuh (2003) lists alternative benchmarks for evaluating the extent to which secondary educational institutions foster effective learning environments, including such items as exposure to cultural diversity and promotion of student-faculty interaction. Such thinking raises the question of whether traditional benchmarks that measure educational success pertain most aptly to ADHD learners. Perhaps ADHD individuals conceptualize success in differing ways that have not been fully explored? These are important points to consider when examining students with ADHD, for traditional measures of success may be different for learners who are tasked with juggling completing life demands as well as their ADHD symptoms en route to an academic degree.

**Treatment Methods**

Treatment approaches have been developed to address the ADHD disorder (including among students), approaches that are in the main reflective of a medical understanding of the condition. Mental health disorders in general have come to be conceptualized through the use of a medical model, grounded in the bio-physiology of human organisms. This model emphasizes the etiology of disease as rooted in physical causation. In tune with this medical model, the psychiatrist is central to the diagnosis and treatment of mental illness; hence the research literature reports that a combination of psychopharmacology and psychotherapy are the preferred treatment modality for a variety of mental health disorders.

There are two main types of treatment modalities for ADHD: pharmacotherapy and psycho-social therapies. Commonly, psycho-pharmacology medications in the form of
stimulants are prescribed to individuals living with the ADHD disorder. (See Appendix F for a list of the commonly used psycho-stimulants that are prescribed to treat ADHD.) Starcher (2009) states that medication therapy is the leading treatment modality for ADHD. This is not to say that psycho-social interventions can not be used solely for the treatment of the disorder but rather that the severity of the symptoms need to be considered. Mild to moderate symptoms can be successfully managed with psycho-social intervention. However, more severe symptoms require the use of pharmacotherapy to assist with symptom management. Psycho-stimulants allow the individual to ignore new stimuli and hold their attention within working memory where self-reflection, problem-solving, goal-setting and other cognitive processes occur (Starcher, 2001). Riccio and French (2004) assert that cognitive interventions have been recommended for the treatment of ADHD in children. Solanto et al (2008) acknowledge the limited empirical data relevant to the effective treatment approaches for adults with ADHD; however, acknowledge that cognitive-behavioral interventions have yielded positive results in studies.

A majority of psychotropic medications are prescribed each year by general practitioners who have little formal education in the treatment of mental health issues. In a study based in the United Kingdom, Baverstock and Finlay (2003) found that general practitioners treating college students were fairly unfamiliar with the Attention-Deficit/Hyperactivity Disorder. Baverstock and Finlay (2003) recognize the need for improved collaboration across medical providers (general practitioners, psychiatrists, psychologists, etc.) so that college student receive the highest quality of medical assistance in stabilizing their mental health issues and affording them the opportunity to compete academically. In the field of child and adolescent psychiatry, there is a great amount of cross-disciplinary consultation. This is the “Standard of Care” or best practice model in order to ensure more positive outcomes for the patient, client or consumer. Baverstock
and Finlay (2003) advocate for the same approach to be utilized in the treatment of college students with ADHD disorders. Since there is little researched data on the treatment of ADHD in college populations in comparison with child and adolescent populations, greater interdisciplinary consultation should occur to better understand and treat the ADHD disorder.

As new non-medical psychotherapies have been developed, there has been an increased need for non-medical clinicians to provide related services. Included among these innovations is Cognitive Behavior Therapy (CBT), which has been an effective psycho-social approach to treat the ADHD disorder (Ramsay, 2007). Ramsay (2007) acknowledges the efficacy of the CBT approach as this technique acknowledges the neurobiological underpinnings of ADHD. “Cognitive behavioral therapy oriented approaches were appealing options for treating adult ADHD because this model of psychotherapy already employed structured agendas; a collaborative, problem-solving focus; and the emphasis on between-session ‘homework’ to institute the behavior and cognitive modification and skill-building strategies discussed in sessions. Thus, it was not difficult to adapt these approaches to address the unique needs of adults with ADHD.” (Ramsay, 2007, 428) Ramsay and Rostain (2007) believe that ADHD coaching, therapeutic alliance, maintained focus on problem and coping strategies and psycho-education are effective measures to assist adult learners (among others) with ADHD in coping with their symptoms.

**Malingering**

Harrison et al. (2007) state that there has recently been an increase in the number of adults and post-secondary students complaining of and seeking services for ADHD, which has caused service professionals to ponder whether these clinical presentations and self-reporting of symptoms are valid. Harrison et al. (2007) indicate that this skepticism may in part be attributed
to the lack of historical (e.g., childhood) data presented to substantiate an ADHD diagnosis. Mittenberg, Patton, Canyock and Condit (2002) and Quinn (2003) suggest that a multi-modal approach to diagnosis should be utilized to rule-out malingering inclusive of: a review of the medical history, self-reporting data, clinical observation (mental status examinations) and a comprehensive neuropsychological examination. McKee (2008) indicates that ADHD symptoms in college student populations need to be established prior to deeming them eligible for disability accommodations. Sack, Gale, Gulati, Gunther, Nesheim, Stoddard and St. John (2008) found that medical students may also request special accommodations due to the heavy academic demands of medical school education, indicating that requests for accommodations are not just seen in undergraduate education, but also occur in specialty schools such as medicine. The research literature reveals that a portion of students may misrepresent their symptoms in order to benefit from secondary gains, such as extra time to complete assignments, medication therapy (psycho-stimulants), access to disability services, additional tutoring services, etc; indeed, Sireci, Sarpati and Li (2005) found that extended time allotted to students with disabilities to take examinations yielded improved performance. The academic community has debated whether these special accommodations extended to disabled students constitute an “unfair” advantage, and whether the resulting performances are valid and indicative of actual ability and are not due to the accommodations received.

McKee (2008) does not refute the fact that ADHD exists in college students and adult populations. However, McKee (2008) acknowledges the criteria used to diagnose ADHD is normed and based on child and adolescent populations because the disorder is usually first diagnosed in early phases of one’s life. Therefore, it is crucial to accurately diagnose ADHD in college students. McKee (2008) states that self-reporting of ADHD symptoms in college are at
higher than expected rates and even higher when college-specific normed instruments are utilized in the screening and diagnosis of ADHD. Therefore, it is vital to correctly diagnose ADHD in college populations so that appropriate treatment interventions be tailored to address their specific needs. McKee (2008) acknowledges that college students transitioning to college life may have higher self-reported symptoms of ADHD that may in fact be due to adjustment to the college setting vs. actual ADHD symptoms.

**Psycho-social and Cultural Factors in the Study of ADHD among College Students**

The psycho-social and cultural context in which mental illness presents itself is crucial to the treatment modality used, the diagnostic formulation and the clinical understanding of the problem. According to Starcher (2001), psycho-social factors that have been associated in the development of ADHD symptoms that include the following: marital distress, family dysfunctions, and lower socioeconomic status (SES). Practitioners need to have a cultural awareness of or sensitivity to mental illness and how it is viewed within the context of the individual as well as that of the larger society. Practitioners should understand the transference and counter-transferential dynamics of their relationship with persons living with mental illness as these may have underlying significance in how mental illness is viewed and treated.

College students with ADHD symptoms are highly resilient. However, there is little research on the resiliency of this population (Wilmshurst et al., 2011). Protective factors of familial and social supports assist these college students in achievement as they mitigate the negative effects (protective factors) of ADHD, which include improved social skills/communication and positive mentorship experiences (Wilmshurst et al., 2011). College students with higher protective factors also have higher levels of self-esteem in comparison to students without these protective supports. Lower levels of protective factors are also associated
with higher levels of co-morbidity such as depression, poorer parent-child relations, academic difficulty and lower subjective self-reports of quality of life.

**Chinese Americans’ Mental Health and Under-utilization of Mental Health Services**

An important consideration when dealing with diverse populations is the problem of cultural competency (i.e., the culturally specific customs that are practiced by bona fide members of specific ethnic or racial groups). This is especially crucial when trying to understand mental health and utilization of mental health services among Asian American populations because mental health and psycho-therapy are largely Western in origins. Asian cultures may view mental illness and deal with its potentially devastating effects in ways that compete with or function independently of established Western practices. Asian Americans incorporate their traditional norms, customs and values while negotiating their host culture (Sue and Sue, 2007). The level of acculturation into the host culture will influence how Chinese Americans view mental illness (diagnosis, treatment and psycho-social implications).

Although Asian Americans were once thought to have few mental health issues, upon review, Asian Americans’ mental issues were found to actually be more severe and chronic than those of European Americans (Lin and Cheung, 1999). The under utilization of mental health treatment services led the mental health community to assume that Asian Americans did not have significant mental illness (Lin and Cheung, 1999; Kung, 2004). Kung’s (2004) review identified the following research trends in the literature: 1) A focus on comparing mental health service utilization patterns among Asian Americans versus other races, via archival data compiled by the Department of Mental Health; 2) Non-representative sampling-based studies of college students who seek mental health services; 3) Inquiries into Chinese Americans’ attitudes toward, and perceptions of barriers to, mental health service utilization. Kung (2004) states that the
“empirical link between perceived barriers and actual service use was not made in these studies.” (Kung, 2004, 28) However, Leong and Lau (2001) state that acculturation factors limit the Asian American population from seeking mental health treatment. A review of the literature did not indicate that a significant amount of have been conducted specifically with Chinese Americans with ADHD; instead, it offers prevalency data that indicates that mental health issues exist among Asian American populations, including Chinese Americans.

Although the epidemiological research has not reached a state of full maturity where utilization of mental health services by Chinese-Americans is concerned, what limited research has been done points in a direction that suggests that, contrary to the “model minority” stereotype, Chinese Americans (and Asian Americans more generally) suffer from a range of mental health problems that impair functioning (Leong and Lau, 2001), with some groups of Asians demonstrating higher levels of need for such services, possibly related to recent immigration status (Abe-Kim et al., 2007) and lower overall SES position (Leong and Lau, 2001), or, as Lee et al., (2009) report, gender: “Among females 15-24 years old, Asian Americans and Pacific Islanders have the highest rates of suicide deaths” (Lee et al., 2009) as compared to Whites, Blacks and Hispanics. Lin and Cheung (1999) argue that Asian Americans’ lower rates of psychiatric admission and access to outpatient mental health services falsely reinforce the “model minority” label for this group: Spencer and Chen (2004) state that only 17% of Chinese Americans with mental health issues seek treatment services. The use of mental health treatment services by Chinese Americans (and other Americans of Asian descent) does not match up with the need documented in such epidemiological studies. Asian Americans are underrepresented among those using mental health services, and when they do use them, they use them for briefer periods of time (Leong and Lau, 2001).
For educators, understanding the impact of whether and how students with Attention-Deficit/Hyperactivity Disorder (ADHD) and other mental disorders gain access and utilize services is important because of the impairments that mental health issues can create for one’s academic and work performance, ability to attain financial success and independence, degree of self-esteem and sense of self-efficacy, as well as the development of one’s identity. In order for learners with psychiatric conditions to receive appropriate diagnosis and treatment of their disorders, they must be able to access the array of services that are available either through their school, a general practitioner, or an external mental health practitioner (e.g., mental health clinicians).

Mental health and mental health treatment services are concepts and practices that are developed and accepted in Western societies. These constructs are often foreign to persons of traditional East Asian upbringing. The collective identity of the family unit in the Chinese community are often questioned when a member is suffering with mental health issues and thus there may be identity and cognitive dissonance for mentally ill Chinese Americans who struggle with a desire to seek treatment services to achieve stability at the cost of bringing shame and embarrassment to their Chinese American kin. Lee et al. (2009) found that cultural norms of Asian Americans do not promote a view that mental health issues are important; to the contrary, they result in negative associations with mental illness that work to undermine the probability that Asian Americans will pursue mental health services. The amount of one’s education regarding mental illness, one’s level of acculturation and familiarity of mental disorders may each serve as barriers to accessing needed services.

Kung (2004) documents that Asian Americans have a greater tendency to (a) exhibit physical manifestations of mental conditions (i.e., psycho-somatization), (b) see mental health
issues as a sign of personal weakness or deficits in character (e.g., lack of willpower), and (c) doubt the effectiveness of mental health treatment; taken collectively, these factors reflect Asian Americans’ limited acceptance of mental health services and pose obstacles to access, including program design. Kung (2004) argues that traditional mental health therapies that focus on assisting the individual to resolve cognitive, affective and behavioral manifestations of symptoms runs counter to the Chinese cultural tradition under which the normative orientation is for the individual to repress “negative” thoughts and emotions rather than overtly confront them.

The ability to access the variety of mental health services that might be helpful to people with relevant conditions is contingent upon a number of factors, including the availability of mental health services, the ability to afford services, the understanding of the impact of mental health issues on one’s functioning as well as the stigmatization associated with seeking out mental health treatment, which can itself be culturally specific (i.e., a greater source of shame or embarrassment among some groups more than others). Thus, Kung (2004) highlights the potential cultural barriers that impact Chinese Americans from using mental health services. The barriers to access of mental health services outlined by Kung (2004) include the following factors: understanding the relevance and credibility of the mental health system, the possible denial of mental illness and the need for treatment, fear of being stigmatized by others and trying to “save face”, lacking knowledge of available resources to treat mental illness, linguistic barriers and lacking the financial resources to pay for mental health treatment. Similar to Kung’s (2004) identification of barriers to accessing mental health treatment, Leong and Lau (2001) acknowledge “barriers to help-seeking” which include the following: cognitive barriers, affective barriers, value orientation barriers, physical barriers, as well as barriers that differentially impact specific Asian American sub-populations (e.g., PTSD among Cambodian
refugees from the Pol Pot regime). Spencer and Chen (2004) believe that availability and access are the main barriers to service utilization, while Ying and Miller (1992) believe the degree of acculturation of the Chinese American into the mainstream society will deter these individuals from seeking out services. Lin and Cheung (1999) suggest that there may be an element of cognitive dissonance at work in that Asian traditions will be in direct conflict with European American traditions, resulting in incompatible beliefs and value orientations that are exceedingly difficult to surmount. On a more practical level, Spencer and Chen (2004) argue that the lack of English proficiency, when coupled with the lack of bilingual clinicians, may contribute to the under-utilization of mental health services among Asian Americans and Pacific Islanders. Because Chinese Americans express their emotional distress via physical manifestations (Ying and Miller, 1992), they may seek help from professionals who are not in a position to understand the psychological bases for their conditions, i.e., medical practitioners, reflexologists and herbalists. Yang, Law, Chow, Andermann, Steinbery and Sadavoy (2005) found that acculturation, language, social supports and socio-economic factors played a key role in immigrants’ conceptualization of mental illness. “Their severe functional impairment is often compounded by stressors related to migration and acculturation, language difficulties, socioeconomic disadvantages, inadequate housing, lack of access to services, and discrimination. Furthermore, many patients may be alone in their new countries—members of their extended family or other supportive persons may not be available.” (Yang et al., 2005, 1053) In this case, the issue is not so much that access to services is blocked, but that cultural beliefs and practices result in the misdirection of help-seeking, or in the viability of competitors to mental health practitioners who appear to have more sway or authority. Leong and Lau’s (2001) finding that Asian American tend to terminate their treatment for mental health services earlier than other
groups may point to a lack of social support in the Asian American household for receiving such services, support that is withheld because of value orientations and attitudes that view such assistance as lacking credibility. Obstacles to access for Chinese Americans therefore concern not just ability to access but the direction of access and the credibility of the services; each must be considered when creating targeted programs to increase and enhance service utilization.

Due to the general reluctance of Asian Americans to seek professional mental health assistance, Spencer and Chen (2004) believe that this group make use of immediate and extended family, non-traditional (in a Western context) healers, community elders and physicians in the treatment of mental health issues and will only seek out formal mental health treatment when these avenues have been exhausted. This approach of seeking out formal treatment services after accessing other culturally accepted practices is problematic in that the mental health symptoms of the individual usually become more severe and difficult to treat over time. Perhaps the resulting resistance to treatment partially accounts for Leong and Lau’s (2001) finding that Asian Americans have a greater tendency to prematurely terminate services than non-minority clients.

It is essential to understand the problems underlying the limited access to mental health services for Chinese Americans in order to create viable solutions to remedy the problem. Chinese Americans and Asian Americans more generally have been referred to as the “model minority” due to their ability to achieve high rates of academic achievement, high rates of employment, lower rates of criminal involvement and increased ability to acclimate into mainstream American society. Chinese Americans with mental health issues face issues of cognitive dissonance that need to be addressed as they strive to meet this “model minority” ideal while simultaneously trying to grapple with issues related to mental health. This struggle can hinder the self-esteem of Chinese American living with mental health issues. Providing
education, outreach, support and bilingual/bi-cultural services can serve as interventions to decrease stigmatization of the mental disease while increasing the likelihood for these individuals to seek treatment services. It is essential of the mental health practitioner to establish credibility with the Chinese American community so that he/she will be view as a viable source of support and assistance.

Leong and Lau (2001) believe that recruiting bilingual and bi-cultural practitioners coupled with tailoring traditional psycho-therapeutic interventions to meet the cultural specificity for Chinese Americans may increase the likelihood of their accessing, and persisting in, mental health treatment. As an example, they point to the face that since the family unit is the primary source of support for a large portion of Chinese Americans, family therapy and the use of family support may be crucial to increasing the service utilization for mentally ill Chinese American and may increase the chances of these individuals’ remaining in and completing treatment. Leong and Lau (2001) argue that Asian Americans and specifically Chinese Americans have a greater tendency to report psychosomatic complaints; in line with this, Ying and Miller (1992) believe that greater interdisciplinary collaboration between mental health and physical health providers ought to occur in order to provide better mental health education and intervention for this population. Providing the Chinese American community with targeted outreach services can serve as a method to bridge service gaps and increase access to services. The use of bilingual and bi-cultural mental health clinicians and paraprofessionals can assist in de-stigmatizing the procurement of mental health services by addressing issues of conformity, self-esteem, and cognitive dissonance.

Understanding some of the controversies and struggles that exist for Chinese Americans and Asian Americans more generally is necessary in order to pair possible culturally relevant
interventions and services to address their needs pertaining to accessing and utilizing mental health services. The social psychological constructs of self-esteem and cognitive dissonance must be managed so that Chinese Americans will be likelier to seek out and enter mental health treatment earlier when their condition can be more readily managed rather than later when the prognosis of treatment decreases. The use of bilingual and bi-cultural practitioners is necessary to decrease the negative stigmatization of mental health services and the “loss of face” that many traditional Chinese Americans may face. Providing education regarding the array of available treatment services and education regarding mental illness will be necessary in order to reduce the isolation, shame and guilt that mental ill Chinese Americans and their families may face. The stereotype threat (Aronson, 2008) Asian Americans face as “model minorities” may result in the self-fulfilling prophecy whereby they under-utilize needed mental health services, because of the cognitive dissonance produced by the disjuncture between model minority stereotype and psychological condition. Asian Americans with mental health issues may be unable to achieve the elevated performance levels expected of them, causing further isolation, possible depression and incongruity with traditional Asian American cultural ideals regarding academic and economic performance and success.

Co-morbidity and ADHD: The research literature report that individuals with ADHD may also have higher rates of co-morbidity (concurrent mental health diagnoses) such as anxiety, depression and/or substance-related disorders. For example, Solanto et al. (2008) identify a significant prevalence of co-morbid depression in ADHD adults. Likewise, Farone et al. (2000) state that there is a higher frequency of anxiety, depression, anti-social personality and substance use disorders among adults with ADHD. Since ADHD is characterized by impulsivity, hyperactivity, poor problem-solving skills, higher risk taking behavior, etc., these same
individuals may have a greater tendency to use and/or have substance related abuse/dependency in an effort to self-medicate their symptoms.

In general, Asian Americans have lower rates of alcohol and substance use, abuse or dependency in comparison with mainstream American society. This may not necessarily mean that Chinese or Asian Americans do not engage in the use of alcohol and illicit substances that lead to the development of abuse or dependency disorders. Rather the possible under-reporting of such occurrences can lead to the lower representative data for these minority groups. Luczak, Wall, Cook, Shea and Carr (2004) believe that genetic variations in Asians can be one causal explanation of their lower alcohol abuse and dependency rates. According to Luczak et al. (2004), genetic variations among Asians affect the metabolism of alcohol and may be a protective factor against Asians’ becoming prone to alcohol abuse or dependency. Luczak et al. (2004) also state that Chinese and Chinese Americans are less likely to consume and develop alcohol abuse or dependency issues in comparison with Korean and Korean American groups. The implication of these findings -- which are yet to be established in the literature -- is that Chinese American students with ADHD will have higher rates of alcoholism than Chinese American students who do not have ADHD, but that the former’s rates will be lower than the alcoholism rates among Asian students who are not of Chinese descent (e.g., Korean Americans).

**Systems Theory and the Framing of the Present Study**

Systems Theory is referred to by different names: general systems theory, life model, ecosystems perspective and ecological perspective. This approach emphasizes the idea of looking at the “person-in-environment”, revealing how humans and their environments are in reciprocal relationships and shape one another (Greene, 1999). Systems theory offers a
framework for understanding the relationship between individuals, groups and organizations. These theories are based upon a framework or paradigm that views individuals and their behaviors from a holistic lens, taking into consideration the variety of contexts that impinge upon or inform people’s lives, including the social and physical contexts mentioned by Robbins (2006). In order for an individual, group, organization or system to remain in (or return to) equilibrium or homeostasis, it must be able to effectively mitigate multiple stresses. According to Zastrow and Kirst-Ashman (2010), when the balance of a given system is interrupted or disturbed, the system seeks out avenues for re-establishing equilibrium. Competing demands or stressors must be managed in order to maintain the integrity of the system. In the field of mental health, these competing demands are regarded as psycho-social stressors (coded on Axis IV) and include the following: family and social supports, academic demands, job strain, housing related issues, economic/financial difficulties, problems with access to health care related services, legal issues and other psycho-social and environmental challenges (American Psychiatric Association, 2000). System theorists argue that psycho-social interventions ought to be fashioned to best assist the individual, group, organization and/or system to effectively handle these competing demands in the interest of optimal functioning. Systems theory helps the practitioner to understand the interrelatedness or interconnections between various components of individuals’ lives (i.e., involvements) and their presenting behavior; thus, a systems practitioner may assist a student who is not performing well in school by strengthening their use of family and social supports as a method of coping. Systems based approaches ought not assume that people are static, unchanging entities. The best interventions will recognize that people are developing or evolving over their life course; as Schriver puts it, person-in-environment approaches “must grasp both process and change if we are to understand Human Behavior and the Social
A life history-based case study research design (proposed in Chapter Three) that highlights how people develop and evolve their approach toward managing their ADHD, in the context of drawing from and interacting with the social and psychological influences in their environments, is consistent with this view of Systems Theory.

**Conclusion**

ADHD is a neurobehavioral and developmental disorder that can have profound effects on the individual throughout his/her lifespan. Gaps in the knowledge base focus on a medical model of the etiology of the disease rather than the subjective experience of ADHD symptoms based upon the psycho-social and cultural perspective of the individual. It is imperative to understand the processes inherent in the disorder as well as factors that contribute to the experience of ADHD in order to assist individuals and learners deal with their symptoms and live fruitful lives.

A review of the literature indicates that ADHD has not been widely studied in college students and/or within minority populations. The extant research data reviewed have deployed quantitative methods, possibly as a mode to establish with reliability and replicability the prevalence of the disorder in adult populations. The literature reflects that the ADHD is a disorder that is usually first diagnosed during childhood or adolescence leading to the limited amount of data in adult populations. Earlier researchers and practitioners believed that the ADHD symptoms would dissipate when an individual ages leading early researchers to believe ADHD to be a developmental disorder. Subsequent studies have noted that between one-third to two-thirds of children with ADHD will continue to experience ADHD symptoms throughout their life cycle (Wilmshurst et al., 2011).
The present research project will explore how Chinese American college students conceptualize and deal with their disorder and seek to understand the psycho-social and cultural factors that shape their experience. A case study approach using in-depth interviews and supplemental journals will be implemented to acquire a comprehension of the subtleties and nuances that underpin these factors (Creswell, 2009; Steinberg, 2004). The project will also examine the coping strategies implemented by these Chinese American college students to navigate their academic environment in order to be successful learners. Since coping skills develop longitudinally over a course of an individual’s life, it will be necessary to ascertain how their understanding and handling of the disorder evolved and changed throughout their educational careers from K-12 (secondary education) through the present (post-secondary education).

According to Riccio and French (2004), a review of the literature does not provide sufficient evidence to formulate sound conclusions regarding the efficacy of various treatment approaches to ADHD. This in part may be attributed to the way in which ADHD is conceptualized and the context in which it may present. Therefore, it is crucial to understand how ADHD is shaped by varying psycho-social and cultural influences. As more information is understood regarding how ADHD presents within the unique individual, a tailored treatment approach can be designed and implemented to assist the individual to cope with their symptoms and become successful learners.
Chapter 3
Research Design and Methodology

Introduction

A review of the current literature reveals that Attention-Deficit/Hyperactivity Disorder has not been widely researched among college populations (Norvilitis, Ingersoll, Zhang and Jia, 2008). In addition, scant research has been conducted with minority students who are diagnosed with ADHD. The research that has been conducted ordinarily compares Caucasian and African-American students on various kinds of measures susceptible to quantitative analysis, ranging from self-report data, to behavioral inventories and performance outcomes. The present effort diverges from these trends by outlining a qualitative dissertation research project that will address a specific segment of the college population, students of Chinese American descent. This research was not comparative in the same sense -- examining differences between Chinese American and Caucasian American college students, but instead looked at differences and similarities among Chinese American students per se. This research asked whether there were variations in the experiences of Chinese American college students, what they were based in, and how they matter. Using in-depth interviewing techniques as the point of departure for data collection, this project looked at various domains of practice and influence that may tell us about the shaping of these variations in experience. Among these domains included the history of diagnosis, psycho-social factors, cultural immersion and ethnic identity, primary and secondary supports, access to services, the academic environment, treatment approaches and coping strategies.

Because this was an initial query into an understudied topic -- the experiences encountered by Chinese American college students with ADHD -- a qualitative research
approach was utilized. Qualitative methods are useful for studying topics in the spirit of
discovery, rather than hypothesis testing (Rubin and Rubin, 2004); they promote the importance
of examining a topic in depth, with a concern to tap into undiscovered subtleties of experience.
Where quantitative methods proceed with testable hypotheses, a fixed research design, and
clearly operationalized variables, qualitative approaches adopt a more inductive stance, and seek
instead to explore and document the range of contexts and meanings that might be relevant to
understanding an underappreciated group, condition, or event (Patton, 2002). The strength of
qualitative methods is that they permit the researcher to be flexible enough to take advantage of
opportunities for the discovery of themes, categories, and meanings that emerge in the course of
fieldwork (Rubin and Rubin, 2004).

Specifically, this study sought to answer the following three questions using qualitative
methods: 1) What are the different pathways to being a Chinese American college student with
ADHD? 2) How do psycho-social, cultural and other factors shape the experiences that Chinese
American college students have with ADHD? 3) How do Chinese American college students
with ADHD navigate their academic environment in order to be successful learners?

**Sample, Population and Research Design**

**Sample and population:** The study population was focused on Chinese American college
students with ADHD who attend a private institution of higher learning within an urban setting
(in the Pacific Southwest), to be given the pseudonym of the “Pacific Southwest University”. A
baccalaureate, masters, and doctoral granting institution, the Pacific Southwest University has an
extremely diverse student body, including a sizable international community. Although the
university has a large proportion of undergraduates who are of Asian-American descent (roughly
one out of five students, for the purposes of this study only Chinese American college students
were invited to participate. This decision is important to bear in mind because collectively “Asian American” can refer to any group of individuals with cultural, ethnic or linguistic ties to any country within the Asian continent or sub-continent. Each Asian country or sub-sector of the Asian population has distinct customs, beliefs, languages and practices. A strict focus on Chinese Americans allowed for the specificity of Chinese culture (and acculturation to the US) to be considered as an influence on how the participants have experienced and managed being a student with ADHD.

Research Design. Originally, this research project’s sample was to be limited to ten participants (n=10), each of whom were to be interviewed on two separate occasions, resulting in twenty in-depth interviews. However, recruitment efforts resulted in only three participants stepping forward who met the criteria outlined for inclusion in the study, which resulted in a total of six in-depth interviews. The relatively small number of participants, coupled with the two-shot study design, allowed for a more in-depth exploration of the research participants’ unique experiences, and allowed for a more comprehensive account of their life stories than would a one-shot interview study (Gubrium and Holstein, 2001). The first interview largely covered life before college, documenting the experience of being diagnosed, the formative years in school (K-12), and the participants’ decision to attend college; the second interview covered life since arriving at college, focusing on how participants navigated the academic demands and social life found in the university setting. In keeping with Rubin and Rubin’s recommendations (2004), the researcher was flexible about how the interviews went, allowing for fluidity in the research process that is respectful of the interviewees’ interests and concerns. Thus, on occasion participants tended to discuss contemporaneous issues relevant to their current ADHD experience during interview one as well as during interview two.
The two interviews were separated in time -- the duration ranging from roughly one to two months -- during which the participants kept a journal in which they free associated or reflected on experiences they had that related to the subject of ADHD, or that might have been stimulated by the initial interview. Before the second interview took place the researcher planned to review the journal as a way of determining new topics to address, or as a way of probing experiences documented in the journals, thereby making the second interview an encounter much more closely tied to the contemporaneous experiences the student was having in the college environment. However, this was difficult to coordinate with the research participants as they were in the middle of final exams. The participants reported that this would serve as a burden to them as they would be distracted from their studies. In order to minimize disruption to their ebb and flow regarding their study habits, the student researcher agreed to collect the journals at the time of the second interview to decrease stress and disruption for the research participants.

The present design, which was essentially a case study approach (Creswell, 2009; Steinberg, 2004), enabled the researcher to ascertain both the life histories of Chinese American college students (especially as these relate to the intersection of their educational careers and their diagnosis), and their current experiences as students with ADHD who may be alternatively struggling or thriving in the college environment. Since persons with ADHD develop their idiosyncratic coping strategies over an extended period of time, it was important to bring a longitudinal mindset to this project, one that saw being a student with ADHD as a process of negotiating the learning environment and one’s own internal framework. The task was therefore to erect strategies that would prompt research participants to vividly convey their perspectives,
and describe their practices as well as the histories of their practices, such that these could be documented and analyzed in a systematic and contextually rich manner.

**Instrumentation: Doing Qualitative Interviews**

**Studying ADHD qualitatively.** Qualitative interviews were used to inquire into the subjective experience of ADHD for the research participants. A qualitative approach to interviewing is essentially one that is “responsive,” i.e., that develops primary and follow-up questions through listening (Rubin and Rubin, 2004). Although the researcher comes prepared to do the interview with a sense of which topics to pursue, the researcher also anticipates that the shape of the individual interview will be emergent, being partially determined by the substantive statements as well as communicative style (guarded or reticent versus enthusiastic or chatty) of the interviewee. For purposes of this study, “subjective experiences” essentially refers to the point of view (understandings, beliefs, ways of making sense) and the practices (techniques and strategies) of persons with ADHD. Interview topics (see Appendix H) were posed in open-ended fashion, and responses were probed for nuances that shed light on how participants’ unique circumstances emerged and were personally navigated by them. Follow up questions are the heart of qualitative interviewing (Rubin and Rubin, 2004), this enabled the researcher to coax from the interviewee a full accounting of their perspective. The follow up questions were contingent on what was said rather than being pre-determined as the latter could interrupt the flow or fluidity of the interviewee’s emerging discourse.

A focus on unique and idiosyncratic practices is well grounded in the literature. According to Friedman, Rapport, Lumley, Tzelepis, VanVoorhis, Stettner and Kakaati (2003), few studies have examined the social and emotional intelligence of individuals with ADHD. Therefore, questions were posed and phrased in ways that encouraged descriptive accounts and
narratives that shed light on participants’ unique subjective experiences, including those that highlight how they utilized their social and emotional intelligence. In line with Object Relations Theory, the subjective experience of ADHD was contextualized by the psycho-social and cultural variables that shape an individual’s sense of self in relation to his or her environment (Berzoff, Flanagan and Hertz, 1996). According to this approach, each individual experiences the world differently and uniquely to him or herself. Likewise, individuals with ADHD will experience their ADHD symptoms in a fashion particular to their unique situation, having been shaped by their psycho-social and cultural contexts. Therefore, this project sought to document each participant’s “pathways to ADHD”, meaning the process of being diagnosed with the condition, incorporating that condition into one’s identity, and developing coping strategies that were pertinent to succeeding in academic environments. Questions about each participants’ unique histories with being diagnosed as having ADHD and utilizing services related to managing learning while having ADHD were posed as well, and responses were probed to produce sufficiently vivid accounts.

As stated above, data collection occurred at two different points in time; each interview lasted roughly between one to two and a half hours, which resulted in a cumulative interviewing time of two to four and a half hours per participant. Participants were afforded breaks as needed during the interview process. In the interim between the two interviews, participants kept journals in which they free associated and reflected on issues that pertained to their daily life as a student with ADHD. These journals were collected during the second interview. This allowed for the incorporation into the second interview of themes and situations mentioned in the journals, as important areas with which to connect and probe as the interviewees were asked to provide a summative analysis of the journaling exercise. The first interview posed topics aimed
at eliciting accounts highlighting the relevance of psycho-social factors and cultural themes, as well as descriptions of coping strategies related primarily towards their K-12 education; it also documented the experience of being diagnosed with ADHD and what that meant for personal identity and self-efficacy, and had the interviewee discuss the “decision” to apply to and attend college. The second interview picked up where the first interview left off, primarily focusing on the participant’s experience with ADHD in the college setting but also allowed the opportunity for them to share and/or clarify issues that had not been sufficiently addressed previously. This interview began by asking the interviewee to talk about their early days in college and the kinds of adjustments that the environment entailed, academically, personally, and socially. The goal was to depict the kinds of challenges that the student encountered and how they managed or navigated them. Because the sample included students from all classes, this part of the interview was designed to be more contemporaneous for some participants than for others. In order to capture the process-based aspects of living with ADHD as a college student, the interviewer sought to understand how the participant’s approach to dealing with various challenges developed over time. The journal highlighted for the interviewer the issues that the participant continued to wrestle with in the present day and therefore played a vital role in setting the agenda for the interview as a point of discussion regarding the ADHD experiences for the participants. Interviews were digitally recorded to ensure that interviewees’ life histories could be accurately transcribed and allowed for complete analysis.

Recruitment and Human Subject Protection

Recruitment: The researcher recruited participants by having an announcement describing the project posted to the list-servs of various campus offices and organizations with which Chinese American and students with disabilities have frequent contact. The researcher
outreached to the Asian American Student Services (AASS) and the Chinese Student Association (CSA). These two university-sanctioned organizations posted the IRB approved flyer to their list-servs in an effort to assist the student researcher with recruiting potential candidates. However, no participants were recruited or expressed interest in the study via this method. Because the researcher did not have access to the list-serv itself, identities of potential participants were not compromised. In addition, a recruitment flyer was created and widely posted at different places on campus frequented by students (including at the offices aforementioned). The student researcher posted over 200 IRB approved flyers throughout the Pacific Southwest University each week for a period of 1 month as well as left on sign in tables for various campus events for Chinese American organizations. It was noted by the student researcher that previous flyers were either taken down or posted over on a weekly bases, which prompted the student researcher to routinely post flyers in the same locations in order to recruit potential candidates for inclusion into the study. Potential research subjects self-identified as having the ADHD diagnosis were asked to contact the student researcher via university email or via the contact phone number that was listed on the flyer (see Appendix C). The time commitment and nature of the study was explained to them upon contacting the student researcher regarding their expressed interest in the study, and they were offered sixty dollars ($30 dollars per interview provided to each participant at the conclusion of each interview) in return for their time and trouble.

Recruitment was focused at the Pacific Southwest University because of the time constraints on the project and the practical limitations on outreaching to multiple sites, especially the problem of receiving site specific Institutional Review Board (IRB) approval at multiple locations. The student researcher approached two junior colleges in the Pacific Southwest
Valley area to recruit possible research participants. These two junior colleges were chosen due to the high enrollment of Asian American college students. One junior college, fictitiously named Eastside City College (ECC), did not reply to the researcher’s email inquiry regarding the possible inclusion in the study. Another location to be named, Northside City College (NCC), was extremely interested in the study. The Director of Psychological Services at this local junior college agreed to assist the student researcher by canvassing their existing database of current students. Unfortunately, none of the junior college students who were identified as fitting the criteria for inclusion volunteered to participate in the study. All participants in the study, therefore, were students from the main campus of the Pacific Southwest University. In the case studies below, the identifying characteristics of participants have been changed in order to maintain their confidentiality.

As a result of the recruitment procedures used in the present study, three Chinese-American college students participated in the study, completing each of the two interviews and writing a journal in the interval between the two interview sessions. All three participating students were female, two of whom were in their sophomore year and the last of whom was a senior. The life histories of the students are presented and analyzed in Chapter 4, with special attention to how they manage their ADHD condition in the midst of meeting the other demands they face, including their educational careers and social (i.e., personal, familial) life.

**Human subjects protections:** Participants were required to read an informed consent document that attested to their voluntary participation in the study and agreement to allow audio recording of the interview; verbal consent of all participants were obtained in accordance with the IRB approved procedures. All interviews were conducted in the Learning Library, which was reserved in advance by the student researcher. This afforded privacy to the interviewees so
that they would be able to freely discuss their life histories and experiences with ADHD. Any personal identifiers mentioned during the interviews (including names of persons, places of business, states/cities, and streets) were stripped or modified in the transcriptions in order to maintain the confidentiality of participants’ identities. All interview transcripts were checked for accuracy and all digitally recorded files will be destroyed after a period of 5 years as specified in the IRB application. Any participant who required follow-up care or requested information regarding accessing mental health services was provided with resource information pertaining to the Student Counseling Center, the Student Health Center, and/or the local county Department of Mental Health operated and contracted clinics, as appropriate. Only one participant required this case management linkage as the other two participants were already in treatment via external providers or already receiving treatment services at the Student Counseling Center.

**Data Analysis**

Interview transcripts were coded to assist the researcher in recognizing the themes and patterns that were present in participants’ interview statements. The focus of qualitative analysis is on understanding the point of view of participants, including how they make meaning of their experiences and develop practices and perspectives that are responsive to their personal or social conditions or circumstances. Therefore, the analysis focused on identifying the different “ways” of the Chinese-American student with ADHD: the different ways in which they managed facing a diagnosis of ADHD, the different ways in which they navigated the K-12 environment (both before and after diagnosis), and the different ways in which they confronted and continue to deal with the challenges found in the college learning environment. The analysis, in other words, focused on summarizing and comparing common threads as well as moments of divergence in the lives and practices of interviewees. All interviews were digitally recorded and transcribed by
the interviewer. Transcripts were hand coded for themes, especially those pertaining to contexts that influence ADHD experience. Coding resulted in identification of data that illustrated or developed key domains of interest to understanding the ADHD experience of Chinese American college students. Memos were written on the thematically grouped data, which in turn became the basis for the writing and analysis in Chapter Four. The student research sought consultation from his dissertation committee as well as sought out expert consultation from a qualitative expert to ensure fidelity of qualitative discovery.

This project was especially keen on identifying how changes in the life course created changing demands and introduced new stressors that can compound ADHD symptoms (comorbidity), and hence shift the contexts underlying their learning styles, coping strategies, and so forth (Wilmshurst et al., 2011). In order to ground these shifts in the context of participants’ experiences, the following domains were addressed in producing the data analysis:

**Psycho-social Dimensions**: Religion, fraternities/sororities, social clubs, organizations, athletics

The focal point for a majority of college students is the social environment and extracurricular activities that are available at a university campus. Although the priority of attending an institution of higher learning is focused around learning the requisite knowledge and skills relevant to a particular domain of interest (college major), the social community of the university helps the student to learn about themselves in relation to others and is a source of emotional/psychological respite from the daily academic demands. However, it can also function as a distraction from one’s studies, and thus raises concerns about how students with ADHD navigate and balance what can turn out to be competing demands on their focus. This was evident in the case studies that are presented in Chapter 4.

**Cultural and Ethnic Dimensions**: Chinese, generation differences, acculturation, beliefs,
It is important to understand how cultural beliefs shape the meaning and experience of ADHD for Chinese Americans, both during their childhood and once in college. Because ADHD is a western construct through which certain patterns in thinking, acting, and feeling are categorized as expressing an underlying psychiatric condition, it was clear that more assimilated Chinese American families reacted to a mental health diagnosis in ways that differ from those who hold more traditional viewpoints. The negotiation of this cultural overlay is fascinating in its own right. In addition, because Chinese Americans are a visible ethnic minority, they likely experience dynamics related to minority status (including the “model minority” myth) that may create a unique complex of demands that shape how they incorporate a diagnosis of ADHD into their identity and learning style. Issues relevant to culture, assimilation, “saving face” and social comparison are highlighted by the case studies presented in Chapter 4.

**Academic Institutions:** college class (freshman, sophomore, junior, senior, graduate/professional), GPA, graduation, academic classes, majors, disability services

Over the course of their educational careers, several points of relevance to academic success are in flux: the cognitive development of the student, the difficulty of the learning materials, the changing orientation toward understanding how education is personally meaningful. Consequently, the interview data was analyzed for how the participant adapted to and managed her academic journey. Perhaps some Chinese American students with ADHD begin with ambitious goals, but scale them down over time. This was evident in the case studies presented in Chapter 4 as all participants were high achievers and often were in the top 10% of their high school graduating classes but report academic struggles once entering their college programs of study. These questions about academic success, and the meaning of same, provided
a context for understanding the adoption, development, and abandonment of various learning and coping strategies over time as well as resulting in the participants questioning their intellectual ability and academic self-efficacy.

**Primary and Secondary Supports:** family and friends

These primary and secondary support systems are important factors to consider as most individuals find support from family and friends. This is especially true for a majority of Chinese Americans as well as the larger Asian American community. As a result, data analysis here was directed toward understanding how the social network of the Chinese American student with ADHD helps them make sense of their disorder, provided a basis for support and acceptance, and may impact their sense of self-efficacy.

**Service Institutions:**
medical and mental health treatment, insurance, student counseling centers, student health center, hospital, clinics, diagnosis, self-medication

Medical and mental health services are important to consider when viewing an individual from a holistic lens. An individual’s physical health, psychological and emotional functioning and their ability to access services to meet their unique needs were important to explore as these factors can assist an individual’s overall well-being and academic performance. Therefore, the interview data was analyzed to examine the circumstances under which Chinese American students avail themselves of such services, differentiating by gender, generational status, and social class. The kinds of treatment that students sought out or were given, including pharmacotherapy and/or psycho-social therapies (Faraone et al., 2000; Riccio et al., 2004) were noted and compared to findings in the research literature on college students with ADHD more generally as appropriate.

In addition, ADHD individuals may be found to be associated with higher levels of legal
involvement due to their impulsivity, higher risk-taking behaviors, limited insight and judgment, poor problem-solving skills, and possible self-medication (Murphy and Barkley, 1996). The interview data were examined for practices that relate to substance use/abuse/dependence that may affect academic performance in light of Luczak et al. (2004) findings that Chinese American college students have lower rates of alcohol dependence in comparison with Korean American and Caucasian American college students.

**Limitations of Present Design**

The data obtained was restricted to Chinese American college students who were sampled at the Pacific Southwest University. As a result, the data are not meant to constitute a representative sample and this limits the generalizability of resulting findings. However, since the review of the current literature reveals a lack of minority specific data relevant to ADHD, this study aimed to provide a detailed account of the psycho-social and cultural factors that shaped the experience of ADHD among Chinese American college students and showed how these same students negotiated their academic community in order to be successful learners.

The findings from this study may prove useful in offering guidance to future researchers about key variables to build into larger scale studies utilizing randomized samples drawn from multiple colleges and universities across the United States. Enlarging the sample to be inclusive of all Asian Americans could provide a useful comparison in regards to how Chinese Americans with ADHD in essence function with their ADHD symptoms in comparison with other Asian Americans and/or in comparison with other racial groups such as Caucasian, African American and Latino college students.
Conclusion

A qualitative approach was implemented to afford the researcher with in-depth detailed awareness of the psycho-social and cultural factors that shape the experience of ADHD in Chinese American college students. Questions were asked of the participants that informed the researcher as to the coping strategies that are implemented by these Chinese American college students to assist them with navigating their academic environment in order to be successful learners. Each participant was interviewed twice, for between two and four and a half hours total. First and second interviews were separated in time by anywhere from one to two months, during which time participants maintained a journal that documented their experiences from daily life that were connected to their ADHD condition. Journals were collected at the time of the second interview as participants felt that meeting for another time to collect the journals posed to be a barrier to their coursework, exams and pending holiday vacations. All interviews were digitally recorded with permission and transcribed to ensure accuracy of the data collected. Any identifying information was stripped in order to maintain the confidentiality of all research participants. The datum were transcribed, hand coded which allowed the researcher to draft memos integrating data drawn from diverse interviews and participants into thematically organized analyses focused on key points of interest and importance, and in line with the domains of interest outlined above. The analysis allowed the researcher to draw conclusions and make inferences that may assist programs, services and colleges/universities to enhance and/or create services to meet the specific needs of the Chinese American college student with ADHD.
Chapter 4
Findings

Introduction

This chapter presents findings from the in-depth, life history interviews that were conducted with the three Asian-American female college students who were recruited using the procedures described in Chapter 3. This research took a case study design, an approach that entails treating each individual in a holistic way, examining the diverse influences and experiences that come to characterize each research participant’s biography. A life history approach allowed the researcher to extrapolate core domains of interest - including psycho-social, cultural, primary and secondary supports, access to services, and academic domains - that contextualize the ADHD experience for the research participants over the course of their past and present. The characterization of the three research participants offered herein highlights both the main aspects of their lives, their turning points with ADHD, and their ongoing management of, and struggle to understand, their ADHD condition in the context of lives that are entering adulthood in a collegiate environment. Having sketched individual portraits of how each research participant’s experiences with ADHD are contextualized by the core domains of interest, the analysis develops common themes and issues in the three participants’ interviews, quoting them extensively in the interest of preserving their unique histories, voices, and perspectives.

One of the main findings from this research is that these college students continue to work through issues with their family in the course of managing and making sense of their ADHD. Issues for the students stem from several sources: from pressures by parents with expectations for success that are exacting and imposing, or who disagree about whether ADHD is a true medical condition, or who have concerns about the possibility that ADHD medication
can prove addictive. These parental pressures can in turn result in the student feeling as if though she receives less than ideal parental support as the student faces adverse circumstances. For two of the three participants, many of the stresses related to ADHD and familial relationships ultimately seem to center around differences in the extent of acculturation between/among students and parents. As second generation Chinese Americans, the students are more exposed to and involved with Western belief systems and values, which can be a point of contention in disagreements with their parents over the meaning of mental health in general and their ADHD in particular, and what sort of prominence or importance mental health and ADHD should therefore be granted.

**Case Study: Mary Ann**

“Mary Ann” is a 19 years old sophomore from the Bay Area of California. She is currently studying business at the Pacific Southwest University. Mary Ann was diagnosed with ADHD over the summer break of her freshman year in college. Mary Ann reports improvements in concentration, motivation and self-esteem this academic year as compared to her first year in college. Mary Ann believes that much of this improvement is a direct result of taking the stimulant medication, Adderall. However despite the improvements in functioning, Mary Ann reports having conflicted thoughts regarding the need for the medication. Mary Ann mentions experiencing possible withdrawal-like symptoms, such as lethargy, decreased motivation and focus, as well as loss of interest, when not taking her medication. She continues to have internal struggles regarding the necessity of medication therapy despite the positive gains she obtained during her initial semester on it. Mary Ann stated that she was able to function for the past 18 years of her life without medication and uses that as a baseline comparison and rationalization against the possible need for medication. Despite her internal conflict regarding the necessity of
medications, Mary Ann stated that she will continue with her medication regimen and consult with her medical provider to further monitor her progress as her academic performance and overall functional status has improved.

Mary Ann comes from a biracial family of origin. Her father is a first generation Chinese American and her mother is Caucasian (Jewish). Mary Ann describes her childhood as having had the best of both worlds. She reports that she never had to choose one culture over the other. Growing up, Mary Ann was raised in a family where both cultures were openly embarrassed. “I had the best of both worlds. I was able to celebrate Christmas and Hanukah,” she said. She also added that many of her friends and same age cohorts during K-12 were also biracial, which added to her sense of normalcy. From time to time, she was called derogatory names such as “White washed” but she thought it was comical and did not read much into these harsh statements made by her other Asian peers. In terms of mental illness, Mary Ann reports that her family is very supportive of her issues and struggles. This may possibly be due to her father being a physician and her mother being an attorney, and to her first generation Chinese American father being well-acculturated into mainstream American society.

Mary Ann cited her parents and siblings as her main sources of support, both in her current life as well as when she was growing up. Although some of her family members were reported to have some reservations regarding the need for medications, since then they have come around to support her taking medicine to treat her symptoms because of Mary Ann’s noticeable, positive gains in her academic performance, improved focus and organization and enhanced self-esteem. There is some tension between Mary Ann and her mother, however, over whether she should continue to take her medications when she returns home during holiday breaks. The mother questions why Mary Ann should be taking medication that is supposed to
help her maintain focused attention on academic pursuits when she is not pursuing academic activities. The mother tells her that she should be “tapering off” her medication under such conditions, resulting in Mary Ann having conflicted feelings over whether or not she should cease or reduce her treatment, especially since she notices what she understands to be “withdrawal effects” when tapering her dosage independent of medical advice. These trips home have in turn led Mary Ann to more broadly question whether she is developing an addiction to Adderall, introducing another source of tension for her that she must manage in her daily life while back at school.

Mary Ann is the youngest of 3 siblings. Her older brother is approximately 30 years old and pursuing a Ph.D. from a prestigious university on the west coast. She reports having a good relationship with him although she feels that they do not have much in common due to their age differential. Mary Ann has one older sister who is approximately 22 years old and currently attending medical school. Her sister initially was against Mary Ann taking any psychotropic medications as her sister believed that the medications would alter Mary Ann’s behavior. However since that initial reaction, Mary Ann’s sister has had a change of heart due to the positive gains made by Mary Ann post medication therapy.

At school, Mary Ann’s main sources of support are her best friends, who also happen to be her roommates. The roommates understand that Mary Ann has been diagnosed with ADHD and is taking medication for it, and they express acceptance of her situation, especially since they, too, have noticed positive changes in Mary Ann as a result (including her having become the cleanest and most organized member of the household, quite a reversal from before). However, recently Mary Ann’s father has purchased a lock box for Mary Ann to store her medication safely in her apartment, since it appears that some of her medicine has gone missing.
Mary Ann suspects her roommates have been pilfering her medicine, but she refuses to confront them about it. This has introduced yet another source of strain for Mary Ann, as she wonders whether her best friends and roommates are taking advantage of her, leading her to question how truly supportive her friends are.

Before her diagnosis, during her K-12 education, Mary Ann participated in extracurricular activities such as basketball and volleyball as well as interning for an agency providing social-media support. During her post-secondary education, Mary Ann participated in Sorority rush but did not find a house that was compatible with her personality and interests. Since being diagnosed with ADHD, and as she has tried to focus more on her academic efforts, she has limited her extracurricular activities to two academic clubs at the Pacific Southwest University centered around business and has become involved with part-time contractual work for the agency where she interned during her K-12 education.

Mary Ann is currently under the care of a psychiatrist from the Bay area. She reports that she was seeing a psychologist sporadically during her K-12 education for family-related “adjustment” issues, but only briefly. She does not believe that she requires ongoing psycho-social interventions at this time. Mary Ann feels that her primary concern is adjusting to her medication regimen as she had been on several different medications before being prescribed Adderall. She speaks with her provider every few weeks to ensure that the medication is monitored and adjusted to meet her individualized needs. Mary Ann did not endorse any medically related problems.

Mary Ann was not diagnosed with ADHD during her K-12 education. As a result, she did not receive any special accommodations for her disability. Mary Ann did not realize that she
had ADHD until the summer of her freshman year of college when she saw a psychologist for testing through a local educational center in the Bay area. Mary Ann believes that high school was more structured, the coursework was easier, the classes were shorter in duration and that teachers were more hands-on in their students learning. Therefore, her ADHD symptoms did not seem to impair her academic performance to the extent it did during her freshman year of college. Comparatively in college, students are expected to demonstrate the use of more self-regulated learning and exercise self-discipline and time management skills which are related to executive functioning. These executive functioning tasks are largely impacted by ADHD symptoms as mentioned in Chapter 2.

While in college, Mary Ann reports that she has received special accommodations for her disability in the form of a note taker to assist with taking notes during lectures, having time and a half on exams, having the ability to utilize computerized texts to assist with her academic career, all of which were arranged through the Office of Disability Services. These services appear to have greatly assisted Mary Ann to improve in her academic performance as demonstrated in her improved GPA during the Fall semester of her sophomore year (Fall 2011). As a result of these accommodations, Mary Ann reports that her friends/roommates are somewhat envious that she receives these services to minimize her disability. Some of her friends and acquaintances attribute her improved academic achievement to her having extra time to complete exams as opposed to her innate intellectual ability. Mary Ann reports that this minimization of her academic performance has caused her internal conflict and created self-doubt regarding the fairness of receiving these additional support services. Despite having this internal struggle, Mary Ann is excited about her overall functional ability and mental clarity when on medications and is committed to continuing with her medication regimen as prescribed by her treating
provider, as well as availing herself of the accommodations facilitated by the Office of Disability Services, which she has come to greatly value.

The academic transition to college proved to be quite a challenge for Mary Ann. During her K-12 education, Mary Ann would read, highlight, re-read and create flashcards on various subjects to assist in her learning. However when she entered college, Mary Ann found it difficult to continue in this way as the amount of reading was overwhelming, and she found her development of self-regulated learning skills to be greatly impacted by her inability to focus, read and retain information. As a result, her grades were below what she was accustomed to and she lost faith in her abilities. Mary Ann was frustrated in that she was spending a lot of time trying to study but not getting much of a return for her effort. Furthermore, Mary Ann found the classroom environment in college to be a challenge: lectures could be hard to follow and her peers were often on their computers, surfing the internet (e.g., Facebook or Twitter), or playing computer games. Although she has been able to focus more since taking her medication, the classroom environment itself continues to be a challenge. When asked why she doesn’t simply reposition herself in the classroom, for example, by sitting in the front row where nothing will interfere with her view of the professor or chalk board, she replies that she doesn’t want to feel like an outcast. Thankfully, many of the professors have caught onto the fact that students are using their computers and smart phones in class for subversive purposes and have banned the use of gadgets in class, which Mary Ann finds a source of relief from the distractions that professors previously unknowingly allowed.
Case Study: Cecelia (CeCe)

“Cecelia,” or CeCe, is a 21 years old senior (graduating Spring 2012) who relocated from the east coast to the Pacific Southwest in order to pursue her studies in Bio-Medical engineering at the Pacific Southwest University. She receives a partial scholarship (half paid tuition) in recognition of her strong academic performance. Despite the recognition, CeCe was recently diagnosed with ADHD (in her junior year). Her interest in the research project seemed to stem from a genuine interest in making sense of her own experience with, and relationship to, ADHD, a condition she is still becoming acquainted with and which she is not entirely sure she understands or believes in. CeCe reports having conflicted relations with her family, which appear to have been folded into the process of making sense of her new ADHD diagnosis. CeCe is ambivalent about her recent ADHD diagnosis, and about mental illness more generally, as ADHD and mental illness are obscure concepts for her, not being grounded in the “hard” data that she is accustomed to in the natural sciences. This desire to make sense of her ADHD condition, coupled with her familiarity with the rigorous methods of the natural sciences, drives her interest in seeking and receiving psychological testing to validate her recent diagnosis.

CeCe is a Chinese American female from an intact family of origin with one younger sister. Her parents were both immigrants from the southern region of mainland China and emigrated to the United States primarily to pursue an advanced education. CeCe’s parents are highly educated: both parents have obtained their graduate degrees (her father has a Ph.D. in a science field and her mother has a Master’s degree in the engineering field). CeCe’s family is very traditional by most measures -- holding beliefs and observing customs and practices found among those who have not left mainland China. Accordingly, CeCe’s parents have little understanding of the Western conception of mental illness or its potential consequences. CeCe
does not openly discuss her ADHD diagnosis with her parents, in particular her father, whom she characterizes as the family patriarch, and with whom her relationship is strained. Her mother is aware of Cece’s ADHD diagnosis, but doesn’t take it seriously; Cece has refrained from informing her father altogether. CeCe considers her father to be rigid and inflexible in his ways of thinking and overbearing in his manner toward her, especially in his strongly expressed inclination to map out her life (confusingly so, since his ideas about what CeCe should do with her life are constantly being revised, leaving CeCe confused about what he wants her to do or what is acceptable to him). CeCe feels that her father’s strong subscription to traditional Chinese ideals and values leaves little room for her to diverge from his perceived notion of “success”. As an example, CeCe’s father did not want to attend her high school graduation because he viewed this occasion as a “given”, a transition that was to be expected and not extraordinary, such that celebratory praise and festivities were unjustified.

CeCe believes that her father’s rigid Chinese beliefs and values have impacted her academic and career goals as well as inhibited her from pursuing her true interest, which is in various kinds of design, due to fear of failure and uncertain probability of socio-economic success. As CeCe sees it, her father’s belief in the Chinese notion of “saving face” ends up being used against her, as he pressures her to perform well, lest she embarrass him by being a failure and reflecting poorly on him. However, because the father’s plans and expectations for CeCe are always evolving, CeCe becomes confused, frustrated, and angry, to the point of exclaiming that she “hates” Chinese culture.

Further marginalizing CeCe’s perspective and viewpoint, CeCe’s father expresses the view that mental illness is a social construct created by Americans to rationalize or camouflage their “laziness” and inadequacies. This is one reason that CeCe has refrained from informing her
father of her recent ADHD diagnosis: CeCe believes that her father, upon learning of her diagnosis, would reply that CeCe was making excuses for her lackluster performance and that she was in fact being “lazy”. CeCe’s father is clearly the dominant figure in her household, so much so that CeCe’s mother, CeCe’s sister and CeCe herself often bond together as a method of coping with the strained familial environment her father promotes, providing her with a source of support (commiseration) formed under duress.

CeCe mentioned that she did not encounter any acculturation issues growing up, which she attributed to the fact that most of her peer cohorts were also the offspring of Chinese immigrants. Born and raised in the United States, CeCe considers herself to be Chinese American and has been fully acculturated into American society, without any sense of “adjustment issues.” If anything, her issues are with Chinese culture (as expressed through her father’s rendition of it), which she finds to be problematic in many ways and less a source of comfort than a set of stressors and obstacles to her well-being.

Because of the strained family dynamics, CeCe rarely goes home to visit her parents and has instead tried to distance herself in an effort to be “happy” and live her life without being overly parented. Further illustrating this distancing, CeCe is considering a summer internship program in Germany after graduation to gain practical experience while simultaneously precluding face-to-face interaction with her father. For CeCe, the true motive behind her decision to go to Germany is to have an “excuse to travel” as well as for being “far, far away” from her father. “Having fun” is unacceptable to her father, but masking the fun by saying that what you are doing is in pursuit of knowledge makes it acceptable to him, so long as the pursuit of knowledge is not done solely for pure enjoyment or for its own sake. (By the time of the second interview, CeCe was becoming more reflective about her ADHD and her relationship
with her father, saying that she had come to the realization that she had chosen to go to school in California in order to get away from her father.)

Having grown up in a privileged household, accessing services presumably would not have been a problem for CeCe during her K-12 education had she sought to receive them, but it is important to understand that CeCe was not diagnosed with ADHD until her college years. In fact, CeCe did not initially seek out an ADHD diagnosis, nor was she aware that she presented any symptoms associated with the condition. In the course of a conversation with a psychologist at the Student Counseling Center, she was asked if she was willing to see a psychiatrist. The psychiatrist to whom she was referred mentioned to CeCe at their first meeting that her psychologist had referred her for an ADHD evaluation, stunning CeCe. The psychiatrist did not think that CeCe had ADHD, because her grade point average (GPA) was too high (3.7), far higher than most of her patients. The psychiatrist did not see any impairment requiring medical treatment. However, after consulting with a second psychologist, the ADHD diagnosis was confirmed. Despite psychological testing that confirmed the ADHD disorder, the treating psychiatrist did not prescribe any stimulant medication to treat CeCe’s ADHD symptoms. CeCe reports that her psychologist was puzzled by the reluctance of the psychiatrist to prescribe medications. However, CeCe’s treating psychologist was able to validate the ADHD diagnosis and assist her with accessing the disability services offered by the university.

In retrospect, CeCe thinks that her ADHD symptoms may have always been present. However during her K-12 education, she believes that she was able to better mask her symptoms as the class sessions were shorter, the course materials were easier, taught in a more regulated environment, and the subject of scrutiny by her parents (“Have you done your homework?”), resulting in a more externally structured engagement with learning, probably allowing her
symptoms to be contained. In college however, CeCe found learning to be more of a challenge, getting swept up in the minutiae of her curricular instruction, failing to see the broader picture in what she was being taught. After being diagnosed, CeCe had an “a ha!” moment, her learning issues crystallized in a new light, and the diagnosis was in a certain sense comforting and cathartic. Thus, although CeCe is ambivalent about the ADHD label, and is not sure she gives it scientific credence, she has found that it has provided her with a source of insight into how she processes and absorbs instructional material.

Since being diagnosed, CeCe has been receiving special accommodations from the university. She feels that the extra time to complete assignments and extra time during exams has been a primary reason for her academic improvement. Since CeCe is not medicated, she finds it very difficult to focus and stay goal oriented to meet timelines and project due dates. She is easily distracted, which exacerbates her frustration with herself. This was clearly apparent in her journaling exercise as she discussed how easily frustrated she gets when she can not focus and is tempted to play video games (i.e. Angry Birds) in lieu of studying for her courses that later leads to heightened anxiety. With regards to studying, CeCe reports that she is not able to have the TV on or any lyrical music playing in the background as she will shift focus from studying to try to decipher the gist of the TV show or to understand the lyrics of the music. CeCe stated that even surfing the Internet for class related research is difficult as she will have multiple web browsers open simultaneously yet be unable to complete one web search in its entirety without being distracted. CeCe reports that her lack of focus and organization make it difficult for her to sufficiently plan ahead which often results in her “cramming” for tests and projects a couple of days before the due date despite being given ample time to prepare for the tasks.
Case Study: Jinger

Jinger is a nineteen year old Chinese American woman from the Pacific Northwest. She was born in China but raised in the United States, where she arrived when she was six years old. Although her early years in the U.S. were somewhat challenging because she had to learn the culture and language in an environment (the Southern U.S.) where she was the only visible Asian in her classes, she felt more at ease once the family permanently settled in the Pacific Northwest, mostly because there was quite a sizable number of Asians there, but also because the family became more rooted in one place. Jinger’s parents immigrated to the U.S. from mainland China, and Jinger is the only child in her primary family of origin. She says that her parents are understanding of her ADHD symptoms and do not “push” her to excel, although Jinger’s parents are both highly educated with graduate degrees. Her father has a Ph.D. in a science field and her mother has a Master’s degree (unknown discipline). Jinger did not indicate that her parents benchmarked her success by use of social comparison with others. Jinger is currently a sophomore at the Pacific Southwest University majoring in architecture. She is on a partial tuition scholarship based upon her high school achievement. However more recently, she has been placed on academic probation as her grade point average (GPA) is currently 2.5, which is below the 3.0 requirement.

Although she was more at ease in the Pacific Northwest, Jinger didn’t necessarily “fit in” at school. She developed a reputation for being a “space cadet,” and she is still somewhat aloof from others, having few friends (none of whom at the time of the interview were of Asian descent). Jinger considered herself to be “strange” in high school, but she was very private about how she felt - alone and different from others. Because she was unwilling to share with others how she felt about herself, she did not have the opportunity to discover others who felt the same
way, or learn about a possible medical basis for her condition. She assumed that this was just the way she was. She did have problems focusing on, and staying interested in, her studies when in high school, but before her diagnosis, these problems were not an issue because her grades were strong (she reports having a 3.75 GPA in high school). In fact, Jinger came across her ADHD diagnosis by accident, while still in high school. She was surfing the internet and came across an ADHD checklist of symptoms as a method of self-assessment. She was able to endorse most if not all the criteria for ADHD on the self-assessment. Next, Jinger provided that same self-assessment inventory to her friend to rate Jinger from her friend’s viewpoint. The results were similar to those obtained by Jinger. This provided Jinger with the necessary data to approach her parents about her findings.

Jinger’s parents responded initially in a supportive way. Her parents “always knew something was wrong with” her, and now Jinger’s parents sought out mental health services to address her ADHD symptoms, namely, medication therapy. Despite their initial support, however, Jinger’s parents eventually stopped her medication therapy due to possible side effects she was experiencing, including feeling slowed down in her thinking. In addition, Jinger’s parents do not believe in mental health, which may also account for their discontinuing psychopharmacological intervention. She quotes her parents as saying that ADHD “didn’t exist in China, it was made up just to sell drugs in America.” However, since Jinger is their only child, her parents may have wanted to provide her with the best opportunity to perform well academically, hence were initially open to allowing Jinger to be given medication therapy, despite being dubious about the applicability of the ADHD label to Chinese nationals.

Jinger’s condition appears to have “spilled over” beyond her academic pursuits to affect her daily routines and personal relationships. Jinger reports that she has lost both her apartment
keys on several occasions and also lost her cellphone five times. She loses track of time. She talks about having difficulty successfully interpreting social cues, such as those expressed nonverbally. Jinger often forgets to perform housework chores, such as forgetting to take out the trash, even though she notices that the trash bin is completely full with garbage spewing out of the top— it just doesn’t cross her mind to empty the trash container. This lack of consideration infuriates her roommate and causes tension in the apartment. Jinger feels that the relationship with her roommate and her is strained, so much so that her roommate has on occasion refused to open the apartment door so that Jinger can enter the premises.

Jinger is not currently in any treatment services. However, Jinger acknowledges that she was performing better academically in high school when she was taking stimulant medication than she is now in college without medication therapy. Therefore, Jinger is considering restarting her medical regime at the Pacific Southwest University and has also inquired about how to access mental health treatment services from the Student Counseling Center. Jinger acknowledged her parents’ beliefs regarding medication, but notes that since she is now of “legal” age, she can consent for treatment services on her own.

Based on her statements, it seems that Jinger is willing to do anything that she thinks will assist her in performing at a higher caliber, lest she lose continue on a path that will endanger her scholarship. Jinger stated that if she did not raise her grade point average (GPA) by the end of her Fall Semester (2011) that she would need to consider leaving the Pacific Southwest University and transferring to a local junior college in the Pacific Northwest. She has notified her parents that she is on academic probation, but she has not been explicit about the threat to her continued status as a funded student at the university in good standing.
**Analysis: Themes and Variations in the Three Case Studies**

**Overview**

Many common themes were found among the three case studies. First, it was apparent that in each case, the family is an important source of support and coping, but that this relationship can be tense and a source of strain for the student. The degree of acculturation into mainstream American customs, beliefs and traditions as well as the level of understanding of mental illness directly affects parental viewpoints, which is evident in variations in how families viewed and responded to the participants’ ADHD diagnosis and treatment. All the participants were high achievers in high school but faced challenges upon entering their college studies. Each participant reported similar difficulties adjusting to academic coursework in college, as compared to their experiences in high school, where the course materials did not pose a serious challenge. It was a shared sentiment among all “conversational partners” (Rubin and Rubin, 2004) that their respective ADHD symptoms were easily masked in high school due to the shorter class duration, extensive teacher involvement and parental oversight coupled with less challenging course material. While in college their ADHD symptoms became more pronounced as class sessions were significantly longer in duration, coursework was more difficult, and there was less oversight by professors, since students are expected to be mature self-regulated learners; furthermore, they were living away from home and away from daily parental influence. Finally, each of the women seemed to be going through a process of making sense of what their ADHD meant to them, including how they felt about the diagnosis itself as well as their treatment options, although in each case it seems that the diagnosis did help them make sense of their past behavior, troubles in school, or personal choices.

What follows is a presentation of prominent themes from the interviews, with an emphasis on allowing the voices of the research participants to come through clearly.
Family History and Parental Educational Attainment

It was noted in all the case studies that these participants were raised by parents who had high levels of educational attainment. In all three cases, each participant’s father held a doctoral level degree (Ph.D. or M.D.) and each participant’s mother held either a Masters level degree or Juris Doctorate (J.D.).

Mary Ann: “Well, my dad’s a dermatologist and he like went to Med School. He’s pretty knowledgeable about a lot of that. My mom was actually an attorney. Umm… so both of them know about mental illness and I think they understand it and I think that they… umm… I don’t know. I think they think it’s a problem but they are supportive of me taking medication for it. Umm… yeah.”

CeCe: “Oh, umm… they’re both like graduate degreed. My dad has a Ph.D. (in the sciences) and so he thinks that Physics is like the ultimate meter of intelligence because everyone hates Physics and only like Physicists are able to do Physics. And I never learned Physics properly so I was never… Well, he’s really not a Physicist. He ended up doing like software consulting work just like most Chinese parents that I know ended up doing some kind of software computer OCS stuff because it’s easy to get a job comparatively. It’s like easy at least when they were coming out of school, it was easy. It was the ‘Big Boom’, that’s why every single one of them is doing computer stuff. And my mom got a Masters in an engineering field too but I don’t think she’s really suited to it at all. She just did what was practical.”

Jinger: “Um. My dad has a Ph.D. and my mom has a masters.”

The parental level of educational attainment may have a direct impact on the family’s emphasis on having the children perform well academically. On the one hand, this seems to have made the families supportive, at least initially, in terms of being agreeable with the idea of their daughters’ receiving assistance for the ADHD condition, where this was disclosed. However, at times it may be that the family’s emphasis on superior academic performance created demanding expectations for the children that were their own source of stress. In that sense, it may be that in the case of high achieving parents, parental support for children with ADHD can be a double edged sword. Furthermore, the support that is offered may not be entirely authentic to the extent
that first generation Chinese American parents do not give credence to the idea of ADHD itself, or have issues with the medication therapies that are often part of its treatment.

**Familial Dynamics and Support**

One participant reported that her father’s expectations for her were often unrealistic and constantly fluctuated, resulting in her feeling inadequate at meeting his seemingly contrived benchmarks for success. This uncertainty led to a strained relationship between her father and the rest of the family. The other two interviewees endorsed positive and supportive relationships with their fathers, which resulted in their feeling a greater sense of self confidence, support and validation. Respondents reported that the level of parental understanding of mental illness had ultimately impacted their own internal belief in mental illness and their diagnosis as a student with ADHD. For instance, CeCe stated:

I think my dad doesn’t believe in it. And I think my mom doesn’t really know what to think. I think her unconscious inclination is to not believe in it because it’s foreign to them and I understand because I wasn’t raised with mental illness being a thing. So I don’t, I don’t have a real deep inclination towards believing in it. So it’s kind of a process right now or I believe in some mental illness and then like some mild versions I’m not really sure what that is anymore because it’s like in the spectrum of being really like dysfunction and being functional and then once you get toward the functional, I don’t know any more what it is or if it’s just their personality. Maybe it’s just their personality. It seems like assigning a dysfunction to just a certain type of person and I don’t know what to think any more but I think (my mother) definitely believes in extreme mental illness like people who literally hallucinate and things like that. I think Asians are pretty okay with that and realize that those people are actually insane and like they need help and stuff. But once you’re… seen to be coherent and especially if you’re smart than they like to ignore the mental illness is like a thing because. I remember in Chinese school I would see lots of boys who had… there was one boy who I thought had some serious problems. I don’t know. He seemed pretty anti-social to me but he was 10. I was like, that kid is pretty evil and I don’t even understand what he’s going to be like when he grows up. My mom was like it’s okay, he’s a genius at math. I’m like how does that change anything? Why does that even matter? Why is it okay that he’s like… I think there’s something really wrong with him but like because he’s so smart it doesn’t matter. Like it’s okay that he’s like, might need help with something else but because he’s good at math, it’s okay.
On the one hand, CeCe feels unsupported by her father, who has stringent demands on her and who does not believe in mental illness; accordingly, he doesn’t take ADHD seriously. Thus, CeCe has yet to disclose her diagnosis to him, and in fact believes “it will go very badly” when she finally does disclose her condition to him, since he does not believe in “conditions” requiring specialist treatment or medical intervention, whether physical or mental. On the other hand, CeCe is perplexed by how her mother thinks about mental illness, as she apparently believes that being proficient at certain intellectual tasks in some sense invalidates the possibility that that person has mental health issues: the intellectual ability voids out the mental illness. The result, then, is that CeCe feels she cannot count on her parents to support her through her journey in managing a life as a woman with ADHD. These concerns about the parents’ views on mental health occur against a particular backdrop provided by her earlier years in school: although CeCe was always a high performing student, regularly pulling down a 3.7 GPA, she never felt she had performed well enough to please them. Her father, for example, would always point to peers who had outperformed her, surpassing a 4.0 GPA. In this sense, the discovery that she had ADHD likely reawakened a number of conflicting feelings in her about her adequacy and also her ability, feelings she is exploring with a therapist, rather than her family.

Comparisons to others, in her case to her sister, were also important to Mary Ann’s experience, but the process and dynamic were different: less competitive, perhaps, though the discovery of her ADHD allowed Mary Ann to have an aha! moment, one that clarified why she learned differently than her sister, as seen in the following excerpt:

*Interviewer: And how did you do in high school? What was your GPA like then?*

I think 3.8 unweighted. Umm… but another thing my family realized was a kind of sign was that my older sister just has no signs of ADHD and she’s very very smart and there has always been a difference between us. She’s the type of person who hears things in class and doesn’t do the reading but she does the reading even though she doesn’t have to
and just… it’s not that she’s smarter than me it’s just how she remembers things and processes things is very different than for me and for other people in other ways besides that.

(Interviewer: And how does that make you feel that there’s a difference?)

Umm… well it didn’t make me feel great but now that I know that it’s natural problem that I have ADD, it makes me feel better about it. It’s not that I’m not as smart as she is it’s that I process things differently than she does…

(Interviewer: So it sounds cathartic for you when you found out that you had ADHD?)

Yeah… it was just a relief but when he told me, ‘how do you feel are you okay with this? Are you upset?’ I told my friends and they said, ‘I’m sorry.’ I said, ‘no, it’s a good thing cause I can get help that I need and I’m gonna do better.’ I wasn’t that I couldn’t read or pay attention. Like it wasn’t my fault I guess… yeah…

Unlike Cece, Jinger feels that her parents have been really supportive of her from the time of her diagnosis and have always recognized the effort that she has put forth in her academic studies:

(Interviewer: How did your parents respond to the diagnosis?)

They were happy for me… especially, I’m really close with my mom and she knew that I was just really struggling last year and it wasn’t that I wasn’t putting effort in. Like I was putting in all the time that I had to study but I was putting in so much time and then not getting good results. Like I don’t mind putting in lots of time studying if I’m going to get an A then I’m happy about it but it was to the point where (I thought), why am I even studying?

(Interviewer: What is your parents’ philosophy regarding mental illness?)

Well, my dad’s a dermatologist and he like went to Med School. He’s pretty knowledgeable about a lot of that. My mom was actually an attorney. Umm… so both of them know about mental illness and I think they understand it and I think that they… umm… I don’t know. I think they think it’s a problem but they are supportive of me taking medication for it. Umm… yeah.

Mary Ann also stated that her sister, who’s a medical student, was initially against her taking stimulant medication, but was later supportive when she noted an improvement in Mary Ann’s self-esteem that coincided with an improved academic performance:

My sister is actually in her 2nd year of Medical School so she keeps giving me her opinion. At first she was really opposed to… she said she doesn’t like behavioral altering drugs because she doesn’t think it’s right. She thinks that I should just adjust my
habits kind of but then she saw how much better I’m doing this year and it’s not just
doing better in school, it’s like a confidence thing as well like I’m putting in effort and
doing well. Umm… Now she’s actually supportive of it. She definitely thinks I have it
but she just doesn’t think I should take a pill to fix the problem and my brother because
he’s so much older than me. We have a good relationship and he’s really friendly and I
enjoy talking to him but we’re not like super close. We’re at very different parts of our
lives.

This support from her family has been a great source of comfort for Mary Ann as she reported
feeling heard and validated. This support can also be witnessed in how the family reacts to the
possibility that Mary Ann is experiencing side effects from her medications:

(Listener: Do you think there are any underlying depressive issues going on?)

I don’t think so… There was one instance over Thanksgiving where I didn’t take the
Adderall and I was really tired and really emotional a day. I just wasn’t social and I
wasn’t seeing my friends out. And then I was talking with my family and my sister and
then they confronted me and wanted me to talk about it. They thought I was depressed.
They wanted me to see a psychologist and change my medication. I didn’t really want to
do all that and I didn’t really understand. And it scared me too but I felt really bad for
scaring them. It never happened before and it hasn’t happened since. It’s not depression
because it’s not long-term but I think that the week before Thanksgiving, I was just
getting 3 or 4 hours of sleep and then 3 or 4 hours of sleep so I just needed to crash and
like restart. And I just felt comfortable enough to have a break down at home instead of
like having it in front of my roommates. That was the only instance where I thought that
or my parents thought that because it was scary for me too.

Issues related to parental support were also reported by Jinger, shaped somewhat by a
limited understanding of mental illness and ADHD by her family. Jinger reported that once she
was diagnosed with the ADHD disorder that her mother became proactive to learn more about
the disorder via purchasing books on the subject:

Umm… my parents are really concerned. They weren’t really sure that (ADHD) actually
existed. I mean I’m still not sure if it actually exists. I’m not sure if it’s like a mental
illness. I just think it’s a set of symptoms that are just found. There’s really not a way to
fix it. I’ve been on medication… umm.. it worked but it also would make me feel like
kind of odd because it’s just not my personality and I’m just known for being impulsive
and like I just do weird things that’s just who I am. So like… My mom bought a ton of
books when she found out I had it.
(Interviewer: So she was trying to keep abreast of the literature. Oh great. How did that make you feel to have your mom on your side?)

They didn’t mind that. They were supportive or whatever of any illnesses that I had. They just didn’t want me to be on medication was their main concern…

(Interviewer: After you mother read some of the literature on ADHD did she say anything relevant to the cultural experience being Chinese or Chinese American with ADHD or did it not jive well with her?)

She said that it didn’t exist in China. Like, it was just made up to sell drugs in America. In Jinger’s case, parental support had its limits. They had her taken off the medication therapy she was receiving, despite Jinger’s belief that her medication was helping her in her studies. Although the parents felt it was important to help Jinger achieve academically, they also did not have faith in the ADHD diagnosis or the medical treatments that are used to control it, resulting in effectively undermining their daughter’s efforts to successfully manage her condition through medication therapy.

Secondary Supports

Secondary social supports are a large source of coping for individuals, especially when they are away at college, where parents are unlikely to be immediately present and when students are likely to be in the course of establishing stronger, independent selves. This was not any different with regards to these three participants. Some of the interviewees reported feeling supported and validated by their peers, while other were reluctant to share their diagnosis with their friends, or had conflicting experiences with peers with whom they had shared their diagnosis. Mary Ann stated that her friends were mostly supportive of her need to take psychotropic medications to treat her symptoms and diagnosis, but were dismissive of her need for reasonable accommodations for her disability. She says that her roommates are supportive:
Definitely with the organizational aspect. I lived with one (roommate) in the dorms last year and the other two were our neighbors in the dorms. Last year, I was the messiest, but this year I’m the cleanest and they see how much better I’m focusing and doing in school. The only thing I have with them is that all 3 of them have taken Adderall for like finals and stuff and I had never given it to them. I had gotten to the point and I think I said this last time, I told my parents that I felt uncomfortable leaving my medications at home so I got a lock box and I think that was kind of weird with them at first but I don’t know. My dad told me to blame it on him so I did. They kind of left it alone…

(Interviewer: Do you think they have stolen your medication before?)

I don’t know. I don’t want to start thinking like that but it came to a point where I was keeping track of the days that I took it. I felt like things were running out too quickly. Umm… those are not only my roommates here but they’re also my best friends here and I don’t want to think that they did that or that any of my friends did that really. So having a lock box really helps to eliminate the suspicion and question.

(Interviewer: Do they look at you differently?)

I think at first it annoyed one of them, Carla (fictitious name), the one I lived with last year and this year who is literally my best friend, just because it seemed like I didn’t trust her but I didn’t say that…

(Interviewer: How did they know that you had a lockbox unless they were looking for something?)

I mean... I told them too. It came in the mail. It was big and at first, I really didn’t have a system for it. I was taking something out every day but now, I have one of those pill boxes and I do the lockbox like once a week and put the pills into the pillbox. So this way if Wednesday is gone, then I’ll know and I can keep track of it a lot better. The only time I felt pressure was when they asked me for it and I had to say ‘no’ and then I felt like they may have taken it. That would be it.

(Interviewer: Do they still ask you for it now?)

No. But they still get it. I don’t know. It’s just weird. I just really didn’t understand how people do that. Umm… There’s no point in getting upset. I just think it’s unnecessary. Carla, she’s one of my roommates who would pull two one-nighters all in a row, cram, pull out two papers and then not do anything for two weeks and then for the next couple days after, she’s like my body hates me. I was like up all night. And I’m like why did you do that? And I don’t think it’s more effective. Last year we had a class together and I did better but she took the Adderall too and she didn’t do better. I don’t know. It’s kind of a waste of their own money.

The topic of college students abusing prescription medications as a study aid has been widely reported in the media and on the Internet, including social networking sites. This passage illustrates the issue through a real-life experience as accounted for by someone with ADHD.
Friends and roommates may perceive the Adderall as providing a student with a leg up on her studying and test-taking, and hence invoke claims of friendship to pressure her to share her medication. As a result, the student with ADHD may be torn about whether her illness or her friendships should assume priority.

Mary Ann stated that her friends are a large part of her support system and she relies on them to assist her in coping with daily struggles. Mary Ann feels that it has been challenging for her in dealing with “normal” developmental issues while simultaneously trying to cope with and make sense of her ADHD diagnosis. However, she reported that they sometimes are dismissive of her diagnosis, or minimize its importance in her specific case, as shown in this excerpt:

Another thing that one of my friends say is that everyone has ADD to some extent and it’s just a matter of getting tested and diagnosed but I disagree with that and I’ve told her that. Yeah, I think they lose track of understanding why I get the accommodations that I do and why I have the prescriptions I do.

(Interviewer: Do you think in their mind that you’re lying?)

I don’t think they think I’m lying. They may be thinking that I’m taking advantage of that but I don’t understand that. I don’t think they think I’m lying. I think they know I have it. I got tested all summer for it. I know I have it. But I don’t think they think it’s necessary.

(Interviewer: Does it really matter what your friends think?)

No it doesn’t but at the same time it does because my friends are very important to me. And I’m someone who needs balance. I need to be social and be happy and I think that I may be making them sound a little worse that they really are.

(Interviewer: They don’t sound bad. They just sound like normal teenagers or young adults.)

Yeah. They are and they’re immature but I’m immature, too, to some extent. One thing that teenagers do is that we assign blame to things. Like, oh the teacher was bad or it wasn’t really fair and this is just another way for them to do that. Sometimes, I’m just the scapegoat for that.

(Interviewer: I think you hit it right on the nail. You’re the scapegoat and sometimes it’s hard to take ownership of some of your deficiencies.)
Yeah. But when that happens, they’re just wasting their own time. They’re not making it any better for themselves.

By contrast, Jinger reported that she did not inform her friends of her ADHD diagnosis because she did not want to be perceived to be “weirder” than her friends think she is already. This reluctance to tell even her closest friends illustrates the internal conflict that Jinger may be experiencing. In this excerpt, Jinger has been asked to elaborate on what she means after she has said she “does weird things”:

Like… I don’t know. I would just like (do) weird hand motions. Umm.. I would just ask things that were totally out of the blue. I would say things that don’t make sense to other people. Well, I don’t know if that has anything to do with ADHD. And then like I sometimes don’t listen to people. I am usually dismissing sometimes.

(Interviewer: You said earlier that your family doesn’t really believe in mental illness or ADHD. What caused you to feel like that?)

Well they told me so…

(Interviewer: They just told you straight out?)

Yeah. Yeah…

(Interviewer: How did that make you feel?)

Umm… it was just like, I think I was just going through a weird identity crisis because a lot of my friends don’t believe in it so I didn’t tell a lot of people. Umm. It’s just like a weird like, what’s the word… what a weird thing to be attached with. You don’t want people to think of me and think of that. Umm…

(Interviewer: What did your friends think about that? That you had ADHD?)

I only told like 2 or 3 people. And then some people didn’t believe me. And other people would be like that’s weird or that’s interesting or like I can see that. Yeah.

CeCe, on the other hand, was able to discuss her ADHD condition with a friend who was also diagnosed. Their discussion turned into an effort to have a better understanding of the symptoms and how to manage them. Their talk helped CeCe have a different perspective on her ADHD condition, since her friend was also diagnosed later in his life.
CeCe: I guess I’ve tried to talk to the people I’m friends with who I know are ADHD and talking to them about if they think this is an ADHD thing or is it just me or something because I have a friend who got diagnosed really late in his life and he has a lot of the habits that are really similar. Random things that I didn’t think… just waking up in the morning or getting to morning appointments on time is a big problem because I can’t wake up properly in the morning and I thought that was just a “me” thing and I just couldn’t understand why there’s a lot of people who can just wake up in the morning and like come to class on time or like go somewhere on time and not just wake up half asleep and just feel like you just have to go back to sleep like resisting the urges. Like maybe they’re just really good at resisting urges or do they not get them. He said that he has that problem too and I was like, really! I thought that was just me who couldn’t get out of bed. He said nope ADHD all the way.

Having a friend who is also diagnosed with ADHD, and who is also on the path of discovering what it mean, can be profoundly helpful to the student with ADHD. Suddenly, a whole series of habits and practices may come to be viewed as symptomatic of the medical condition, and not just a problem of personality. Some solace may in turn be taken, because the problem is not one of personal limitations, but of the “ADHD thing” that the student is trying to get treated or manage. Interestingly, CeCe makes a firm distinction between herself and the ADHD condition, implying that she has yet to integrate her condition into her core identity.

**Culture**

This section highlights the importance of Chinese ethnicity in how ADHD is contextualized in the experience of the research participants. All participants in this study are female and self-identify as Chinese American. Two of the participants reported that both biological parents are of Chinese descent. One of the participants is biracial: her father is Chinese American and her mother is Caucasian. The degree of parental acculturation into mainstream American society appears to play a large factor in how mental illness is conceptualized as well as the parents’ willingness to access treatment services for their diagnosed family members.
CeCe reports that she has much resentment towards Chinese ideology, tradition and culture. CeCe believes that she is often judged by how she measures up against an idealized other, a social comparison that she resents. She stated that her father benchmarks her success in relation to how she performs as compared to peers in her age cohort. CeCe reports resentment over this stereotypical Chinese mentality, saying it has caused her to feel inadequate in her skill set, knowledge base and caused her to be unable to fully pursue her intrinsic interests:

I think I know that (my mother is) not trying to make me feel bad, but she just can’t help comparing me and like I (can’t) help comparing myself either, honestly, but so it’s just like saddening. I feel inadequate because I’m not… I don’t have like ‘wow’ things as much as those other people so. Like they’re all going to… I guess this is also related to why I was stalking people I knew in high school on Facebook to see where they are now. All the Asians have gone on to very predictably Asian places like umm… medical school or doing Ph.D. or umm… investment banker. I was never that type of person like I wasn’t really interested in doing the things that are really valued to the Asian culture so I feel a lot of pressure to prove myself in those respects but at the same time I have no interest in (them). So then I generally feel kind of like pulled in multiple directions and am constantly comparing myself and (it) makes me feel like I’m doing less all the time. Like I’m not as good as all these people I grew up with or went to high school with who are also Chinese and (who) my parents know about. And then… my mom always said like, ‘oh, our family is just not that good at school like we just aren’t so good at school because we know all these…’

(Interviewer: Despite the fact that your parents are highly educated, she thinks you are not good at school?)

Yeah. Yeah. It’s just a matter of how many ‘wow’ schools you have, like, you have in your history. You know. Cause I don’t think we hung out with too many parents who had like kids who ended up going to regular places. I guess in general that people did go to college because we are from the wave of immigration were all the parents were already college educated and they came here for grad school and so they met a lot of their friends and they ended up settling in the similar areas. Like affluent, upper middle class areas and they’re all college educated Asian Americans. They’re the first generation, then they have their kids and so their kids are of course going to go to college because like they’re highly educated already so like the baseline is that they are going to go to college but ‘where?’ is the question. Where, and what after that, and what kind of job they get, and what industry? That proves to them how smart they are. It is probably the biggest respect point. And then the intelligence is measured by like you know, the name of the school you went to and whether you got into medical school, whether you got into a PhD program and whether or not you have any other high paying job.
During the second interview as well as in her journaling exercise, CeCe described herself in polarized terms, unable to reconcile her American and Chinese selves. On the one hand she feels as if she is doing well academically, succeeding in acculturating and performing ably in her high school and collegiate environments, and yet on the other hand she feels that she is not doing well enough, because of what she attributes to the Chinese emphasis on outperforming peers in her age cohort. This split then amounts to an inability to integrate her dual identity as a Chinese American. Furthermore, the American emphasis on pursuing a career or area of study based on what one loves to do is in tension with her parents’ emphasis on pursuing a course of study that will give her a comfortable lifestyle, one saturated with the trappings of success. CeCe singles out her father as the source of her internal conflict. She believes that her father’s vision of what she should and should not be has overpowered her life and caused her to pursue courses of study and career pathways that are possibly incompatible with her personal interests. She blames her father’s rigid viewpoints on his Chinese cultural beliefs for forcing her into making choices that are not suited to her true academic talents or abilities, though she also admits that the ADHD may in some ways “kick in” and become relevant, too. Thus, in talking about her current course of study, biomedical engineering, and whether she finds it “too easy,” and hence a source of boredom, or too challenging, and hence not something she can easily absorb, she says:

Oh, no. It’s not too easy. It’s definitely not too interesting for me and umm… I think the ADD part might cause me to not follow through on stuff for myself. The not interesting part also does it. Even when things are interesting for me, I put it off just because it’s easier to watch TV or something so… like, I never make time for the things I want to do. It’s still stuff that I haven’t done before so it’s like a work in progress, but it requires you to kind of keep focused on it, but sometimes I’m like, oh I’m gonna do this, and I get all inspired, but that only lasts for like a day because then the next day I don’t want to get up, because there’s too many things to do. And then I just lay there and think of all the things that I need to do over and over and I’m like, I should get up now. And when I do do the to-do-list, I get distracted and only do like 30% of my list done which is terrible.
Nevertheless, it is apparent that CeCe redirects her problems away from her ADHD condition as such, and focuses it more on Chinese culture in general. The sense of alienation and resentment that CeCe feels toward her ancestral culture can express itself suddenly, but especially when in the midst of participating in a Chinese event or when surrounded by other Chinese, when the impact of the culture can seem overwhelming to her:

I went to a Chinese New Year gala which was run by the regional Chinese school association and I was just surrounded by Chinese people and I was talking about when that happens that I feel like I’m in Chinese mode. And It’s like I have 2 modes in my head and I feel like the Chinese American mode is kind of the me one but when I’m in the Chinese mode, I feel like an alien and at the same time a child because it’s mainly made up of my childhood stuff so I’m in this sea of Chinese people and I generally sit there and sulk with resentment because I kind of blame a lot of my family problems on us being Chinese because I see the introvertedness and the lack of being able to understand that people are different. It’s the individual’s responsibility to live up to society’s expectation and there’s not kind of the American culture where you should try to understand different people and it often doesn’t happen but I like the encouragement that you should culturally want to understand other people and not judge them. In Chinese culture, I don’t see that. I have built up all the resentment towards that social culture where it works fine if you’re a “normal” person because you can hide your skeletons or whatever but if you have a family like mine when there’s all these mental problems then you can’t, you can’t go out with it, you can’t do anything with it. It just bottles up and multiplies on itself and I just really resented that, and when I’m in that sea of Chinese people, I just resent all these people being okay with all of this. And generally, I get this sense that I’m more inadequate in that sense because I’m definitely not good enough (by) the Chinese bar or ruler of social expectation. And that really gets brought out when I’m in a Chinese situation. And there will be like adults of… parents of people that I went to high school with who are on paper much more successful than I am and there are some adults who will only ask you about what your school is or what you want to be and it seems like your identity is only wrapped up in how you can function as a successful person, by their monetary success or whatever value that they have, and it’s so narrow about what is valued about a person so I resent them for that too, because not everyone is like that but there’s a good chunk of them who are literally… will only value me if I have success or if I have this functionality for society and so it’s not like they care about your whole person. They only care about whether they can compare themselves to you and feel good about themselves and I resent them for having that kind of society as well and everyone seems to be okay with that. They don’t seem to see that there’s a problem with that. So I talked about how I was just sitting there for most of the time like sulking.
Jinger, by contrast, has a less clearly articulated critique of her Chinese cultural background as a basis for understanding her current difficulties. Jinger stated that she has become fully acclimated into mainstream American society, having assimilated into American culture at a young age; however, it is also the case that Jinger’s family often relocated throughout the United States during her K-12 education as a result of her father’s employment. Thus, she was often disconnected from the all-White social environments that she inhabited, and failed to make close connections to others as the sole Chinese in her classes, until the family finally settled permanently in the Pacific Northwest, when she encountered other Chinese in her age cohort with whom she could form bonds:

I don’t know if my troubles are because I’m Chinese or because I have ADHD. You know… I’m sure like, White people who don’t have any illnesses or mental illness also go through the same trouble that I do. So yeah… I can’t pinpoint anything. I do feel that sometimes socially it can be difficult just because people are hard to read and I tend to like focus on like certain things and not other things.

(Interviewer: What kinds of things do you tend to gravitate to or focus on?)

Umm… like I just don’t notice a lot of things. Like my best friend in high school would just be like, “Yeah, I was in a really bad mood and you were just being really bitchy.” And I was like, “I didn’t know you were in a bad mood and I didn’t know I was being bitchy.” And another thing, it’s sometimes really hard to read people and then things that I focus on are just like whatever seems important at the time. You know. Yeah and a lot of time I have a really narrow focus so I can’t pay attention to too many people at once.

Jinger stated that her parents do not want her to be on ADHD medication, but she does not attribute their reluctance to have her undergo medication therapy to their Chinese backgrounds.

Mary Ann reports that she was often teased by her Asian peers for being “White washed”. She did not feel that they were trying to be derogatory in their comments. She added that because she was biracial that others doubted her academic performance in relation to other
similar age cohorts who were mono-racial. She says that her dual identity as White and Chinese was “never a huge struggle,” adding:

My high school was pretty Asian and there’s definitely like the stereotypical Asian group. I don’t know. Umm… I remember once I think my freshman year someone told me I was “White washed” and most of my friends are either half Asian or White and I don’t really know why that is. Umm… but it’s never really been a struggle I guess. The biggest struggle would be that I am really motivated academically the same with my sister. We just do pretty well, we make ourselves do well in school and I think that people sometimes get surprised about how smart I am and that was kind of weird for me because I took it kind of offensively also. Umm… like people told me and I think they’re trying to be nice, they’re like, ‘I didn’t think you’d be so good at this AP Stats or Accounting now.’ And I’m like well, ‘why?’ I think that’s the only struggle I have with…

(Interviewer: What would cause them to say that?)

I don’t know. Umm… I don’t think it was because I’m White because there are definitely smart White kids. I think it could have been the group I was in. Umm… because some of my friends were not that smart. Or I don’t know. I say like a lot (giggling). Maybe it’s just how I came off. The only people who ever said that to me were like kids in my high school who were Asian. And I haven’t had that problem really the other way around. I don’t know if that is coincidental or not. Umm…

(Interviewer: So the Asian kids when you were growing up were surprised about how intellectual you were.)

It was a little hard for me because I was a little offended when they said that to me but then they also meant it in a nice way. Like no one ever said it to be mean I think. Umm… but yeah. It was never the other way.

(Interviewer: How did that make you feel though?)

Just kind of umm… I think that if I had more of an internal struggle between identifying with either being Chinese or White it would have affected me more but (I) just kind of shook it off and thought it was weird. And when someone calls me “White washed”, I thought it was funny like what does that even mean, really?

It appears that because Mary Ann’s family is grounded in the American culture and fully embraces its heritage that adjusting to mainstream society has not posed a challenge. This is evident in the response given by Mary Ann in reference to her peers making racially based comments to her and her ability to not personalize these attacks. She doesn’t seem to make a
connection between her ADHD and her Chinese ancestry, either as exacerbating her condition or as preventing her from managing it. Finally, it may be that having a father who is a physician provided Mary Ann with a firmer basis for confronting her medical/mental health issues head on.

**Academics and Coping Strategies**

The majority of the participants stated that it was easier for them to mask their ADHD symptoms during their K-12 education. They attributed this to the smaller class size, easier course material, greater parental oversight, increased teacher involvement, and smaller class sessions. Therefore, these interviewees, although symptomatic in hindsight, were able to perform at a high caliber as demonstrated in their high GPAs. Mary Ann and CeCe were not diagnosed with ADHD until they entered college. Mary Ann stated that she was diagnosed during the summer break of her freshman year because she felt a disconnect between the amount of time she was spending on her academic studies the course grades she was receiving. CeCe on the other hand has consistently maintained high academic markings but found it puzzling that she was experiencing a high degree of difficulty in relation to her peers as well as noticing a lot of wasted time when trying to prepare for projects and examinations. These cumulative effects prompted CeCe to seek assistance for symptoms and confirmatory psychological testing during her junior year of college. Jinger was the only participant in the study who had been diagnosed with ADHD during her K-12 education. Jinger is not receiving any mental health services at this time. Although Jinger was a high achieving high school student, she is currently on academic probation and at risk of losing her academic scholarship. Jinger reported that losing her academic support would be financially devastating and would more probably cause her to relocate back to the Pacific Northwest, where she would have to enroll in the local junior college.
CeCe reports that she attended a magnet high school on the East coast that was noted for having students who were extremely bright. These same students reportedly were often admitted into and attended Ivy League colleges and/or other top universities in the United States. She stated several times that her performance, as compared to these students of similar or higher caliber, was essentially unimpressive, for they were smarter than she considered herself to be. Although CeCe has moved across the country in large part to avoid her parents, primarily her father, she continues to assess her performance by comparing it to other students in her major, not just in terms of how well they do, but in terms of the passion that the subject matter evokes in them.

People in my major are pretty smart, so I’m kind of a middle of the road GPA, I think, because there’s a whole bunch of people who do the professional club and they’re on the E Board and they have like a 3.78 or something. Because my early GPAs were pretty low and now they’re okay high and so it’s like a 3.5 so it’s a very very decent GPA but still in my bubble, I’m still like... because there are still more people who are responsible with time management than I am...

(Interviewer: But you must be pretty smart because you have like a 3.75.)

I’m like responsible because my standards are high but I’m not responsible otherwise. Like it’s not just me because my boyfriend knows, too, and he’s like “your work ethic is pretty bad” -- because I work, because I’m afraid of failing, but I’m naturally kind of a chill person. I’m definitely not a workaholic, I might be if I were doing the thing that I would be a perfectionist about, a perfectionalist about visual ascetics. Theoretically, I would be working more consistently because I can’t stand the non-perfection of this product that I was making if I was doing something visual, but engineering is all mathy stuff, so it’s just work. So in order to get grades that I think are acceptable to me, I freak out when it’s crunch time, but as a normal person, I’m just lying there. I’m not like a workaholic type of person because a lot of other people that I see are organized and basically, I think, are workaholics and they just like being busy. They like working on these things and they like engineering more than I do... Comparing myself with other people in my major, the difference is that they really do learn something in class. They don’t zone out and they can keep up in class...

CeCe is essentially saying that she is less interested in her major than are her fellow students, but she attributes their better performance in class to their being smarter and more focused. In this
case, the comparisons that she is making may be unfair to herself in that it is possible that her peers might not do as well as she was doing if they were studying subjects that are of greater interest to CeCe. (And yet, CeCe still manages to muster a respectable GPA, despite her relative disinterest in the subject.) We see here how comparisons focused on outcome measures like GPA, fostered by her parents, undermine how CeCe interprets differences in the ways that varying individuals engage distinctive disciplines, some of which are suited more to the aptitudes or their personal interests (passion for the subject). CeCe divulged during the interviews that she had interests in design due to the aesthetic/visual element but has not pursued these interests due to an internal need to “please” her father, to the detriment of her own happiness. As a method of emotional defense (defense mechanism), CeCe rationalizes her lack of initiative or drive in pursuing these passions by noting that the probability of being able to economically sustain herself (i.e. as an artist or industrial designer) is slim in comparison to being a biomedical engineer. Although this is a conscious decision that CeCe is making for herself, she blames her father for not “allowing” her to pursue her passions. Her failure to pursue her passion, in other words, is an indirect way of receiving approval from her father.

The following extended passage depicts vividly how CeCe experiences the classroom, and gives the reader a sense of how the flow or process of receiving instruction in a lecture can be difficult for her to manage.

I really don’t organize I just have a pretty good memory so I’ve like never have been able to keep a like a calendar. No, I’ve never been able to keep a calendar because I’m like too… cause I don’t like calendars I don’t like having to write down everything. It’s really bad because standardly speaking people say you should write things done but in up to like in middle school and high school they would give you free planner and they want to encourage students to be organized and I would try to use them in the beginning of the semester but once like things started going and like like someone the teacher mentioned the assignment or something I would like just remember or if it’s a date, I’ll write it down on whatever sheet of paper I have in front of me or my hand or something but I can’t
like… I’m too lazy to go into my bag and rummage for it and go to the page… I manage to write in the calendar and that will help me remember it so that if I remember the date if I sit there thinking about what homework I have I’ll make a mental list and I don’t even bother getting my calendar out so usually speaking I remember assignments but sometimes I’ll forget what day it is generally like I don’t have a problem remembering appointments or assignments it’s that I lose track of the dates and I don’t remember like say there’s an appointment at on October 1st at 2 PM, I don’t realize that today is October 1st or I don’t realize that it is 2 PM right now so then that’s when I forget that something was due which occasionally happens and so I never really got straight A’s after middle school or after I got straight A’s for the most part in elementary school but I would get B’s in like organization or like talking in class so and I couldn’t really explain the talking to my parents because I remember umm… like sometimes my teachers would think I was talking and they would talk about it in teacher-parent conferences and then my dad would be very angry but I can’t tell you that like I talk all the time.

(Interviewer: So in your K-12 education, you would be easily distracted too and have sidebar conversations?)

I have a lot of sidebar conversations because I tend to comment on things a lot or just everything going on I like to make comments about it and then I would find the nearest person to like tell the comment to and I like did it less when I got older but I would still not realize sometimes. If we were already in a conversation and then like the teacher says pay attention now and I would have something to say, I would just keep going. I wouldn’t keep going straight away, I would try to pay attention but my attention would still be on the conversation we were having and I would still do that.

(Interviewer: Because in your head the conversation hasn’t ended?)

Yeah and then that would be like still happened up until 5th grade and I tended to be shy and quiet which is kind of strange because I thought there was something funny so I would have to tell so moving me around from friends really didn’t help because I would find someone to tell. But for the most part I was pretty shy so I guess still I’m like that once I find someone I feel comfortable with I keep talking a lot but with strangers, I’m still really shy around so I don’t break ice and things like that so than I’m pretty reserved. That’s when I’m not in the process of talking but and so…

CeCe’s description of her classroom experience depicts the point of view of someone with ADHD who is not under medication and is struggling both with the process of engaging the learning environment as well as engaging in corrective actions for her displays of distractedness that she understands is disruptive to the learning environment for others. Hence, CeCe is simultaneously managing problems of learning as well as of violating implicit rules of classroom
conduct, resulting in yet more things to be distracted by and feel stressed out about. On a positive note, while in college, CeCe has been receiving accommodations for her ADHD disability in the form of extra time on examinations and having a note taker. CeCe reports that the extra time has made the biggest difference as she is now able to complete her examinations.

In terms of coping with the academic surround beyond the classroom, CeCe regrets not being more active in student life at the Pacific Southwest University. Her primary concern since arriving on campus has been on her academic studies, especially with trying to manage issues related to ADHD (pre- and post-diagnosis). Now that she is slated to graduate in Spring 2012, however, CeCe expresses disappointment with herself for not being more outgoing and socially well-rounded. In thinking about possible post degree employment prospects, she has realized that employers may seek out applicants who are not only academically oriented but who are able to represent their business and fit within the organizational structure (teamwork), parts of a skill set not cultivated by academic excellence alone. As CeCe puts it:

I’ve been kind of shy, so like only this semester I’m like, I must go do some organizations because it really didn’t hit me until senior year that it was the end. I’m like there’s so many things I could have been doing. So many opportunities and then I was just hermiting because I think a lot of it was being afraid that I wouldn’t get my work done so... I wasn’t confident enough that I could do all that so... I just ignored it. But there’s all these things that I now know that I wanted to do. ‘I did want to volunteer but, sorry, guys, I don’t have any volunteering experience to talk to you guys about. But hire me as your volunteer.’ Actually that’s really a time commitment I just applied for, recently, and turned it down because I looked at my schedule and said, ‘no.’

(Interviewer: So you were actually accepted into it?)

Yeah. I applied for service learning for like the Center for Asian Pacific Family. It’s like the battered women shelter basically. And so I personally identified with that, like Asian Americans really needing help, but not knowing where to go for it because they have like all Asian languages or someone who speaks it for the hotline. But they have a huge time commitment and also I don’t have a car and I’m thinking that this would probably be bad, that I would just get burnt out and slip up on everything. I would try to do everything and I would be like too tired to do anything properly. So, I turned it down and I felt really
bad but now I’m like I should have done that early, like when I didn’t have so many hard classes or projects that I had to do, but there are lots of things I could have been doing.

CeCe refers to her way of engaging the collegiate environment as “hermitting,” by which she appears to me burrowing away and focusing on her studies, to the neglect of other pursuits that ultimately are also important to being “well rounded.” It appears that her efforts to compensate for her ADHD by studying extra amounts of time have an “opportunity cost,” namely, they have diminished her ability to seize opportunities to extend herself in ways that would have strengthened her marketability to prospective employers.

High school was pretty easy for Mary Ann in an academic sense (her high school GPA was 3.8), as compared to her experience with college coursework (she accumulated quite a number of C’s before undergoing medication therapy this year). Mary Ann was unaware of her ADHD symptoms in high school, as the learning and supervision environment allowed her issues to be masked. Mary Ann stated that in high school, she started to utilize a flashcard system to help her memorize the information needed for classes. She would read, highlight text, and create flashcards. Mary Ann stated that this method of learning was effective for her until she entered college. While in college, this method of acquiring information became ineffective due to the large volume of reading material and the need for students to exercise more self-regulated learning strategies. Mary Ann became overly consumed with applying her previous regimented learning style and become frustrated over her academic performance in comparison with the time spent studying (inverse relationship). This prompted her to seek consultation, evaluation and treatment for ADHD during the summer semester of her freshman year, primarily at the prompting of a friend who stated that he was diagnosed with ADHD and could identify with her symptoms. Mary Ann is currently receiving accommodations for her disability in the form of extra time on exams and provision of a note taker. The following passage highlights the routine
study practices that Mary Ann used during her K-12 schooling; it ends with her account of how she approaches learning, now that she is on stimulant medication.

I actually wasn’t diagnosed until last summer. Umm… it’s unclear if I’ve always had it or if it emerged but umm… K-12 (I) had really good grades. Umm… but I also worked really hard too and umm… I’ve always been a slow reader, just when I read things also it wouldn’t stick in my mind so I would read, take notes, highlight notes, make flash cards, so I just had like a really umm… disciplined system but it was also really time consuming and then, umm last year when I got to school, the amount of college reading… I just had so much more reading than I did when I was in high school so it was impossible. Either I wouldn’t even get through half of my work, or I would try to do it all and not remember anything I read, so I never struggled so hard as I did last year, and it was really frustrating, but there were other things too like, I’ve always been kind of disorganized and a little bit like impulsive… (Now) I’m taking Adderall, but there’s like a shortage right now… so I maybe switching it, but I take it in the morning. I take an extended one so it lasts like 8 hours but then I take like an instant one later on when I have to study outside of class…

(Interviewer: Do you notice any difference when you’re on the meds?)

Yeah. Definitely and umm… all my roommates notice it too and I live with 3 other girls and we were all neighbors last year so we all know each other very well and then as soon as I came to school this year, I just started taking it and I’m so much more organized and just really clean. They can just always tell in 10 minutes if I’m taking it or not. Just in how I talk like, how focused I am. I was always someone who would lose things or forget what I was saying. Umm… they definitely noticed…

(Interviewer: You mentioned that when you would be reading, you would highlight and use flash cards. Is that a technique you developed?)

Yeah. Umm… I just developed cause I knew that when I read it that I didn’t remember it so I’d write it down and then I think I just developed it over time. Umm… but I knew it was pretty tedious but it worked for me and I just had enough time in high school and like I was in AP classes but they weren’t that hard. Umm… so I just came up with it on my own and it worked and I was doing really well with it. But it was impossible to do last year… I really don’t do the flashcards this semester. This year [i.e., since beginning medication therapy] I can read faster and comprehend it better and then I have to write down less and I stop with the writing down. I don’t highlight and do flashcards and also in lectures, I’ve noticed that I’ve been able to pay attention better and then it goes hand in hand, like when you learn better in class, it makes more sense outside of class. And then it’s just really nice. I’ve been doing very well this year. I think I’m gonna get a 4.0 this semester and like last semester I didn’t do horribly. I got all B’s, B- and B+, umm… but I’ve never gotten all B’s before (in high school) and it was definitely kind of a blow.
As the transition from high school to college was a significant change for Mary Ann, it was necessary for her to also adapt her method of acquiring knowledge. Prior learning strategies implemented during her K-12 schooling were no longer effective in her college coursework. In contrast to CeCe’s case, Mary Ann adapted better to her ADHD diagnosis and was able to augment her practices to meet the challenging course material. Her adaptive strategies have likely been buttressed by a family support system that is more supportive of her academic pursuits and believes in the necessity of mental health treatment and endorses her choice of academic major.

Finally, Jinger reports that she was medicated while in high school but was taken off the medications by her parents, since they were afraid of her possibly becoming addicted to the medication. Jinger reports that the medications were effective in enhancing her ability to focus during her studies, but since coming off the medications, she has struggled to develop a consistently effective approach to studying, as exemplified in this quote:

Umm… for my oceanography final the problem was I studied the wrong stuff. I studied everything we learn the whole year and I thought I did a pretty good job and then it turns out that (the professor) just focused on stuff that we learned in the past 3 weeks, which I didn’t focus as much on, so… all of the test was just on the last 3 weeks and I studied the whole semester so like I spread myself out. And then for my history test, I didn’t study as much because I had my project due and I had done nothing right, so I don’t think that went that well… Oh, then I had my structures final which was on the same day as my history test and then I studied like 10 hours and got a “B” which is pretty good.

(Interviewer: In hindsight, would you do anything differently in the course of studying for your finals, or for the semester?)

Maybe not studying, but for architecture I would have started my projects earlier…

(Interviewer: So after you find out that you have a project due because it is on the syllabus, how would you prepare for it?)

Umm… it’s kind of like a cumulative process. It’s like every week you have due dates but they’re kind of lenient so it’s like how much work can you really get done and then I
always but in the very minimal amount of work so at the very end, I have a lot more work just so I can catch up and finish the project.

(Interviewer: So just waited until the end just to get it done.)

Yeah, I wished I put in more effort into the beginning because it’s hard to put effort into the beginning because your design is not finalized.

(Interviewer: How about the concept? Is it finalized in your mind?)

No because the concept is being developed throughout the 4 weeks for the project so it’s hard to make drawings because you know they’re going to get scrapped. But when you do make drawings it just makes the rest of the project easier but I just don’t because I’m like whatever, I’m not going to use them anyways but in reality you should because it makes you better in the end. Yeah.

(Interviewer: So do you think you learned from the mistakes you made?)

Yeah, definitely, definitely… also to do my homework. Umm… some of the reasons that my grades aren’t as great as they should be because I’ll have like a “B” or “B+” average in tests but then I’ll have a “C-“ in my homework average because I don’t do homework a lot of the times. So I need to start doing these things.

(Interviewer: So, it sounds like you know what you need to do.)

Yeah but I just don’t do it. That’s why I’m thinking that medication would probably be a good idea.

(Interviewer: You sound very intelligent and you did very well in school. In high school, you did very well and then last year, it sounds like it was very devastating for you last year.)


(Interviewer: So how do you cope with that since you are not medicated and you’re not getting any type of treatment services?)

I just try as hard as I can. Sometimes I can do it. Sometimes I can study and sometimes I just can’t so… I feel like my life is kind of unstable at times.

Jinger did not endorse any particular coping strategies that she utilized in order to be an effective learner. Jinger was able to recognize her poor planning skills and stated that she wished that she would have started assignments earlier rather waiting. However despite understanding that she requires more time to complete assignments and having difficulty planning assignments, Jinger is not receiving any accommodations for her disability.
Access to Services

Mary Ann and CeCe are currently receiving services for their disabilities. Mary Ann is seeing a private psychiatrist while CeCe is seeking mental health services through the Student Counseling Center at the Pacific Southwest University. Mary Ann and CeCe did not receive any mental health services during their high school careers as they were both diagnosed while in college. Jinger was the only participant who had been diagnosed during her high school education. Jinger is not receiving any treatment services while in college, although she did inquire about the process of linking up with treatment services because she is contemplating restarting medication therapy.

Mary Ann is currently receiving medication therapy from her psychiatrist who is located in the Bay area. She speaks with him intermittently in order to monitor her medication therapy but has regular follow ups with him when she is back at home. In the past, Mary Ann saw a therapist for adjustment related issues but has not seen a provider for her ADHD diagnosis/symptoms. She stated that she is not opposed to seeing a therapist for psychotherapy, but feels that the medication therapy has been effective in managing her ADHD condition. Her therapist is based in another part of the state, so most of her conversations with him occur over the telephone, which she refers to as “check-ins.” During these calls he would inquire about how she is doing, essentially checking on how she is doing on her medication. She will also visit with him in person when she is back home during breaks. The kind of information that he provides her with is evident in her discussion about possible side effects of Adderall.

I know that sleeping can be an issue. I also know that appetite can be an issue and that actually had been an issue because it doesn’t make you feel that hungry but my doctor warned me about that. He said to make sure that I take it will a meal because when it wears off, you can be really hungry and that has actually happened to me and then it’s
really hard to control what you eat afterwards. It can be really hard after you haven’t eaten for a day. I think those are the main side effects we talked about. There’s other smaller things that can happen like you mouth can get dry… umm... I don’t know.

CeCe is currently seeing a psychologist through the Pacific Southwest University Student Counseling Center. She is receiving psychotherapeutic services but was deemed an inappropriate candidate for medication therapy at this time. She has just started therapy so is not sure how effective this treatment approach has been, since her primary psychologist recently has been on leave and her treatment has not been consistent. CeCe looks forward to receiving psychological testing in January, because of the generation of concrete data that may definitively verify her ADHD condition, after having been in a kind of limbo for quite a while.

Ah last year…. I started going to counseling and he didn’t diagnose me with anything. We were just kind of talking and then he was like ‘do you want to possibly go see the school psychiatrist also if you have problems with like distraction or whatever. You can go check it out.’ I went and she was the first person who was like, “so he referred you to me for ADHD’ and he never actually said that before and I was like, I mean I kind of get the idea from the distraction that that was what it was going to be, but he never tried to diagnose me or anything, but when I went to the psychiatrist she said like ‘he wants me to evaluate you for that’ and she didn’t feel that I had it because my GPA is too high for that or something…

(Interviewer: How high is your GPA?)

It’s a 3.5-ish. She said like, ‘I can’t diagnose you because you don’t have impairment clearly,’ or something.” Cause she said like the person who I medicate for is like, he gets a 1.9 and on medication he’ll have a 2.8 and that’s like the real big difference and… and so then I was very unsure. I just figured like, “well no but and then I go back to this psychologist and he says, ‘I don’t understand why she’s not wanting to diagnose you, because like I’m pretty sure you do and I’ve met people who are like really good at compensating for it and they can do really well and like it doesn’t necessarily mean. And I was just like mmmrrhh, just kind of like I just kind of brushed it off. I didn’t take it too seriously because as it is, like I was just…

(Interviewer: Sure, you’re confused. “Do I have it? Do I not have it?”)

Yeah, and so like but then recently I went… more recently I went to a primary psychologist who specializes in child and adolescents, school problems and ADHD to get a second opinion and she felt that she agreed with my psychologist that it makes sense
because of like how I talk and stuff or the way I describe the way I learn and kind of how I get really fixated on certain things that seem to not matter for other people. Um like, small discrepancies in my knowledge really bother me and I can’t step away from it and keep on studying. I have to figure it out what it is and it’s very difficult because I’m grasping at it and I’m really bad at asking questions so it’s hard to get the answers for it. For my questions for it because also no one knows what I’m asking and so like I have that kind of issue when I kind of described how me and my mother, like I think my mother is probably the same way cause we’re very similar and how it’s impossible for us to like do any kind of quick stop anywhere like we like… there’s a joke where we’ll be driving past this grocery store and we’re like, ‘oh we need to pick up eggs or something,’ and ‘quick stop’ and then an hour later it’s like basically when we come out and we know it’s impossible to just like have a ‘quick stop.’ And like so she said like from all those things that it made a lot of sense for a psychologist to diagnose me so then like now I’m more like, I guess I have it but I’m still like confused and I guess I’m umm scheduled for a psycho-educational testing at school here in January so then that’s like another thing that my psychologist says, just in case for more edification purposes.

Jinger is not in any treatment services for her ADHD condition. She is also the only participant who is not receiving any disability accommodations. Jinger is the only participant who was diagnosed during her K-12 education. Although Jinger’s parents were initially supportive of her being on medication therapy, they soon after discontinued her on that treatment regimen for fear of Jinger becoming addicted to the psycho-stimulant medication. As the following excerpt shows, Jinger was unaware of how to access treatment services while at the university and was directed by the present researcher to both the Student Counseling Center and the Student Health Center, consistent with the ethical obligations associated with research with human subjects:

Well I was diagnosed a while ago and probably lost the paperwork. I’ve been thinking about going back of medication again. Just because there have been times like I just can’t focus and I’m trying so hard to. And there’s days when I just can’t get out of bed.

(Interviewer: Oh, wow! What do you think is going on there?)

I don’t know, it’s just like me being lazy and not being interested in my school work so I just don’t want to do it. And I want to be on medication as least for part of the time so I can get my work done when I need to.
(Interviewer: So in a given week, how many days do you think you just don’t want to get out of bed?)

I mean, it depends on the season you know. It depends on how much work I have on my plate. Sometimes the more work I have the less I want to get up…

(Interviewer: How many classes did you take?)

I took 4 classes…

(Interviewer: Is that a lot for you? Do you think you need to take so many?)

No, I mean that’s average and it also very necessary…

(Interviewer: But you are also contending with different factors that other people don’t have to compete with.)

Yeah but in order for me to get my degree, I have to do 4. So that’s what I mean that I want to try the medication again…

(Interviewer: What happens if your family is opposed to it again?)

Well, they can’t really because I’m of legal age. So you know…

(Interviewer: Okay, do you know how to access services like that here at school or …)

I don’t. How do I go about finding a doctor?..

(Interviewer: Okay, have you tried the student counseling center here?)

Mmm Mmm…

(Interviewer: Okay, the student counseling center is right next to the bookstore in the back. You could start that route or you could even go to the health center… the student health center.)

Okay. Okay… Okay.

(Interviewer: Yeah and just let them know what issues are going on with you.)

Do you think they have someone there who can prescribe medication?

(Interviewer: Mmhmm. Sure.)

So I don’t have to go outside of school…

(Interviewer: Yeah. And then you are covered with the student insurance.)

Oh really. Well, does that mean they will still pay for medication or?
Interviewer: I’m not sure how that would work but talk with the provider when you go to see them.

Okay.

The three case studies appear to demonstrate that accessing treatment services is highly influenced by the social support systems that these women are involved with, primarily family support. For Jinger and Mary Ann, parental support was key in their validation of the illness, feeling supported, and encouragement to access services. CeCe, on the other hand, does not endorse a close relationship with her parents, which ultimately seemed to misdirect her away from accessing services, except inadvertently, which has in term prompted serious soul searching as she has sought to come to terms with her diagnosis by way of deciphering her family’s dynamics.

**Coming to Terms with Treatment: Journey and Struggle**

ADHD has been a journey for the three women who agreed to participate in this study. ADHD has forced each of them to make sense of their past, and it has also been something through which they have to make sense of themselves moving forward. Unquestionably, there has been a sense of struggle for each of these women around their ADHD and education, as well as the maturation process, and that struggle continues to go on. Of coming to learn about her diagnosis, and describing her initial exposure to stimulant medication, Jinger stated:

I felt alone. It’s hard. I don’t know if I really believe in mental illness or ADHD. I didn’t talk to anyone about it really. I just thought it was how I am. I’m strange (slightly sad affect)… I was on Adderall and something that started with the letter ‘V’ or something. It made me feel really slow and I thought, ‘boy is this how normal people feel?’

Jinger added that she is currently of legal age and can consent for treatment services on her own behalf. Jinger is willing to start medication therapy again even if her parents are against it due to the benefits derived from treatment (cost/benefit). Jinger reported that the medications were
effective in allowing her to focus more as it “slowed her down” and made her feel “normal”.

However since entering college, Jinger’s academic performance has not been sufficient at meeting the academic standards required by the university to maintain her academic scholarship. As a result, Jinger is reconsidering the possibility of restarting medication therapy as it was previously effective in assisting her to manage her symptoms of ADHD.

Mary Ann is currently taking the stimulant medication Adderall and checking with her psychiatrist every few weeks to ensure appropriate monitoring of symptoms and dosing of medications. Mary Ann has tried a few different medications in the past and she is happy with her performance on Adderall. Despite her overall improved performance on medication therapy, Mary Ann is contemplating possibility discontinuing medication therapy or at least decreasing the frequency of taking the medications, because she fears having an unfair advantage in regards to her peers and also being concerned with developing a dependency or withdrawal-like symptoms:

I think I know that I have (ADHD). I think I’m trying to come to terms with the medications and I’m trying to come to terms with me being on medications just because of the little comments here and there and from my friends saying, “oh, if I had Adderall.” “If I did this.” I think that’s the only thing I’m coming to terms with. I know that I have it. I know that I need it and to even the playing field. Over time, it’s still making me start to question if it’s fair or not and before, I wasn’t questioning it at all. I’m not questioning if I have it, I’m questioning if it’s fair. Or it just makes me feel bad…

(Interviewer:  So when you have those thoughts what do you do? How do you handle that?)

I kind of push it aside. I have to. I’m not trying to fight with my friends about it and for the most part, I think that it’s an excuse for them for the way they did but I try to push it aside. I know that I have it and I know that it works for me and I know that I’m not taking too much and I’m not like tweaked out or twitching or anything weird…

(Interviewer:  Do you ever share those things with your parents or your support system?)

A little bit but it’s never really been a big issue. I think the only thing I really talked to my mom about was the physical dependence or mental dependency. I think it’s a mental
dependency. And she saw it when I was home too. And she didn’t like it really so she had me start taking it less. I think I started taking it 5 or 4 times a week then 3 or 4…

(Interviewer: And how does your doctor want you to take it?)

He’s relaxed about it but here at school, I should take it 6 or 7 times a week because I have to go to class, pay attention in class and do homework outside of class. Unless I’m having a day when I have no classes and no homework than I shouldn’t not take it. But when I was home, he said you can take it, it’s up to you. When I was home, I had a small contracting job for a company that my friend used to intern for and none of my… it wasn’t really challenging work, it was just analyzing you-tube channels and categorizing things and my mom was like there’s no reason you need to take it for that. It was so boring. It wasn’t really my job, it was hers but I was helping her. I was just a small contractor helping her on the side. I would sit there with my computer and literally find something else to do. I would go to my neighbors, I would go see my friends, I would go take a hike, I would go paint my nails, I would go watch TV… I just didn’t want to do it. But if I took Adderall, I would just make myself do it…

(Interviewer: So that is something you’re going to have to come to terms with in terms of the cost/benefit of the medication.)

Yeah. I think when things settle down in the next week or so, I just need to sit down and start to do things without Adderall. Things that I think I need Adderall for but I don’t. That would just reassure me and make me feel better but right now, I just don’t have time for that. I can’t just waste a day...

(Interviewer: Do you think it would help you to talk to somebody about some of the issues that you’re having.)

Not really. It’s not like I’m up all night thinking about it. If it gets worse, I would. I’m not the type of person who’s against talking or seeing a therapist. I just don’t think that it’s at the point where I need to right now.

College has been a constant struggle for Mary Ann. Initially, Mary Ann was struggling with the challenging course work demands, adjusting to a new social environment, making sense of her ADHD symptoms and diagnosis and getting appropriately titrated on her ADHD medications. Now that she has started medication therapy and her academic performance has markedly improved, Mary Ann continues to struggle regarding the fairness of receiving accommodations for her disability and the possibility of becoming addicted to the very medication that has improved her performance. This internal dialogue is something that Mary Ann will likely continue to grapple with throughout her college career.
The third research participant, CeCe, has a self-reflective personality. She clearly is capable of reflecting on her purpose in life, on where she’s been and where she’s going, even if she isn’t always capable of executing or performing in ways that measure up to her or other’s expectations, especially her father’s. At the time of the interview, it appears that ADHD has introduced into her self-reflections a new way of making sense of her past and her prospects moving forward. In addition to thinking that many of her difficulties are attributable to her family’s attachment to traditional Chinese culture, the ADHD diagnosis has allowed CeCe to revisit her personal and academic history, as well as her personality, and reinterpret things through an ADHD lens:

I have similar pressures to the other Chinese kids, that’s the thing. Maybe my dad is more alarming than theirs, but they also have a lot of pressure, but a lot of them are what they are supposed to be. Because statistically, I’m doing well, right, but in my community, actually, they’re a lot of people who actually ended up going to Ivy leagues and like MIT and Stanford like the top 5 like universities. There are quite a few people who went there and I personally know who make me mediocre and my parents know so based on comparison… the Chinese tendency towards comparison -- I am mediocre, because they do tend to achieve things because they were able to stick with something -- because I was never able to stick with anything when I was younger. I still tend to do that because they’re not lessons, because I don’t pay for much but I like trying everything and in my childhood, I was just trying everything but I would never get committed and start like getting somewhere with that. So that frustrated me because I really wanted to get somewhere but I didn’t want… I couldn’t stay motivated enough to work through it and so I think that may have been the ADD or I think in school it came out because I would complain to other people that I couldn’t stay about and I didn’t find anyone who seemed to have that same problem as me. And they didn’t seem to have the same problem of not completely being up in class because I would just zone out completely. And they were like, ‘yeah sometimes I don’t pay attention,’ so it was like lackadaisical but at the same time, they were on top of the material. So I didn’t understand what was going on, what was I doing that they weren’t because these were just Asian Americans that I was friends with so I’d be like, “oh, can you explain this to me because I have no idea what’s going on in class right now”. But they would say that they didn’t either and they were able to explain things to me so I wasn’t sure what was going on. I didn’t feel that I was unintelligent, I just felt like I was always unorganized and I was always not on
top of things and I was always not paying attention and so now looking back with the idea of maybe I was ADD then that makes more sense. So it was a constant sense of oh I was not on top of things but other people seemed to be on top of things and if I could just be on top of things like they are than I could be where they are because I felt that my intelligence was not too different from theirs, I just couldn’t work hard and I was a lazier person and inconsistent and flaky so…

(Interviewer: So it sounds like you have internalized what other people like your parents think -- that you’re subpar or mediocre because it’s coming out in how you define yourself.)

I think it’s internalized just because when I grew up, that was just the normal thing. I didn’t equalize my scale of what is good or bad like across the whole state or the whole county as you’re okay or something…

(Interviewer: Well, it’s harder for you because you’re competing with something else that other people don’t have to deal with. So that’s why you’re trying harder, you’re putting in more effort.)

I’m still trying to figure that out I guess…

(Interviewer: Because you’re running at a deficit compared to other people who don’t have ADHD.)

Yeah. I’m still trying to make sure that I do have it because it’s new like completely new. After 20 years of my life not thinking about that… this is a new thing that I still don’t know how it fits in so I’m trying to confirm it because I’m doing the psycho-educational testing at school right now. It’s kind of fun. We’re doing this stuff for…

(Interviewer: So you’re doing psych testing? What else have you tried? Are you in therapy?)

I guess I tried to recently start therapy. I had one appointment last week. I’m not sure I like her that much yet but we’ll see…

(Interviewer: So you just started therapy last week.)

Because my other psychologist is out on leave. He’s kind of elderly and I’m not sure he’s ever gonna come back soon. He got sick and then he’s kind of weakened and not ready for work and that was where I was starting therapy and he’s like an elderly Chinese man so he would kind of get the background. So now I’m starting a new one because all of his cases have been transferred to other people because he’s been out. I’m not sure where that’s gonna go because I feel like it’s still all in my own head so I’m still not sure
how other people are going to help me to decide what’s going on. I kind of look forward to the testing because… I don’t know. I like having the data. I like having data…

(Interviewer: You want some concrete evidence.)

Yeah…

(Interviewer: Understandable. So let’s say that it comes back and it confirms it, what is going to be the next step for you?)

Umm… being relieved that I have a label I guess or that I have an actual thing and I’m not…

(Interviewer: It sounds like you already have the label but you want to confirm the label.)

Oh yeah. So now I have a confirmed label and maybe now I can figure out how to deal with it.

Cece wants to have concrete data to prove her mental health diagnosis, which is why she looks forward to psychological testing to validate her condition. If confirmed, the ADHD diagnosis promises to provide CeCe with answers, explaining to her that certain behaviors and tendencies “may have been the ADD” and hence prevented her from becoming what her peers became: “what they are supposed to be.” In short, figuring out how her new ADHD “fits in” is CeCe’s next phase in her journey.

Legal Issues

Coding of the data did not reveal that legal issues related to ADHD were a source of difficulty for any of the participants in this study. All participants denied involvement with the legal system and did not endorse any significant alcohol and/or drug related issues. Two participants did endorse under-age drinking but it was not problematic for them. These reports appeared to be in line with common reports of under-age drinking at university campuses across the United States. When queried regarding the extent of their drinking, the participants stated
that it was more socially related, as a method of bonding with their social circles, but they did not feel pressured to participate in this activity. No participant endorsed the use of alcohol or drugs as a method of self-medication for their ADHD symptoms.
Chapter 5

Summary

Emergent Themes regarding the Model Minority Stereotype and ADHD:

Managing an Illness or a Contradiction?

This research project was focused around the experiences and coping strategies of Chinese American college students with ADHD. Since little information is known of this increasingly prominent group, it was fascinating to learn of the participants’ lives, their cultural experiences, their academic performance, and career aspirations, as well as how they make sense of their ADHD condition. Using a life history approach with semi-structured interviewing, the student researcher was able to obtain vivid details regarding the bio-psycho-social experiences of these Chinese American college students with ADHD as seen in the various case studies.

Generally speaking, the participants were high achievers in high school, as demonstrated by their academic performance. Each student was at or near the top of her graduating high school class. Despite their ADHD symptoms (that were present although may or may not have been diagnosed), they were all able to perform at a high caliber, which they attribute to the tight pedagogical structure found in high school education, the short class periods of roughly 50 minutes, the easier coursework, & having closer monitoring by teachers and parents, all of which eased the path for them to excel, as compared to the learning environment they encountered at college. Two of the three participants were not formally diagnosed with ADHD until entering college. Despite being diagnosed later in their academic careers, in retrospect, these participants were still able to see how their symptomatology impacted their daily functioning. These participants believe that it was simply easier to disguise their impairment during their K-12
education. However during their college careers, the coursework became more difficult and rigorous, which required them to utilize self-regulated learning strategies that is extremely taxing on their limited working memory. Since ADHD affects an individual’s executive functioning (in areas such as organizing and planning), the new demands and requirements of college coursework further exacerbates their condition. This makes it extremely difficult for the ADHD college student to focus and complete assignments as required, especially when their coping strategies are not functioning optimally to meet this demand. The higher degree of autonomy and lack of teacher containment/oversight can pose to be an obstacle to maintaining focus and fidelity to coursework material and timelines. Transitioning from high school to college is a challenging period for most students. This challenge may be amplified in the ADHD student as they are navigating their new academic surround and trying to develop new sources of support.

There is much overlap in the social and cultural backgrounds of the participants. All participants were from intact families of origin and were raised in affluent households (middle to upper SES). The participants’ parents were highly educated professionals, with both parents holding graduate degrees (MS, Ph.D., M.D. or J.D.). The range of familial support differed on a case-by-case basis, depending on the parents’ level of sophistication in understanding the ADHD diagnosis coupled with their level of acculturation with mainstream “American” ideals, values and traditions. The more traditional Chinese parents were reported to lack sensitivity about mental illness and view their children with ADHD as being lazy or unmotivated and “less than” in comparison with peer cohorts (social comparison), and were also concerned with trying to “save face” in front of their Chinese friends; meaning that these traditional Chinese parents did not want to be viewed as inadequate in comparison to their friends because of the academic performance or career decisions of their offspring. Through these in-depth interviews, the
participants were able to share how their parents’ values and beliefs shaped their internal framework regarding their identity, performance ability, and conceptualization of mental illness.

**Strengths of the Study**

A life history approach was implemented in this research project in order to understand the psycho-social and cultural factors that influence the experience of ADHD in Chinese American college students as well as to understand the coping strategies utilized in order to be effective learners, as these develop or are cultivated over time. This project utilized a 2-shot interview designed coupled with a month long journaling exercise that afforded participants the ability to reveal their ADHD experiences, the subtleties of experience (unconscious and subconscious) and coping strategies utilized in order to be effective learners over a period of several weeks. As conversational partners in the interviews, they were able to freely discuss their efforts to deal with ADHD and how their psycho-social surround helped to shape their experience and develop their coping strategies, and contributed to their overall sense of being. A holistic person-in-environment approach to understanding the unique experiences for these Chinese American college students with ADHD was implemented that allowed the researcher to decipher how their individual contexts helped shape their learning environment (reciprocal relationship). Since there was roughly a one month gap between interview# one and interview# two, participant were sensitized to the topic and able to give a detailed account of how ADHD affected their personal and academic lives. Rather than interviewing participants at a single fixed point that only provides a snapshot of their experiences at one point in time, this 2 shot interview design allows one to see the fluidity of the ADHD impairment that may not otherwise be fully comprehended. Since data were collected on participants ADHD experience during K-12 and Postsecondary education, the evolution of the ADHD symptoms, impairments and the
modified coping strategies utilized during differing stages of the interviewees’ developmental stage were documented.

**Weaknesses of the Study**

There are several weaknesses and limitations of this research study, derived from the project design and implementation. Since this study was only conducted at one university location, the findings would make it extremely difficult to generalize to larger populations or to the broader Chinese American college student population more generally. The data collected from this research project should be viewed as isolated case studies with overarching themes of similarity (points of intersection). A larger data set coupled with randomized sampling might have yielded a greater wealth and diversity of information. Although the student researcher attempted to outreach to various post-secondary institutions (junior colleges) within the Pacific Southwest area, research participants did not materialize as potential qualified recruits did not volunteer or had already transferred to other institutions of higher learning. As a result, only three participants were interviewed for this research project making it difficult to generalize findings. The lack of Chinese American male college students with ADHD also limits the understanding of the collective experience as all three participants were females.

Since the sample only included undergraduate Chinese American college students, the data do not address how Chinese American graduate and professional students with ADHD experience and manage their ADHD symptoms, or offer insight into how they develop coping strategies during a more advanced educational career. All research participants were 2nd generation college students, thus neglecting how 1st generation Chinese American college
students with ADHD might experience and navigate their academic surround in differing pathways.

**Implications for Practice**

It is important to understand and recognize the impact of mental health and physical health related symptoms of disease in order to assist learners to be successful. Educators and practitioners need to be aware of how mental health disabilities impact a student’s ability to perform academically. Understanding the symptoms of mental illness will allow the student to be screened and treated for their condition in order to reasonably accommodate their disability. Issues of race, ethnicity, gender, culture/acculturation, identity issues, SES and primary and secondary supports systems are necessary to understand in order to be able to better intervene to assist the student. This study was centered around Chinese American college students with ADHD. However, this study can be further expanded to other minority populations in order to decrease the knowledge gap regarding ADHD in post-secondary settings and the even larger gap that exists in knowledge about ADHD in minority groups within the post-secondary educational setting.

Reasonable accommodations can be made for students with proven mental and/or physical disabilities. However as evident in this study, members of minority groups, such as Asian Americans are often reluctant to step forward and admit to issues related to disability for fear of “loosing face” within their social circles, and possibly for fear of being perceived as being lazy or making excuses for a possibly lackluster performance that may be connected to their disability. It may be that, at times, educational interventions for the Asian American will also have to include their familial and social support network, as this is usually a large source of
support and coping. As noted in this study, the participants’ primary support system was a huge contributing factor in regards to their conceptualization of mental illness, the treatment approaches utilized, and the participants’ sense of identity and self-efficacy.

Educators, practitioners and policy makers need to have some understanding of the struggles that members of racial and ethnic minorities with mental and/or physical disabilities face so that more culturally competent services can be targeted to this population, assisting them both academically and socially. Failure to develop and apply these culturally sensitive services may prove to be a detriment to society, inhibiting these individuals from maximizing their potential, and hence depriving society of the contributions they are capable of.

**Conclusion**

**Future Pathways: Areas for Growth and Understanding**

Ideally, this study will be replicated at various university settings located throughout the United States, with research participants representing various levels of socio-economic status, and differing degrees of acculturation, allowing for a fuller grasp of the complexity of ADHD among Chinese American college students. Future research comparing Chinese American college students with ADHD to Chinese college students with ADHD in China would help establish how culture and various psycho-social constructs shape the experiences of these groups, identifying points of congruence and divergence. The literature on Chinese American college students with ADHD is limited, but so is the literature on other groups of Asian backgrounds. Hence, it would be useful to compare and contrast Chinese American students’ experiences with those of other Asian American subgroups such as Koreans, Vietnamese, Cambodians, Japanese, etc… to further expand the knowledge base regarding this disorder in
U.S. Asian populations as well as to allow for comparisons with non-Asian populations. Due to the knowledge gap regarding Chinese American college students with ADHD, it was necessary to take an in-depth life history approach to understanding participants’ unique experiences, for members of this group are often marginalized and overlooked. Once more is known about this minority group’s experiences with ADHD, it would be beneficial to utilize alternative research designs that further enhance the discipline’s understanding of this, up to now, “invisible” sector.

Research has revealed that Asian Americans are reluctant to seek out mental health treatment services for a variety of reasons stemming from the denial of mental illness, the lack of financial resources, the lack of culturally competent services, the lack of understanding of mental health issues, trying to “save face” in the eyes of others and the tendency to somatize mental health symptoms. Further research, education and outreach/advocacy services may assist to further dispel the negative stereotype of mental health services and breakdown the cultural “wall” that hinder Asian Americans in seeking out treatment services in comparison with other populations.

Chinese American college students living with mental and/or physical disabilities may have a greater challenge trying to navigate their academic environment in comparison with others who do not have these issues, as they are trying to manage their symptoms while simultaneously coming to terms with how their disability relates to the “model minority” reputation that they are often sensitized to.

Finally, given the importance of the family to how Chinese American college students with ADHD perceive and cope with their diagnosis and treatment, it is important for future researchers to be mindful of the need to develop research projects that will allow for a better
glimpse into the family situation. Such research might benefit from involving family members as research participants, allowing for a better understanding of how the perceptions of students with ADHD are filtered through assumptions, fears, and beliefs about mental illness and ADHD.
References


Appendix A: PSU IRB Approval

(Modified to maintain the confidentiality of participants)

Date: September 25, 2011, 11:34am

Principal Investigator: Edmund W. Young

Faculty Advisor: Patricia Tobey

Co-Investigators:

Project Title: Chinese American college students with ADHD

PSU UPIRB# UP-11-00389

Pacific Southwest University

PSU INSTITUTIONAL REVIEW BOARD

FWA 00007099

Exempt Review

The iStar application and attachments were reviewed by PSUIRB staff on 9/28/2011.

The project was APPROVED.

Based on the information provided for review, this study meets the requirements outlined in 45 CFR 46.101(b)(2) and qualifies for exemption from IRB review. The study is not subject to further IRB review, IRB exemption of this study was granted on 9/28/2011.

The following documents were reviewed and approved:

Certified Information Sheet, dated 09-28-2011

Certified Recruitment Flyer, dated 09-28-2011

Certified Recruitment Letter, dated 09-28-2011

Minor revisions were made to the recruitment and consent documents by the IRB Administrator (IRBA). The IRBA revised documents have been uploaded into the relevant iStar sections.
Please see the IRBA revised documents if an amendment is submitted and future revisions are required.

**To access IRB-approved documents, click on the “Approved Documents” link in the study workplace. These are also available under the “Documents” tab.**

Sincerely,

RoseAnn Fleming, CIP

**Funding Source(s):** N/A-no funding source listed
Appendix B: Information/Facts Sheet For Non-Medical Research

INFORMATION/FACTS SHEET FOR NON-MEDICAL RESEARCH
(Modified to maintain the confidentiality of participants)

A systems approach to understanding the psycho-social and cultural factors that influence the experience of ADHD in Chinese American college students as well as the coping strategies utilized in order to be effective learners.

PURPOSE OF THE STUDY
The purpose of this study is to highlight the experiences as well as the subtleties of the experience of ADHD in Chinese American college students. It is hoped that this will add to the limited knowledge base regarding Chinese American college students with ADHD.

Participation is voluntary. You must be aged 18 or older to participate.

PARTICIPANT INVOLVEMENT
If you agree to participate, you will be asked to participate in 2 interviews coupled with a journaling exercise. The interviews will be approximately 1 month apart. At the end of the first interview, you will be given a journal to complete regarding your ADHD experiences. The journals will be collected approximately 1 week before the second interview for review and as a method of bridging interview #1 and interview #2. The interviews will be tape recorded with your permission to ensure accuracy of information. You can decline being audiotaped and still be included in the study.

Date of Preparation: September 28, 2011
PSUIRB#: PSU-11-00389
PAYMENT/COMPENSATION FOR PARTICIPATION

At the end of each interview, you will be given $30 cash. You do not have to answer all of the questions to receive the cash.

CONFIDENTIALITY

Any identifiable information obtained in connection with this study will remain confidential and will be disclosed only with your permission or as required by law.

You will be asked to choose a pseudonym (false name) name by which you will be referred. The data will not be directly linked to your responses. All data will be kept in a locked box, which will be kept at the student researcher’s home. The data will be maintained for 5 years after the study has been completed and then destroyed.

Your grades or relationship with PSU will not be affected whether or not you participate in this study.

The members of the research team and the Pacific Southwest University’s Human Subjects Protection Program (HSPP) may access the data. The HSPP reviews and monitors research studies to protect the rights and welfare of research subjects.

When the results of the research are published or discussed in conferences, no identifiable information will be used.

INVESTIGATOR CONTACT INFORMATION

Edmund W. Young, Student Researcher, e-mail: Edmundyo@psu.edu or phone number: 323-270-XXXX or Dr. Patricia Tobey, Faculty Advisor, e-mail: tobey@psu.edu

IRB CONTACT INFORMATION

Pacific Southwest University IRB, Office of the Vice Provost for Research Advancement, (213) 821-XXXX or irb@psu.edu
Date of Preparation: September 28, 2011

PSUIRB#: PSU-11-00389
Appendix C: Recruitment Flyer

(Modified to maintain the confidentiality of participants)

Date of Preparation: September 28, 2011

*Are you a Chinese American college student aged 18 or older with ADHD?

You are invited to participate in a research study.

Participation is voluntary.

You will be compensated for your time.

Principal Investigator: Edmund Young, Ed.D. Candidate

Email: edmundyo@psu.edu

Phone: 323-270-XXXX

Faculty Advisor: Patricia Tobey, Ph.D.

PSU School of Education
Appendix D: Recruitment Letter

(Modified to maintain the confidentiality of participants)

Dear (Name),

My name is Edmund Young, and I am a doctoral candidate in the School of Education at the Pacific Southwest University. I am conducting a research study as part of my dissertation, focusing on Chinese American college students with ADHD. You are invited to participate in the study. If you agree, you will be asked to participate in 2 interviews, approximately one month apart; you will also be asked to keep a journal. Each interview is anticipated to last approximately 1.5 to 2 hours and will be audio-taped with your permission.

Participation in this study is voluntary. Your identity as a participant will remain confidential at all times. Your relationship with PSU will not be affected whether or not you participate in this study.

If you have questions or would like to participate, please contact me at (323)270-XXXX or via email edmundo@psu.edu.

Thank you for your participation,

Edmund W. Young, Ed.D. Candidate
Pacific Southwest University
School of Education

Date of Preparation: September 28, 2011
PSUIRB#: PSU-11-00389
Appendix E: Diagnostic criteria for Attention-Deficit/Hyperactivity Disorder from the DSM IV-TR

A. Either (1) or (2):
   1. Six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:
      Inattention:
      a. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
      b. Often has difficulty sustaining attention in tasks or play activities
      c. Often does not seem to listen when spoken to directly
      d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
      e. Often has difficulty organizing tasks and activities
      f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
      g. Often loses things necessary for tasks of activities (e.g. toys, school assignments, pencils, books, or tools)
      h. Often easily distracted by extraneous stimuli
      i. Often forgetful in daily activities

   2. Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:
      Hyperactivity
      a. Often fidgets with hands or feet or squirms in seat
      b. Often leaves seat in classroom or in other situations in which remaining seated is expected
      c. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
      d. Often has difficulty playing or engaging in leisure activities quietly
      e. Is often “on the go” or often acts as if “driven by a motor”
      f. Often talks excessively
      Impulsivity
      g. Often blurts out answer before questions have been completed
      h. Often has difficulty awaiting turn
      i. Often interrupts or intrudes on others (e.g. butts into conversations or games)

B. Some hyperactive impulsive or inattentive symptoms that caused impairment were present before age 7 years.
C. Some impairment from the symptoms is present in two or more settings (e.g. at school (or work) and at home).

D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

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

Codes based on type:

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

314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type: If Criterion A1 is met but Criterion A2 is not met for the past 6 months.

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

Coding note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, “In Partial Remission” should be specified.

314.9 Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified

This category is for disorders with prominent symptoms of inattention or hyperactivity-impulsivity that do not meet criteria for Attention-Deficit/Hyperactivity Disorder.

Examples include:

1. Individuals whose symptoms are impairment meet the criteria for Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type but whose age at onset is 7 years or after.

2. Individuals with clinically significant impairment who present with inattention and whose symptom pattern does not meet the full criteria for the disorder but have a behavioral pattern marked by sluggishness, daydreaming, and hypoactivity.
**Appendix F: Commonly used psycho-stimulants adapted from [www.PsyD-fx.com](http://www.PsyD-fx.com)**

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
<th>Daily Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methylphenidate</td>
<td>Ritalin</td>
<td>5-50 mg</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>Concerta</td>
<td>18-54mg</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>Metadate</td>
<td>5-40mg</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>Methylin</td>
<td>10-60mg</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>Daytrana (patch)</td>
<td>15-30mg</td>
</tr>
<tr>
<td>Dexmethylphenidate</td>
<td>Focalin</td>
<td>5-40mg</td>
</tr>
<tr>
<td>Dexmethylphenidate</td>
<td>Dexedrine</td>
<td>5-40mg</td>
</tr>
<tr>
<td>Lisdexamphetamine</td>
<td>Vyvanse</td>
<td>30-70mg</td>
</tr>
<tr>
<td>Pemoline</td>
<td>Cylert</td>
<td>37.5-112.5mg</td>
</tr>
<tr>
<td>D- and L-amphetamine</td>
<td>Adderall</td>
<td>5-40mg</td>
</tr>
<tr>
<td>Modafinil</td>
<td>Provigil, Sparlon</td>
<td>100-400mg</td>
</tr>
</tbody>
</table>
Appendix G: Adult Initial Assessment Sample
(adapted from the Los Angeles County Department of Mental Health)
http://dmh.lacounty.gov/ToolsForClinicians/Clinical_Forms/documents/MH_532_Adult_Init_Assess_02_08_09.pdf

1. Demographic Data:
   * Age:
   * Gender:
   * Ethnicity:
   * Marital Status:
   * Preferred Language:
   * Referral Source:

2. Reason for Referral/Chief Complaint (presenting problem):
   * Precipitating factors, current symptoms and functional impairments, including intensity and duration, from the perspective of the client as well as significant others as appropriate.

3. Psychiatric History: History and onset of current symptoms/manifestations/precipitating events. Treated/non-treated history.
   * Hospitalizations (dates and locations)
   * Outpatient treatment (date and locations)
   * Impact of treatment and/or non-treatment on the client’s level of functioning
   * Family history of mental illness

4. Medical History
*MD Name/Address/Date of last physical exam:

*List of major medical problems (treated/non-treated/family history of medical problems)

*Hospitalizations (date/reason for admission)

5. Medications

*Medication name/dose/frequency/period taken/effectiveness or response

6. Substance use/abuse/dependence

*Inventory of substances (frequency/amount/precipitating factors)

*Substance treatment programs

*Support groups (AA, NA, CA, Dual DX, etc…)

7. Psycho-social History

*Family and relationships (family constellation, relationships, origins, family dynamics, cultural factors, domestic violence, physical/sexual abuse, safety issues)

*Dependent care issues (number of dependent adults/children, school attendance/behavioral problems, learning problems, special needs, discipline issues, juvenile court history, dependent care needs, any unattended needs, child support, child custody, guardianship issues, foster care/group home placement)

*Current living arrangement and Social Support system (type of setting and associated problems, community supports, religion, government agency involvement, and other community resources/agencies)

*Education (highest grade level completed, educational goals, skill level, school related problems, motivation, learning barriers, general knowledge)

*Employment History/Means of Financial Support (Longest period of employment, current income, employment history, military service, work related difficulties, money management issues, sources of income, areas of strength)

*Legal History and Current Legal Status (Parole/probation status, arrests, convictions, divorce, child custody issues, conservatorship status/issues)

8. Mental Status Exam

*Grooming and hygiene

*Eye contact

*Motor activity

*Speech
*Interactional style

*Orientation

*Intellectual functioning

*Memory

*Fund of knowledge

*Mood and affect

*Perceptual disturbance (hallucinations and/or self-perceptions)

*Thought process disturbance (associations, concentration, abstractions, judgment, insight, serial 7s)

*Thought content disturbance (delusions, ideations, behavioral disturbances, suicidal/homicidal, passive, other)

9. Diagnostic Summary (ego strengths and weaknesses, observations, descriptions, symptoms/impairments in functioning)

10. Admission Diagnosis

*Axis I (Primary

*Axis II (Personality disorders and/or Mental Retardation)

*Axis III (Medical problems as effecting clients’ mental health)

*Axis IV (Psycho-social stressors)

*Axis V (Global Assessment of Functioning (GAF) score)

11. Disposition and treatment recommendations/plan
Appendix H: Possible questions to be asked of participants in the study

Legend: Psycho-social dimensions (PS); Cultural dimensions (C); Primary and secondary supports (FF); Access to services (A); Academic (Ed)

The questions to be asked to designed to tap into the certain domains of interest as it helps to inform the psycho-social and cultural experience of ADHD for the Chinese American college student and the coping strategies that have been created and implemented to negotiate their academic environment.

1. What has been your experience of ADHD? (PS), (C), (FF), (A)
2. When did you find out that you had ADHD? (A)
3. How old were you when you were diagnosed with ADHD? (A), (C), (FF)
4. What is your understanding of ADHD? (A), (C), (PS), (FF)
5. How does ADHD impact your life? (PS), (C), (FF), (A)
6. How have you been able to cope with your ADHD symptoms? (A), (PS), (C), (FF)
7. What does your family or significant others think about you having ADHD? (F), (C)
8. What things have they done to make you believe this (family’s perception)? (F), (C)
9. What do your friends think about you having ADHD? (FF), (C)
10. What things have they done to make you believe this (friend’s perception)? (FF); (C)
11. What are your family and friends understanding of the ADHD diagnosis? (FF), (C), (A)
12. What are your cultural beliefs regarding ADHD? (C)
13. What are your cultural beliefs regarding mental illness? (C)
14. Are there any culturally related practices used to treat ADHD or mental illness? (C)
15. What has been the experience for you as a Chinese American with ADHD been like? (C), (FF), (PS)
16. How have your ADHD symptoms affected your sense of self-efficacy? (PS), (C), (FF), (A)
17. How does your family view individuals who have mental illness? (FF), (C), (A)
18. How does your family’s response affect the way you think about yourself? (FF), (C), (A)
19. How do your friends view individuals who have mental illness? (FF), (C), (PS), (A)
20. How do your friends viewpoints affect the way you think about yourself? (FF), (C), (PS), (A)
21. Did you have any friends or acquaintances with ADHD during your K-12 education? If so, how did this make you feel? Did you learn anything from their experience of ADHD? (Ed), (PS), (FF), (C), (A)
22. Tell me about your academic history. How has ADHD impacted you academically? (Ed), (A)
23. Are you utilizing any disability services or receiving accommodations for your disability? If so, how do you think this has enhanced your academic performance? (A), (Ed), (FF)
24. When did you start to utilize these disability services? (A), (Ed), (FF)
25. Are you currently in treatment for your ADHD? (A), (C), (FF)
26. If so, where are you receiving treatment (psychiatrist, mental health professional, general practitioner, etc…)? Did you receive any treatment services during your K-12 education? If so, how do you believe this impacted your academic studies or performance? (A), (C), (FF)

27. What type of treatment approach are you receiving (medication only, psychotherapy only, combination of medication and psychotherapy)? (A), (C), (FF)

28. How has ADHD affected your academic performance? (Ed), (FF), (PS)

29. What types of coping skills have you used to offset the negative effects of your ADHD symptoms? (A), (FF), (PS), (C)

30. How has your approach to managing your ADHD symptoms changes from when you were younger to now? (A), (FF), (PS), (C)

31. Tell me about your experience with alcohol and/or drugs? If you experimented with these substances, what promoted you to use these substances? How did it impact your ADHD symptoms and overall functioning? (PS), (FF), (C), (Ed), (A)

32. Do you belong to or participate in any clubs, organizations, sports or extracurricular activities on or off campus? (PS), (Ed), (FF), (C)

33. If so, how does this impact your ADHD symptoms? (A), (PS),

34. Did you participate in these same activities during your K-12 education? What was the experience like for you? (Ed), (PS), (FF), (C)

35. Are there any questions or issues that I did not ask you about that you feel may help further explain how ADHD has impacted your life? (PS), (C), (FF), (A), (Ed)
### Appendix I: Sample of Data Coding Rubric

<table>
<thead>
<tr>
<th>Domains of Interest</th>
<th>Theory</th>
<th>Example of Words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psycho-social Dimensions</td>
<td>Systems Theory</td>
<td>Religion, Fraternities/sororities, Social clubs, Organizations, Athletics</td>
</tr>
<tr>
<td>Cultural and Ethnic Dimensions</td>
<td>Systems Theory</td>
<td>Chinese, Generation differences, Acculturation, Beliefs, Language, Minority status</td>
</tr>
<tr>
<td>Academic Institutions</td>
<td>Systems Theory</td>
<td>College class, GPA, Graduation, Academic classes, Majors, Disability services</td>
</tr>
<tr>
<td>Primary and Secondary Supports</td>
<td>Systems Theory</td>
<td>Family, Friends</td>
</tr>
<tr>
<td>Service Institutions</td>
<td>Systems Theory</td>
<td>Medical treatment, Mental health treatment, Insurance, Student counseling centers, Student health centers, Hospital, Clinics, Diagnosis, Self-medication</td>
</tr>
</tbody>
</table>
Appendix J: Research Log


10/3/2011-Outreach to Asian American Student Services (AASS) and Chinese American Student Association (CASA).

10/5/2011-Posted 60 flyers at the Pacific Southwest University campus.

10/6/2011-Received 1 response via email. Respondent didn’t read flyer and needed to verify if study was for Chinese American college students with ADHD.

10/7/2011-Responded to email inquiry above.

10/11/2011-Posted additional 60 flyers at the Pacific Southwest University campus. It was noticed that most flyers were removed or posted over.

10/12/2011-Received 2 inquiries via email. Provided email response to both inquiries.

10/13/2011-Received 1 inquiry via email. Provided email response regarding inclusion criteria.

10/14/2011 & 10/15/2011-Coordinated interview time w/ Jinger and reserved interview room in Learning Library 201C. Emailed Dr. Patricia Tobey regarding update of study.

10/17/2011-Purchased digital recorder for the interviews.


10/19/2011-Interview #1 Part 1 with Jinger conducted in Learning Library 201C. Emailed Jinger to confirm meeting.

10/20/2011-Sent email follow-up to AASS & CASA. Emailed Jinger to confirm Interview #1 Part 2. Meeting with Jinger to complete Interview #1 Part 2. Transcribed interview. Received and responded to 1 email inquiry regarding study.

10/21/2011-Completed transcription of Interview #1 Part 1 & 2 with Jinger. Posted more flyers at the Pacific Southwest University campus.

10/25/2011-Emailed Dr. Patricia Tobey, Dissertation Chair, regarding status update.

10/26/2011-Emailed Jinger to remind her to complete ADHD journal. Emailed School of Education IRB Coordinator regarding possible expanding the study to local junior colleges.

10/27/2011-Continued to plan with School of Education IRB Coordinator regarding the expansion of the study.

11/1/2011-Continued to plan with School of Education IRB Coordinator regarding the expansion of the study.
11/3/2011-Internet search of the Pacific Southwest University organizations to expand outreach of study. Email reminder to Jinger to complete ADHD journal. Drafted email to Northside City College (NCC)- Business Services Director & Disabled Student Programs and Services for possible expansion of study. Drafted email to Eastside City College (ECC) Disabled Student Programs and Services.

11/4/2011-Email correspondence with Dean of Special Services at NCC who stated that he would forward my contact data to the Department of Psychological Services for review and consideration.

11/9/2011-Spoke with Director of Psychological Services at NCC who will assist with the research project via canvassing through existing open cases and contacting potential participants for interest in the study. Will allow student researcher to utilize office space in their department for the interviews.


11/14/2011-Contacted potential research subject that was forwarded by another Ed.D. student. Interview scheduled for 11/18/2011 @ 5:30PM.

11/15/2011-Reserved interview room in Learning Library for 11/18/2011 @ 6:00PM. Received email confirmation from research participant (CeCe) for 11/18/2011.

11/16/2011-Spoke with Director of Psychological Services at NCC who stated that he has identified 3 students who meet the inclusion criteria and will contact them regarding interest in the study.

11/17/2011-Received voicemail message from Director of Psychological Services at NCC who stated that 2 of the students have transferred to other universities. He has left a message for the current student but has identified 2 other students who meet the criteria and is in the process of testing them. He will pass my data along to them.

11/18/2011-Interview with research participant in Learning Library Rm. 201B. Began to transcribe part of the interview. Received an email inquiry re: the study. Provided email response to clarify the study and inclusion criteria.

11/21/2011-Received email inquiry into the study and provide response (Mary Ann).

11/22/2011-Received email response and trying to coordinate an interview for this participant (Mary Ann). Emailed Jinger regarding her journal and confirmation of interview #2.

11/25/2011-Received email response from potential participant who continues to express interest in study and provided me with interview times.

11/28/2011-Responded to email from participant and will schedule interview for this Thursday, 12/1/2011. Interview room reserved in Learning Library Rm. 201B for 12/1/2011 @ 6PM.
Emailed Jinger to inquire re: the journal and to schedule interview #2. Emailed CeCe to inquire re: the journal.

12/1/2011-Received email message from Jinger re: scheduling of interview #2. Room was reserved in Learning Library Room 201F for Tuesday, 12/5/2011 @ 6PM.

12/5/2011-Received email from Mary Ann re: confirmation of interview #2. Provided response to coordinate interview #2 for 1/18/2012 @ 5 or 6PM. Mary Ann confirmed for 1/18/2012 @ 5PM. Will schedule an interview room as the date nears.

12/6/2011-Jinger canceled interview #2 via email stating that she had a study session with her TA. Wrote email back to reschedule interview as she indicated that she would be in the Pacific Southwest until 12/15/2011.

12/7/2011-Jinger wrote email to schedule tentative date for interview #2 for Tuesday or Wednesday of next week. She will confirm later.


12/10/2011-Dissertation group meeting w/ Dr. Patricia Tobey.

12/13/2011-Received email from Jinger to coordinate 2nd interview. Responding and trying to coordinate for 12/14/2011. Room reserved for Learning Library between 6-8:00 PM.

12/14/2011-Jinger responded via email stating that she will be there at 7:15 PM. Interview #2 completed with Jinger this evening.

12/16/2011-Received email from CeCe re: the journaling process. Responded to email and tried to coordinate schedule for interview #2.

12/29/2011-Received email from CeCe re: the journaling assignment. Provided email response to clarify journaling exercise.

1/13/2012-Emailed CeCe and Mary Ann re: scheduling of interview #2. Reserved interview room at Learning Library for 1/18/2012 @ 5PM with Mary Ann.

1/17/2012-Received email from CeCe re: times available for the 2nd interview this week. Trying to coordinate time for meeting. Wrote follow up email to Mary Ann to confirm meeting for tomorrow but realized that she has 2 different email addresses that she has been corresponding with. Confirmed 2nd interview with CeCe and room was reserved in Learning Library for 1/20/2012 @ 5PM.

1/18/2012-Received email response from Mary Ann requesting the 2nd interview to be rescheduled as her roommate’s mother is gravely ill and will be leaving school this semester. Replied to email to coordinate a tentative interview for next week. Mary Ann confirms scheduled 2nd interview for 1/25/2012 @ 5PM in Learning Library and a room was reserved.

1/20/2012-Completed 2nd interview with CeCe in Learning Library Rm. 201C.
1/21/2012-Met with dissertation chair to discuss progress and solidify date for dissertation defense. Continued to transcribe and analyze interviews.

1/22/2012-Continued to transcribe and analyze interviews.

1/23/2012-Continued to transcribe and analyze interviews.

1/24/2012-Sent email reminder to Mary Ann to confirm interview time for tomorrow. Continue to transcribe and analyze interviews.

1/25/2012-Interview #2 with Mary Ann in Learning Library. Continue to transcribe and analyze interviews.

1/26/2012-Continue to transcribe and analyze data. Drafting Ch. 4 & 5.

1/27/2012-3/7/2012-Continue to edit Ch. 1 through 5.

3/8/2012-Dissertation Defense
Appendix K: Sample of Completed Transcription of Interview #1 & #2 with Cecelia (CeCe)

Interview #1

Me: So CeCe how old are you?

CeCe: I’m 21.

Me: Ok. And what are you studying here?

CeCe: Biomedical engineering.

Me: Great. Wow. Sounds difficult.

CeCe: Ahh. Well… Yeah, I guess but yeah.

Me: What year in school are you?

CeCe: I’m a senior.

Me: You’re a senior? Great. And what do you plan to do with that degree?

CeCe: I don’t know. Um like I’m not really sure right now about where I want to try to go into BME industry or try to switch over a little bit um cause I guess I have different options of going into a different kind of engineering, which would be more grad school or like design maybe which would be more grad school or like, I don’t know. I don’t really like but I’m supposed to decide soon and I don’t want to.

Me: You don’t want to? You’re procrastinating?

CeCe: I don’t wanna. I don’t know. It’s like a big decision and like I’m a super indecisive person even for just little things like what should I eat is…

Me: Nice. Where were you born?

CeCe: Um, I was born in um the East coast.

Me: Ok, great. And what brought you out here to L.A.?

CeCe: Um school and like um mainly school and I guess I like the idea of adventures in big cities except I generally don’t even go out. Also I didn’t want to be too close to home so um like it seemed boring also because I didn’t want like my dad to have an excuse to go see me but I don’t even think he’s like that type so he doesn’t even come see me out here.

Me: So what’s that like for you?
CeCe: It’s okay for me because I can’t see too much of my dad.

Me: Oh.

CeCe: Yeah it’s just like, he’s very alarming to be around.

Me: In what way?

CeCe: Well like if he’s in a bad mood then it’s like… he tends to easily be in a bad mood and then he’s highly critical. And you have to kind of guess what he wants to hear and tell him that so it’s like very stressful to be around him but like sometimes if he’s in a nice mood it’s okay but I really don’t now so.

Me: Wow. So sounds like some issues are going on with father? Where’s your mother in the picture?

CeCe: Um she’s like the same too or she’s like living in the same house and stuff. It’s just like I don’t have a problem with my mom but like so I don’t mind whatever with my mom but my dad is the scary one. And they don’t get along either. It’s like me, my sister and my mom is like a unit and my dad is like the other unit. (Laughing)

Me: Wow. So sounds really stressful in the household.

CeCe: Yeah.

Me: Is it like that for your sister as well? Is she stressed out?

CeCe: I’m sure she does but I like was never I not close enough with her that we’ve talked about this or anything.

Me: Are you the oldest?

CeCe: Yeah, I’m the oldest. But um when I left home she was 13ish so I didn’t like I didn’t really get to that point where I talked to my sister and stuff like that it was just the kid-annoying sister type relationship.

Me: Even currently?

CeCe: Even currently I don’t even actually call them that often. Like they call me usually. I like think about call my mom and then I forget again and go on to another piece of work. Or I don’t remember til I get home at night and so there’s a 3 hours difference so I’m like oh it’s 9 and like whatever and then… so... so... (laughter)

Me: How convenient?

CeCe: Yeah so.
Me: Ok great. How the study is broken up is actually a 2-shot interview design so the 1st interview today we’re gonna talk a little more about K-12 education. You have your journal the time between the next time I see you will roughly be between 3 weeks and 1 month and the journal is really for you to free associate about any experience you have regarding your ADHD. I don’t want to tell you parameters about how to structure it I really want you to be able to do what you feel is relevant.

CeCe: So just like ramble in it a bit about stuff?

Me: Yeah. Well anything that is relevant to your ADHD experience.

CeCe: So like a day to day?

Me: Or a weekly basis whatever won’t be too taxing for you because I know you’re a full-time student.

CeCe: Oh yeah, right.

Me: And I don’t want this to be too much of a burden for you in terms of cognitive overload. I just want you to be able to have time feel it’s appropriate to journal.

CeCe: So, you just want to record stuff on a daily basis kind of like things that…

Me: Things that pop up that you think are related to your ADHD symptoms.

CeCe: Oh symptoms, oh okay.

Me: Or anything regarding your ADHD. Let’s say that you’re in class or what not. Are you in class next week? Or are you guys..

CeCe: Oh, I’m in class for like half the week and then it’s Thanksgiving.

Me: Okay, let’s say you’re in class and you’re like oh my God that kind of triggered something for me. Well when you go home or whenever you have time and write a little blurb about it.

CeCe: Okay.

Me: And I’ll collect that around 3 weeks 4 weeks out.

CeCe: It’s like really weird cause like I only recently got diagnosed with ADHD so it’s like hard for me to even understand what is what is not ADHD stuff. I haven’t had it for like a long time so I have things like I say, ‘is this supposed to be what ADHD is or is that just like me and I’m just like that?’

Me: So when did you get diagnosed with ADHD?
CeCe: Ah last year. And then I kind of… well like back then I was just kind of like. I started going to counseling and he didn’t diagnose me with anything. We were just kind of talking and then he was like ‘do you want to possibly go see the school psychiatrist also if you have problems with like distraction or whatever. You can go check it out. ’ I went and she was the first person who was like, “so he referred you to me for ADHD and he never actually said that before and I was like. I mean I was kind of get the idea from the distraction that that was what it was going to be but he never tried to diagnose me or anything but when I went to the psychiatrist she said like ‘he wants me to evaluate you for that’ and she didn’t feel that I had it because my GPA is too high for that or something.

Me: How high is your GPA?

CeCe: It’s a 3.5ish. She said like, “I can’t diagnose you because you don’t have impairment clearly or something.” Cause she said she like the person who I medicate for is like, he gets a 1.9 and on medication he’ll have a 2.8 and that like the real big difference and like… and so then I was very unsure. I just figured like, “well no but and then I go back to this psychologist and he says I don’t understand why she’s not wanting to diagnose you because like I’m pretty sure you do and I’ve met people who are like really good at compensating for it and they can do really well and like it doesn’t necessarily mean. And I was just like mmmmrrhh, just kind of like I just kind of brushed it off. I didn’t take it too seriously because as it is like I was just…

Me: Sure, you’re confused. “Do I have it? Do I not have it?”

CeCe: Yeah, and so like but then recently I went… more recently I went to a primary psychologist who specializes in child and adolescents, school problems and ADHD to get a second opinion and she felt that she agreed with my psychologist that it makes sense because of like how I talk and stuff or the way I describe the way I learn and kind of how I get really fixated on certain things that seem to not matter for other people. Um like, small discrepancies in my knowledge really bother me and I can’t step away from it and keep on studying. I have to figure it out what it is and it’s very difficult because I’m grasping at it and I’m really bad at asking questions so it’s hard to get the answers for it. For my questions for it because also no one knows what I’m asking and so like I have that kind of issue when I kind of described how me and my mother like think my mother is probably the same way cause we’re very similar and how it’s impossible for us to like do any kind of quick stop anywhere like we like… there’s a joke where we’ll be driving past this grocery store and we’re like oh we need to pick up eggs or something and “quick stop” and then an hour later it’s like basically when we come out and we know it’s impossible to just like have a “quick stop”. And like so she said like from all those things that it made a lot of sense for a psychologist to diagnose me so then like now I’m more like, I guess I have it but I’m still like confused and I guess I’m umm scheduled for a psycho-educational testing at school here in January so then that’s like another thing that my psychologist says just in case for more edification purposes. Yeah and so…

Me: Test, they can give you a TOVA or any other psychometric measures to try to quantify it. And I think for you as a biomedical engineer, you’re always looking for concrete evidence.
CeCe: Yeah. Ha ha ha. (laughing) And also I think because of the Chinese American. Like I told my mom umm and she of like grasped on to it but I feel like she doesn’t take it seriously because she… I don’t know. It’s hard to take it seriously cause all of sudden you have a condition and there’s a name on it and my mom doesn’t even like she not from a culture where people understand like understands what conditions mean.

Me: Sure.

CeCe: Yeah, so she still doesn’t exactly get what is ADHD either or I’ve tried to explain some of things that I read and stuff and she’s like so is it this and I’m like no… I don’t know. Or she’ll say are you doing this because you’re ADHD or she’ll be like that. Umm… obviously I haven’t told my dad at all and I don’t plan to for a while because there’s really no point in that. It would probably go very badly. Umm… because he doesn’t even believe like he doesn’t even believe in other parts of the body doctors much less mental doctors so… yeah so. Yeah.

Me: So how is it for you? It feels invalidating of your experience.

CeCe: Yeah. I guess but it’s like I haven’t even validated it myself so it’s I’m not really surprised. Like I don’t take them too seriously so I know where they’re coming from but umm… I guess I’ve tried to talk to the people I’m friends with who I know are ADHD and talking to them about if they think this is a ADHD thing or it just me or something because I have a friend who got diagnosed really late in his life and he has a lot of the habits that are really similar. Random things that I didn’t think… just waking up in the morning or getting to morning appointments on time is a big problem because I can’t wake up properly in the morning and I thought that was just a “me” thing and I just couldn’t understand why there’s a lot of people who can just wake up in the morning and like come to class on time or like go somewhere on time and not just wake up half asleep and just feel like you just have to go back to sleep like resisting the urges. Like maybe they’re just really good at resisting urges or do they not get them. He said that he has that problem too and I was like really, I thought that was just me who couldn’t get out of bed. He said nope ADHD all the way.

Me: Have you ever looked at the DSM IV?

CeCe: Yeah, I’ve look at that but I thought those were just things that people do so I don’t know to what degree they’re talking about.

Me: When you’re looking at the profile of ADHD of course there are specifiers but when you’re looking at mental illness because I’m also a clinician, you’re looking at the 5 axis. Axis I looks at the mental health or substance abuse issues. Axis II is about personality problems or mental retardation. Axis III is about medically related problems such as looking a diabetes that can cause impairment on your mental functioning or mental health. Axis IV is looking more at your psycho-social functioning and that’s where your psychiatrist is saying that your functioning pretty well in your daily life. She’s not seeing the impairment because when you’re looking at mental illness from a Medi-Cal standpoint, you’re looking at functional disabilities or functional impairments and she think she sees a fully functioning and highly intelligent person so what could be wrong?
CeCe: (giggling)

Me: And Axis V relates to global functioning is scored from 0 to 100. 100 being totally perfect functioning and 0 being totally unable to function… possibly in the hospital or what have you. There’s a gamut when talking about mental illness it’s not so straightforward it’s very abstract. Even now that’s why it’s really more of an art vs. a science it’s not so concrete as going to see a cardiologist.

CeCe: Yeah… going to get an echocardiogram.

Me: A lot is based on self-reporting or using psychometrics. So that probably more likely what they’re going to be doing with you to put you at ease and to validate your issues that are presented which is not a bad thing. Like I said, when you’re look at mental health, there’s a gamut of functioning. There are doctors who are schizophrenic but you think that schizophrenics are not able to function. That’s not the case so it’s really a case by case basis. I’m really more interested in the experience of it for you and how you actually cope with the day to day issues. It’s a little spin on what’s going on. I know from what you’re saying that you were recently diagnosed when you were a junior, so are you getting counseling?

CeCe: Yeah. I have dropped the ball lately because umm… cause he was sick a couple of weeks back when I had an appointment and I’ve been meaning to make an appointment for like 2 weeks now. Yeah, so it’s on my to-do-list but things same on my to-do-list for a really long time especially if there’s not a deadline so umm… we’ll do that soon so I am getting counseling here but I actually haven’t completely fully gotten into counseling. Umm because we were counseling for a while and it was mainly family focused until going to the psychiatrist business.

Me: Was it through the Student Counseling Center?

CeCe: Yeah. Then when I came back it was just a general like trying to get the accommodate for exams that and also trying to discuss getting testing because he really wanted to get it tested. Get me tested and that really took up the rest of the appointments last year and then this fall, I’ve had a couple of interviews just discussing second options and we haven’t really gotten back to the whole counseling thing yet and so I still don’t know what counseling actually does but umm my roommate is getting counseling so I’m kind of learning about that kind of. She has like massive depression problems and currently going through her stuff. She’s also Chinese American. I suspect that she has major ADHD too. She is mainly depressed so I don’t think it’s like a priority right now for her psychiatrist so yeah. Anyways, then was there another question in there in the beginning?

Me: So I know that you saw the psychiatrist the person who felt that you were not a candidate for medication therapy or psychopharmacology.

CeCe: She didn’t feel that she could even diagnose me because she was talking about maybe getting the exam accommodations. In the end, my psychologist wrote the letter because she wasn’t comfortable in diagnosing me even just for exam accommodation and not just medication
so like she tried to ask disability services if they would allow for something that wasn’t diagnoses and they were like “no sorry” so I felt like umm whatever oh well, I guess I can just keep going on with whatever I’ve been doing but then my psychologist was like no I can support the documentation for you with my diagnosis so he was like I don’t know why she doesn’t even feel comfortable diagnosing you. So it was like not even qualified for medication but like not even for ADHD so I then was at that point like oh well I am just what I am and we’ll just keep going on with whatever I’ve been doing and I guess…

Me: Well, it seems to be working well whatever you’ve been doing. What have you been doing?

CeCe: Well, I think I just learn things relatively not too bad. Learning things isn’t too too bad for me. I just have bad time management issues that is basically my problem for school for me because umm…. Like I can.. I can’t be one of those organized students that I know who are always on top of things or start their homework and still doing it. I feel like as time goes on and the more stressed I get umm… I start not finishing assignments. I finish them technically when I have time and then when time comes up it like whatever I get out I get out and then umm I never finish studying and I know about of people don’t finish studying but I feel like I could have finished studying if I could have started earlier but I tend to like procrastinate for like along time and it also depends on cycles of stress levels. If I’m really stressed, I tend to be more discipline and I’m like no I must go lock myself in a room or something but…

Me: Do you physically do that?

CeCe: Well, I don’t go lock myself in a room by myself because the apartment I live in is like is lively I guess and in some ways it’s okay along as it’s not too lively because there’s some background noise. I noticed that I can’t have words going on in the background even if its very soft like because I’m going to start tuning towards it so along as its some kind of video game noise or umm like umm not lyrical music or something like that it’s kind of helpful in that I don’t get too bored and start thinking about something else you know what I mean?

Me: Do you actually have TV on and music on or?

CeCe: No like… I might have music on but it can have no words in it because I’ll start listening to the words or like try to sing it or I’ll like have urges to sing it and pay attention to the words to see if there’s meaning or something or anything with meaning going on, I’m going to be listening to it.

Me: So it diverts your attention over to the music?

CeCe: Yeah or like I can go back to it but once it gets boring the music will be way more interesting or if there’s like stuff going on in the music and then TV’s no good because there’s a lot of stuff going on in TV. Even if I mute it, I don’t know. It’s like too much stuff going on in there that like I’m gonna watch it.

Me: So how do you get organized now than?
CeCe: I really don’t organize I just have a pretty good memory so I’ve like never have been able to keep a like a calendar. No, I’ve never been able to keep a calendar because I’m like too… cause I don’t like calendars I don’t like having to write down everything. It’s really bad because standardly speaking people say you should write things done but in up to like in middle school and high school they would give you free planner and they want to encourage students to be organized and I would try to use them in the beginning of the semester but once like things started going and like someone the teacher mentioned the assignment or something I would like just remember or if it’s a date, I’ll write it down on whatever sheet of paper I have in front of me or my hand or something but I can’t like… I’m too lazy to go into my bag and rummage for it and go to the page… I manage to write in the calendar and that will help me remember it so that if I remember the date if I sit there thinking about what homework I have I’ll make a mental list and I don’t even bother getting my calendar out so usually speaking I remember assignments but sometimes I’ll forget what day it is generally like I don’t have a problem remembering appointments or assignments it’s that I lose track of the dates and I don’t remember like say there’s an appointment at on October 1st at 2 PM, I don’t realize that today is October 1st or I don’t realize that it is 2 PM right now so then that’s when I forget that something was due which occasionally happens and so I never really got straight A’s after middle school or after I got straight A’s for the most part in elementary school but I would get B’s in like organization or like talking in class so and I couldn’t really explain the talking to my parents because I remember umm… like sometimes my teachers would think I was talking and they would talk about it in teacher-parent conferences and then my dad would be very angry but I can’t tell you that like I talk all the time.

Me: So in your K-12 education, you would be easily distracted too and have sidebar conversations?

CeCe: I have a lot of sidebar conversations because I tend to comment on things a lot or just everything going on I like to make comments about it and then I would find the nearest person to tell the comment to and I like did it less when I got older but I would still not realize sometimes. If we were already in a conversation and then like the teacher says pay attention now and I would have something to say, I would just keep going. I wouldn’t keep going straight away, I would try to pay attention but my attention would still be on the conversation we were having and I would still do that.

Me: Because in your head the conversation hasn’t ended?

CeCe: Yeah (laughter). Yeah and then that would be like still happened up until 5th grade and I tended to be shy and quiet which is kind of strange because I thought there was something funny so I would have to tell so moving me around from friends really didn’t help because I would find someone to tell. But for the most part I was pretty shy so I guess still I’m like that once I find someone I feel comfortable with I keep talking a lot but with strangers, I’m still really shy around so I don’t break ice and things like that so than I’m pretty reserved. That’s when I’m not in the process of talking but and so…

Me: When you were in your K-12 education, what was your academic career like? Were you pretty successful in planning for assignments? Is it similar to what you do now?
CeCe: I didn’t really plan for umm… elementary school I don’t really remember. I just remember that elementary school was so easy that I didn’t make much effort like I didn’t have to study for anything. Studying was pretty foreign I think I may have studied for some history test because there are dates that you have to know and studying… for the most part it was memorization tests not for math tests. Having an Asian family, I learned math way before like a year or two before I had to learn it in school so it was a non-factor because I already knew it and umm… for memorization tests I was just really good at memorizing things. I just am… as long as they are not symbol based things like math or chemistry umm… I pick it up super quickly if its language if it’s in English and the teacher is saying it… It’s easy to understand and I can just hear people talk well so I the teacher is discussing something that is interesting than I’m going to remember it. Like I remember her saying this and kind of have a video of her.

Me: So if it’s boring, you totally forget about it?

CeCe: I don’t forget about it. If I’m paying attention at the time than I’ll probably remember it. But if I’m not paying attention at the time then I didn’t even input it like I was engaged at the time so it didn’t even come in long enough to stay it was just kind of passing so umm… There’s weren’t a lot of assignments but I tend to work really slowly like I’m a perfectionist so if like my… I just realized recently that I didn’t need to take too many notes because when I try to take notes I get really obsessive about how the notes look and umm like trying to organize it nicely and getting every detail and umm… they started trying to have us start taking notes in 5th or 6th grade and it was really bad for me because I would just write down everything. I would be reading a textbook, I would read the history textbook and would like summarize everything or just slog through the chapter cause I was like what if don’t remember this, I better write it down and then so I spend so much time writing stuff down that it might have been better to just read the chapter and not worry about it. And so I spent many years taking notes and not really getting anything from the taking notes but really spending so much time. Every time I do something, I spend a really long time. I’ve always been pretty slow about stuff and like it never occurred to me that I had ADHD until I was in college but I already knew I was slow. Like I was a slow worker and I think kind of slow. When I do class work next to people doing the same class work, I do it slower and even if I do understand all the material, I just do it slower and I don’t know why.

Me: It sound like you are looking at it from different angles vs. someone who maybe haphazardly reading it. You’re trying to analyze it, deconstruct it.

CeCe: Yeah. Pretty much every time I do a problem, I basically have to connect it to some other problem I’ve done or if it reminds me of something else, I freak out and I’m like, I don’t remember that. I have to remind myself that it makes a connection so I know everything. Like I know that I remember everything.

Me: Actually from an educational standpoint that is not a bad idea because you’re trying to incorporate prior knowledge. The goal is to have automated knowledge so it doesn’t take you so long. But the thing is you’re also a perfectionist so you’re integrating and synthesizing information a little different. You can’t just take things at face value. You’re always trying to
bring a historical context into it but you’re trying to deconstruct it to understand exactly what it’s trying to say.

CeCe: I’m thinking what if this happened then what would happen? Do I understand that? And that’s really bad for Physics because I never learned Physics properly so they have very general laws or umm… like theorems or equations and like they only have like very simple examples usually. Then they tell you to do different problems, that how you usually apply those. But I’m sitting there going, ‘wait. What if it’s like this and it’s not a…’ I’m not sure of what this law is applying to. Is this allowed? What is something this or this happens? I do that for Chemistry and my Chem T.A. was like, ‘you don’t worry about what if this happens. If these 2 things react, what happens?’ She’s like you just need to learn the reactions you’re taught in class and you’re not going to have to know other stuff and on the test.

Me: So how does that make you feel? Once again that invalidates your experience of how you construct knowledge.

CeCe: Well, I don’t know if it invalidates. I just feel different and then I… cause… It’s generally for me because I get very anxious if I don’t know what’s gonna… like cause then it suggests to me that I really don’t know what this means. And I probably don’t if I don’t know if this happens or even applies. Or is this something you even need to worry about. Is this a reasonable thing I will like have to know? Like to me, if I’m wondering that and I don’t get an answer from someone or they’re like just don’t worry about it. Then I feel anxious that I just don’t know it. I don’t think that that’s like an ADD thing and I’m thinking differently and their saying like you’re thinking is bad. They’re just saying that oh you’re worrying about it too much.

Me: It sounds like you’re trying to take the problem to a different level.

CeCe: Oh yeah. Maybe. I guess sometimes I do.

Me: It’s not bad. It just means that you are trying to really understand the full nature of what the problem is saying to you. You could easily say: A+B=C but you’re say now then what else could happen?

CeCe: Yeah.

Me: That doesn’t sound like a bad way of looking at problems because they’re not just unidimensional. They’re multifaceted.

CeCe: I think that after I learn things properly, I know it pretty well and I remember it. If I’ve gone all through the analysis, I will remember the material for quite a long time comparatively I think to other students. But if I don’t learn it properly that way then I don’t remember any of it because it’s just a ball of confusion and anxiety in my head. I can’t be tested on it. I can’t remember. So it’s a good way for me to learn things but the problem is when I have to… I do inconsistently on tests because if I wasn’t fully prepared and there are all these little things that have bothered me then I feel that I don’t really understand what’s going on. And
then on the tests, I’m gonna have all of those questions come back because I never resolved them. So if there’s something like that, I’m like wait but what if I’m doing or thinking wrong right now cause I don’t know for sure all this time I’ve been studying is the correct material. What if I was mistaken and… because I don’t feel like I have a hold on this material so I kind of know it but once you ask me like, ‘when does this plus this equal that?’ then I’m like I’ve been doing problems and my inclination is to do this but since I never got a good hold on this I’m… I have no idea if I know how to do this right now. And so I just… I’m able to let go and just do something cause it’s kind of like a crap shoot when I take tests. Was I thinking correctly at the time? I don’t know. Cause sometimes, I can’t even count on tests. Like… sometimes, I count things incorrectly on tests. I can’t explain that to anyone. There’s no conscious mistake going on there it’s just like stuff going on. Like… and that was a problem I guess in high school because things started getting harder. Umm… I started learning things that I hadn’t learned before in school. I was hitting things that I needed to study for but I had trouble studying for. I procrastinated so long that I didn’t end up studying for anything or I tried…

Me: Do you think you procrastinated because it was too easy for you?

CeCe: No. Like I procrastinated… well, I guess there’s two different kinds of procrastination. Procrastinating where I feel comfortable in knowing what I have to study then I procrastinate because I know that I can do this so I’m not stressed out. So I’m just gonna… like, I can take the time to do whatever. I can take this time to start reading this book or something. It’s okay, I’ll just do it later. It will be okay and I feel like secure. But then there’s they type of studying where it’s like stuff that I don’t know and so I’ll start looking at it and just freaking out because I don’t even know what’s going on here and then I start doing something else. The stress builds because I keep distracting myself and then I come back and realize I still have the same amount of studying and I still don’t know what it means and I have wasted like 2 hours now and I’m in worst straits. It snowballs that way. When I have stress, I try to talk to my friends constantly but then that turns into long conversations and I waste most of the night and then I start studying but really I’m just like trying to get as much done as possible but then the next day, I’m just sleep deprived and like whatever happens happens. I started doing badly in certain classes. It’s harder to me to learn mathy things. Learning math is easy. Just like K-12 math is very math based. It’s not very application based. It tends to be here’s how you do this kind of problem and I’m like okay. Then I’ll do a couple problems and I’m good. I can do that quickly or I can learn that quickly but on the test I can’t get As after a certain point. Like after a certain point of complexity, I can’t do it without screwing up somehow so that a couple points go off here and there so it goes down from an A. So even if I know how to do all those problems for the test, like I can’t do it perfectly like there’s always something I forgot there and because I’m slow, I can’t go back and check either because I always finish close to the end and then I have like 5 minutes to flip through and not just know where to look to check.

Me: So in the moment of taking the test, do you realize this? Or do you fixate on this from the beginning and it snowballs as the time goes down?

CeCe: Umm.. I don’t fixate. I just try to do the test but I work, I think slowly. So it just happens that I’m always at the… I’m always running out of time or barely finish. When tests are really easy, I’ll finish earlyish but not like super early. I never… I guess that would be the
problem of making an answer and sticking with it. Just like every step of the way, I’m questioning it. And making sure I’m doing this write and I’m not thinking weird. Even so like something always goes off and like that always really frustrated my dad. He’s like I don’t understand why you can’t. You just need to study more. It just means that you’re not understanding the material if you’re not getting an A. You know. You don’t understand it fully but I studied as hard as I could. I know I can do all these problems but I can’t add randomly. I can’t add some simple thing like… I look at something like 2+ -1 and I think 3. I can’t stop that because I’ve known how to add negative numbers since like 10 years ago. How am I… I can’t explain to you why it won’t work out. So that was constantly frustrating for him. He can’t understand that. He’s like you just need to do more problems.

Me: So does your dad think that, in terms of what’s going on, that you’re not putting forth the effort? That you’re being a little lazy?

CeCe: Well, he thinks I’m lazy for sure but he’s like, I don’t know how to really tell other people what my dad’s opinions are because on the one hand over time it does affect you that like I definitely do have lowered self-esteem because of his criticalness but at the same time I don’t know how much of it is true because he is really critical so compared to other people of my similar potential which I don’t even know how to quantify. I don’t know how I compare in terms of laziness or whatever. I went to a magnet high school so I knew lots of smart people who just were very lazy but managed to keep doing well because they’re just awesome. And umm… I wasn’t one of those and then there are people who are organized and awesome also. I knew that laziness wasn’t exactly the case. Like I know when I do bad because I didn’t study. Like I didn’t time manage and then it’s more frustrating when I did know what I was doing and I still got a B or something. I just can’t help like I can’t do anything about it.

Me: In terms of your parents schooling, can you tell me a little bit about that? In terms of your mom and dad’s educational background.

CeCe: Oh, umm… they’re both like graduate degreeed. My dad has a Ph.D. in the sciences and so he thinks that Physics is like the ultimate meter of intelligence because everyone hates Physics and only like Physicists are able to do Physics. And I never learned Physics properly so I was never…

Me: Your dad never gave you any assistance?

CeCe: Well, he’s really not a Physicist. He ended up doing like software consulting work just like most Chinese parents that I know ended up doing some kind of software computer OCS stuff because it’s easy to get a job comparatively. It’s like easy at least when they were coming out of school, it was easy. It was the ‘Big Boom’, that’s why every single one of them is doing computer stuff. And my mom got a Masters in the engineering field too but I don’t think she’s really suited to it at all. She just did what was practical.

Me: You mentioned that your mom kind of jokes around with you and says, ‘Whatever happens is that because of your ADHD?’
CeCe: Well, she’s like half joking because she wonders if like that counts. “Is that what it is?” She’s like still trying to figure it out and I guess I’m still trying to figure it out too but she is ever further back because there’s so many things that are mental diseases that she doesn’t understand. Like I’ve tried to explain depression to her and she just totally doesn’t get it. The same like my roommate’s parents also don’t get it. They don’t get that it’s a disease. They’ll still call her up and be like so how are you feeling? And she’ll be like, ‘mmmmhhhh.” Then her mom will ask is there a particular reason why you are sad and she’ll be like, we already went over this. There’s like no reason… so, like there’s that kind of disconnect where it’s really hard for her to understand what it is.

Me: It sounds cultural?

CeCe: Yeah. I think she has it too so like she’s always wondered how come it is that other moms can keep up with housework and stuff because she is completely unable to have time to clean. Like our house is just in shambles. And like that is a constant source of conflict because my dad wants to have this like the nice idealic home where the wife does all the cleaning and stuff and he’s like all the other moms have jobs, and children and like their houses look nice and why can’t my house look nice? The funny thing is, his room is just as bad so it’s like maybe he is too because it is possible he just has a different type of ADD. My mom says that she was always better at studying beforehand than he did. He was always studying at the very last minute and he tends to like… but she’s always late and he tends to be more paranoid about not being late but he still ends up procrastinating til like the last minute until he usually leaves the house but he tends to get to places on time more. But he tends to still like… I don’t know what he is doing but he tends to dilly dally too.

Me: So where are your parents from?

CeCe: They’re from different cities in China. Generally from the Southish but they met in America so they didn’t really meet in China.

Me: So do they really not have an idea of what mental illness is or do they not believe in mental illness?

CeCe: I think my dad doesn’t believe in it. And I think my mom doesn’t really know what to think. I think her unconscious inclination is to not believe in it because it’s foreign to them and I understand because I wasn’t raised with mental illness being a thing. So I don’t, I don’t have a real deep inclination towards believing in it. So it’s kind of a process right now or I believe in some mental illness and then like some mild versions I’m not really sure what that is anymore because it’s like in the spectrum of being really like dysfunction and being functional and then once you get toward the functional, I don’t know any more what it is or if it’s just their personality. Maybe it’s just their personality. It seems like assigning a dysfunction to just a certain type of person and I don’t know what to think any more but I think she definitely believes in extreme mental illness like people who literally hallucinate and things like that I think Asians are pretty okay with that and realize that those people are actually insane and like they need help and stuff. But once you’re… you seen to be coherent and especially if your smart than they like to ignore the mental illness is like a thing because. I remember in Chinese school I would see
lots of boys who had… there was one boy who I thought had some serious problems. I don’t know. He seemed pretty anti-social to me but he was 10. I was like that kid is pretty evil and I don’t even understand what he’s going to be like when he grows up. My mom was like it’s okay, he’s a genius at math. I’m like how does that change anything. Why does that even matter? Why is it okay that he’s like… I think there’s something really wrong with him but like because he’s so smart it doesn’t matter. Like it’s okay that he’s like might need help with something else but because he’s good at math, it’s okay.

Me: Or could it be a gender role difference?

CeCe: Yeah. It could be a gender role but he was really abnormal amongst the boys. He tended to enjoy exploding things like or messing up things of other people and just running away and laughing about it. And his parents would be like, ‘oh hehe haha he’s so mischevious’. I like, ‘no’. He’s kind of beyond there a little bit… I don’t know how he’s doing now but like her only friend for the most part his son has been diagnosed with Asperger’s and so that has been a thing like I guess when we were younger, we never really talked about mental illness but now that I’m older we talk a little more just about general stuff cause the more like ‘friend’ relationship we develop between the parents and the kids… like it seems like his mom is kind of just like, I don’t know maybe she’s in denial about it. Like I think she accepts the fact that he has been diagnosed but she definitely is in the Chinese way… just doesn’t kind of believe in it or at least before she didn’t because I always thought that kid was like seriously socially stagnant but like it never came up with the other Chinese parents who are like in their group. They never mentioned that he was like different or like he’s really smart at like all the numerical type things you know like science and math and stuff but he wasn’t so good at language stuff but that’s pretty standard and acceptable for Asian boys. You know, it was never really a problem but as he got turned into now… I think he’s a teenager now and he’s not functioning so well socially and it’s really extreme now because you know when you’re younger and get picked on it’s pretty standard. Kids are mean but once you get older and you are definitely aren’t working well with the other people it becomes really obvious. Now it’s really becoming out and I think that she believes it that but she doesn’t really understand what is going on with him or why it’s like that or like what really is like his impairments. She just knows that he’s been diagnosed with something and like…

Me: Did you ever feel when growing up with that kid that your mom was comparing you in any way to him?

CeCe: No. Well maybe a little but he wasn’t close to my age. He’s closer to my sister’s age so we weren’t really growing up at the same time that she could compare our development. Umm.. I felt like compared to all the other like other Chinese kids who grew up the same age as me or around the same age. Even now when she calls me, she tells me about gossip. “Oh, I ran into so and so’s mother the other day and they just graduated from Stanford or something. I’m like… all these over achieving Asian kid things and …

Me: How does it make you feel when she does that?
CeCe: Umm… I think I know that she’s not trying to make me feel bad but she just can’t help comparing me and like I help comparing myself either honestly but so it’s just like saddening. I feel inadequate because I’m not… I don’t have like ‘wow’ things as much as those other people so. Like they’re all going to… I guess this is also related to why I was stalking people I knew in high school on Facebook to see where they are now. All the Asians have gone on to very predictably Asian places like umm… medical school or doing Ph.D. or umm… investment banker. I was never that type of person like I wasn’t really interested in doing the things that are really valued to the Asian culture so I feel a lot of pressure to prove myself in those respects but at the same time I have no interest in those. So then I generally feel kind of like pulled in multiple directions and constantly comparing myself and like makes me feel like I’m doing less all the time. Like I’m not as good as all these people I grew up with or like I went to high school with who are also Chinese and my parents know about. And then, so then like… my mom always said like, ‘oh our family is just not that good at school like we just aren’t so good at school because we know all these…’

Me: Despite the fact that your parents are highly educated, she thinks you all are not good at school?

CeCe: Yeah. Yeah. It’s just a matter of how many ‘wow’ schools you have like you have in your history. You know. Cause I don’t think we hung out with too many parents who had like kids who ended up going to regular places. I guess in general that people did go to college because we are from the wave of immigration were all the parents were already college educated and they came here for grad school and so they met a lot of their friends and they ended up settling in the similar areas. Like affluent, upper middle class areas so and they’re all college educated Asian Americans. They’re the first generation, then they have their kids and so their kids are of course going to go to college because like their highly educated already so like the baseline is that they are going to go to college but ‘where?’ is the question. Where and what after that and what kind of job they get and what industry? That proves to them how smart they are is probably the biggest respect points and then the intelligence is measured by like you know, the name of the school you went to and whether you got into medical school, whether you got into a PhD program and whether or not you have any other high paying job.

Me: So, when you got into the Pacific Southwest University. What was your parents’ reaction? Were they happy?

CeCe: They were luke warm. I think my dad was like this is way too expensive but I had… when I got in, I didn’t have a scholarship but then I got the National Merit thing. I applied for a scholarship just as is but I got rejected because my grades were no like top grades like other people. They were that same as they are right now actually maybe a little bit higher like a 3.68 when I applied for stuff. It got a little bit higher at the end of senior year but like umm… because I went to the high school with really high achievers, it was actually about average of a GPA. There were so many people getting over 4.0s that it was just like… there were so many people getting close to 4.0 that I was almost at the below average for my school. Even now, they instituted a new rule that if you get a GPA below 3.0 that you’re not allowed to go there anymore so they have to move you out to your regular school because it was a magnet school that drew from different districts so you have to go back to your regular district school. And so that goes
to show the range of GPAs that people really have like it’s from the 3.0 to over 4.0 and half of my class was above 3.5 and so it was like… comparatively, I was never on top of stuff. And so like my grades were never… like I had a couple scares in high school which was the 1st time I got any below a B so my parents were freaking out and my mom would be like, ‘oh well’. She’s more of a resigned person. She doesn’t get angry she says, ‘oh well. I guess we’re just not that good at school. She just goes off. She says that you should just do better next time but in general, she just thinks that we’re not as good as some of these other kids that she knows in school because clearly they can get A’s and B’s constantly on their tests. And at the end, they generally get A’s for their final grade and I’m like… there were a couple of classes in high school where I was barely… like I was getting D’s sometimes and like I didn’t tell my parents. But like in freshman year, I took my 1st like computer science class and I could not pay attention. I can’t pay attention to anything math or like math but not math related but like were they communicate in math or the language is kind of math. With humanities and other kinds of things, the way they communicate the information is in words so it hits your brain like you understand it. With CS, it’s kind of like a new logic like you communicate through like math and like symbols. So once there’s a little bit of a delay of some kind of information transferring to my brain, I can’t pay attention and like so… I don’t understand math equations and symbols very well. Like I have to actively think about equations to know they’re describing and how they describe the situation it doesn’t just hit me. So when everything starts being described in math or in physics class and to a degree in chemistry but I got used to chemistry but the 1st time I took chemistry, it was really bad. It took me a long time to learn those things because I couldn’t learn in class. I had to learn it myself.

Me: So it sounds like your symptoms were present back then?

CeCe: It didn’t occur to me that that was ADD. I just couldn’t pay attention and become narcoleptic.

Me: In retrospect, do you think it was because of your ADHD? Or were you just not interested?

CeCe: Maybe. I don’t know because other people like… you tend to discuss with other people like how you can’t pay attention in this class and they would agree with you so but at the same time a lot of those people are just very critical of themselves and also they’re not too worried or they’re not seriously not paying attention or they pay attention mildly and they don’t think they were really on it the whole time so they’re like, yeah, I can’t really pay attention. It’s just boring. He’s so boring. I will literate fight sleep the whole time that was just my class activity, to fight sleep to not look bad falling asleep. Like in certain classes where I just didn’t understand anything because … I tend to pay attention in the beginning of the course and as things go up on the board like equations or something like that that doesn’t hit my brain really quickly, then I start getting slower and slower and I fall behind and I don’t know what the next thing is anymore because I’m still on the last thing and make sure that I understand it but they’ve moved on. And then when that happens, I’m basically behind and then always lost because after that everything they say, I don’t understand and I just start falling asleep and… the 1st time where it was really terrible was when I took summer chemistry in sophomore year. All my friends were taking it and it freed up space so you could take AP chemistry then next school year during the school year. During the summer, me and all my friends were taking chemistry over the summer and
like that was most terrible because the schedule was 3 hours of lecture in the morning and then you did a lab and there was 3 hours more of lecture and like I realized that I just could not pay attention to things that were not interesting in the lecture. I just started doing really badly because you learn so much in a certain day than I’d just be fighting sleep for like 2 hours at a time and it was awful and I didn’t learn anything then I would go home and try to read the book and learn it. I could not keep up and like… I really didn’t see anyone who had serious issues with sleep. All my friends could definitely stay awake and I couldn’t understand why it was so hard for me to stay awake but I think I got like called out once because the teacher was noticing I was asleep. I was like, I can’t do anything about it. I was like really sleepy right now, I can’t do anything much less understand what was going on. I was trying to not be asleep and that was my whole activity for that class. I was getting C’s and I ended up with like a B but barely with homework and labs and stuff like point padding so it worked out.

Me: When you were having problems were you able to ask your parents for help because they are highly intellectual when it comes to the sciences?

CeCe: Ahh, no because my mom doesn’t remember things and my dad mildly remembers things but he tends to remember extremely advanced things and then he tries to teach you that. And so I learned to never ask my dad for help because he then gets fixated on helping you but then he needs to actually review what you’re learning and then he injects all this advanced stuff because he thinks it’s fun and I just start falling asleep. He rambles a lot kind of like me and he just gets going and all this stuff comes out and he goes over what you need. He like, he like… over expects things. My mom tends to tell him when I need help because I complain to her so I stopped complaining to her because once I complain to her she goes and tells him that I need help and he comes after me. It’s like more trouble than it’s worth for the most part. He doesn’t really know Chem or Bio and then he knows Physics but he doesn’t remember how basic things are. He tries to overcomplicate it so it’s really more trouble than it’s worth asking him for help. He tends to expect way more out of you than you need to and then it wastes your time because you need to learn all this other stuff that…

Me: So it stresses you out more?

CeCe: Yeah. Basically. And so I never really got into the habit of asking my parents for help. It’s not a thing for me. I don’t ask my parents for help with school work.

Me: Do you think that asking your parents for help impacted your self-esteem at all because they are highly intellectual?

CeCe: My mom never felt intellectual to me. She doesn’t seem to be like an intellectual person. And my dad just… I don’t know him too well to like know that he’s an intellectual. I think of an intellectual as someone who’s really curious about things and enjoys learning stuff and discussing random things about the world. That’s how I define it. And my parents never felt like to me to be really intellectual people. They’re highly educated people but I never felt like they were intellectuals. I didn’t feel inferior in that way. Amongst Physics I felt bad that I couldn’t get Physics compared to my day but umm… I never… I don’t think that was ever a thing with me in terms of me not feeling like I was measuring up to my parents.
Me: It sounds like they have a lot of expectations of you?

CeCe: Yeah but I don’t think they’re any different from any other people I grew up with or their parents expectation so umm… but like half of those other people were able to meet their expectations as far as I could see because I’m not in their family but as far as I could tell. They seem to meet or come pretty close to their parents’ expectations. A lot of the Asian kids that I grew up with did go to Ivy League school and major in something suitable and …

Me: What do you think your parents would say about your accomplishments to this point?

CeCe: I personally have a difficult time trying to figure out what I’ve accomplished which is a problem now that I have to interview for things. I’m kind of at a loss for what I need to say when people ask me what I’ve accomplished or obstacles you’ve overcome. To me it’s a very everyday thing… that’s just how you live. You have to overcome things and finish things. It’s not an accomplishment for me because it feels so pedestrian. So I think it’s the same way with my parents. They feel that everything I’ve done is like pretty… I think it just happens that they know a lot of other special kids because I went to the high school that I did and so maybe they’re like mildly proud that I got into the high school that I did.

Me: And that you’re doing pretty well in college. You’re about to graduate soon.

CeCe: Graduating is not an accomplishment to my parents. Especially my dad, he didn’t even really want to go to my high school graduation because it’s so standard because if you don’t graduate from high school than you are a failure but if you graduate from high school that you’re a normal person.

Me: So what happens if you finish your degree and you don’t go on to grad school? What do you think their viewpoints of you will be do you think?

CeCe: I don’t know if they care about grad school too much because there are other things that are equally as prestigious like as long as you turn out to be successful by their definition you don’t need to have a grad degree.

Me: So what is their meaning of successful? A good job?

CeCe: A good job and quite rich. Yeah. Pretty much. Very comfortably rich and secure basically. Security is basically really important in the job. It can’t have a social stigma of some sort like gambling or other things that are kind of shady. So it’s limited to being like a lawyer or a doctor or CEO of a business. Something that’s kind of permanent in a way like you can’t really go into terrible straights unless you’re on the statistically low side like being a lawyer or doctor. Even if you’re not a rich one, you’re guaranteed to have a job.

Me: So they have set the bar pretty high for you. I’m wondering if you don’t meet that expectation, what would happen?
CeCe: I have slowly not met their expectations and so they have slowly started to resign themselves to like not have amazing amazing kids so I think my mom is easier to reside herself whereas my dad tends to do this thing where he tends to hope for things because he thinks it’s possible that… because his kids aren’t dumb or anything but if it doesn’t happen, then he’ll have a break. Where he will have a tantrum basically because this is not happening because he can’t have… like he also gets disappointed with my mom but it’s just easier for her to be like oh well and then she tends to turn it inwards. It’s like a resign ‘oh well’ kind of feeling. So then she accepts it more and she overly accepts it and tends to expect less of you and that makes you feel a little less… it makes you feel like oh that’s all to be expected of me now. With my dad, he kind of… he’s really critical and yet he doesn’t tell you. He doesn’t tell you that he expects all these things of you but you find out when he’s angry that it didn’t happen because he doesn’t tell you that he believes you can totally do this. You just find out that he didn’t believe in it because when it didn’t happen he’s like super angry with the disappointment because he’s been let down and thought that this would happen even if it doesn’t happen. So…

Me: How does that feel?

CeCe: Umm… immediately speaking, I just try to get away because there is epic stress going on. He like attacks you from all sides. When he’s mad, he tends to bring things that don’t belong or connect. All the things that bother him about you, he brings it out by criticizing you even if it’s not related to the situation but it’s like… it changes his view of you because he has this nice cloudy view of you as his kid as you being like umm… super successful because you kind of have promise or whatever. You don’t seem to have serious issues. You don’t have signs of being like seriously dumb. He has this nice cloud bubble in his head. Once it doesn’t turn out like he thinks, then he has to revise his view of you and then he kind of like swings to the opposite side of things like these are all the bad things I’ve noticed and they make me secretly believe that you’re going to turn out to be a non-functional person. So now, he has a whole panic attack about like… you may actually be the worse that he thought and so he can’t think that you didn’t meet his expectations. He swings from either side.

Me: It sounds like a pendulum.

CeCe: Yeah. He swings from either side. I think that over time, he starts to accept things like you’re kind of just in the middle and that’s okay. He thinks that being average is kind of a failure in itself so like in that way, it’s already polarized.

Me: Do you think he is projecting his own insecurities on to you?

CeCe: Yeah. Probably. I didn’t really think too hard about it before I left home from high school because I would just try to analyze what type of thought processes he was but now like when I’m distanced more, I can think more about …. 

Me: You went across the country?

CeCe: (laughing).
Me: So what do you think was going on there? Was the plan to leave and go away as far as possible?

CeCe: Well, I didn’t plan… like I didn’t need to be across the country far but I wanted to be in a big city. I kind of wanted to go to New York. I just wanted to not be in the same state because I did not want them to easily come visit. Like… like without warning.

Me: So what’s gonna happen for Thanksgiving? Are you going to go home?

CeCe: Oh, I never go home for Thanksgiving but I go home for Winter break. I always make sure to have some kind of job for the summer because I can’t be home for 3 months at a time but I go home for a couple of weeks at a time. Like 2 or 3 and I’m like… that’s enough of like… or like it’s gotten nicer over time because I think that he sees less of me so he sees less of the worrying habits that I have. So I think lately… my mom’s been mentioning things about how he’s like CeCe’s doing okay. That worries me because it means that he’s got a lot of time to think about making this bubble in his head of what I’m like. I’ve grown up but I definitely have not changed that much. There are still things that…

Me: How do you know that he’s not thinking that CeCe’s doing okay? Not that he’s lowered his standards for you but that she’s just doing really well.

CeCe: Oh. No no! He would never think that I’m doing really well. But like the the good kind of … the good outcome of that would be that he’s starting to accept that I’m different and that’s okay. Like I’m not achieving these like standardized achievements that other people are getting and maybe that’s okay. Like… she’s not completely average but she’s not completely super super awesome. But it’s okay, I’m okay with it now. But the bad thing is that he’s been away from me so he doesn’t see me not waking up early in the morning. He doesn’t see me like staying up all night. He doesn’t see me like doing all the things that I still do like I used to do that too and to him, that ‘s a sign of laziness. Like… like… not waking up early in the morning. He thinks that truly successful people or organized people have to wake up at the same time every day. They have a schedule and follow the schedule. I’m like… cause this signifies that every time he finds out about a bad grade, he tends to… we tend to distance ourselves on a daily basis so he doesn’t see my daily struggles or whatever. Nothing outside of waking me up or taking me to school and he would occasionally see me at night and I’ll be doing homework like looking like I’m doing homework but really I’m distracted doing something else. But like for the most part he starts like he goes into complacency. He’s like they’re okay they’re keeping up with schoolwork and all of a sudden, he may find out about a grade that I go that might have been a C or something and he’s like, ‘oh my God. It’s not what I thought. I thought was doing okay but a C’s like failing.”

Me: So what would happen in your K-12 education if you came back with something less than an A? What would happen to you in terms of counseling you or parenting you?

CeCe: My mom would be like oh well. She has a much lower threshold for like freaking out and when she freaks out, it’s not like very alarming. It’s just her being upset. She gets upset when it’s like a C or a D and then she’s like “oh no. Why?” But she’s not going to attack you
for it. She just kinds of starts to lower her expectations and like being disappointed and it makes you feel like guilty but you’re not like stressed out. With my dad…

Me: Does she really lower her expectations or is she just a mellow and chill person?

CeCe: She’s kind of a mellow and chill person but she’s also kind of like… she is a very resigning person like… she just resigns herself to things. So if things aren’t going well, she just kind of resigns herself to it. And like, and like she gets a very pessimistic point of view so she doesn’t stress you out, she’s just pessimistic and if you fail, she’ll just be like oh well. I guess it’s to be expected because based on statistical data; you haven’t been getting A’s all the time anyways. Sigh. Like my children are not as good as others.

Me: And how did that make you feel?

CeCe: I kind of mirror her and lower my expectations and then I’m like, oh yeah, that makes sense. I’m not like a straight A student. That has been basically proven. Like, I’m not a straight A student for whatever reason. I’m just not that type. Like I’m disorganized… I try to figure out why but…

Me: So why do grades define the person vs. the attributes or the characteristics that you have?

CeCe: I always thought it was like a cultural thing. I like have developed much resentment for the social culture of Chinese people because I see it as highly unhealthy for people who aren’t achieving what they wanted to. Like, it’s all like, it’s super awesome for people who fit into the mold and people who fit into the expectations for them. They do really well. You know. They get the bragging rights. They get all the adoration. For people who don’t fit in, or like, umm… don’t meet the expectations, or just aren’t interested in things that people find prestigious like… it’s really unhealthy because you just get all this like… so much pressure to do certain things. And that’s what you’re defined by. Everyone in society is only defined by their job and like their material stuff.

Me: But that’s if you allow yourself to be defined like that.

CeCe: Yeah. Definitely but I think that it’s much more prevalent with the immigrants especially who feel like they have to prove something. They have to… I’m never lived in China so I don’t know if it’s still prevalent in China… like people still have that and I’ve talked to other umm…types of Asians. Like I know this Korean guy who says that in Korea there’s this universal social ladder with points. Like you get 10 points for becoming a Ph.D. and you get another 10 points for becoming a professor. He’s like, I haven’t met too many happy professors who like really liked their job until I came here. So that just tells you that in Asian, it’s pretty prevalent that people literally, they are very compelled to define themselves by certain things and it’s really hard for them to separate themselves when you’re raised in that type of environment when like they have no emphasis on the emotional health really. I felt that that was a really big issue because my parents also have a really bad relationship and they don’t know how to fix it or… in my opinion, they should have never gotten married at all because they’re too different. They’re just way too different. And like they just don’t know how to deal with that at all. It’s so
no in their field of knowledge to deal with problems. They just… I don’t know. My dad handles problems by yelling and threatening people. That’s like the only thing…

Me: So does your mom become passive and meek about it?

CeCe: Not meek but she tries to get out. We all try to get out of the way and give him what he wants to make him go away and then go on with our lives.

Me: Sounds kind of explosive.

CeCe: Yeah. Umm… I’ve concluded that he really doesn’t know of any other way. He only know the way of taking advantage of other people before they take advantage of you and I think that’s still a Chinese thing.

Me: Your talking about with family now not about with a stranger.

CeCe: Yeah. I just think that he’s an extreme case that it has spilled over into his personal life and relationships just because he got like a … he never learned to function properly in a regular social sense.

Me: So is he pretty aggressive personality wise?

CeCe: I think he… like I think he wasn’t never felt totally socially comfortable and so in order to get what he wants, he just somehow learned in his life that you just have to go out and get it and do whatever it takes and do things that aren’t kind of acceptable to me. To be really aggressive and not like threaten people to get what you want. There are some moral barriers that don’t exist because it’s just in the process of getting what you want and there’s no other real way. If you really want to get what you want then…

Me: So is it like Malcolm X… by any means necessary?

CeCe: (laughing) Yeah. Maybe. He doesn’t… he doesn’t like… he’s really paranoid that other people are trying to do what he’s trying to do basically. He kinds of judges people by his own self. But the problem is, I think we all do that but problem is that he doesn’t really think like other people especially in this country. So the way that he applies people’s motivations is completely wrong. He’ll be afraid of people having certain ulterior motives that don’t make any sense. He thinks that he understands people really well but he really doesn’t. He just fears that.. he thinks that they think certain things but from my point of view, that would be unreasonable. I would never expect them to be having that far out of a ulterior motive for whatever they’re doing. He’s really paranoid that people are always taking advantage of him.

Me: So does he try to teach that to you to? To be on the lookout for people?

CeCe: He has pretty standardized lectures that he gives about like you have to be competitive and you have to get out there before they get out there and you have to do more problems than everybody else so. But he never really gave me life advice about that. He just… I learned that
from the way he acts and the way he gets angry at my mother for being too nice. He’s like without me you would probably be dead cause you don’t… you don’t pay attention to stuff and you just let people take advantage of you but really for me… in that situation, there’s really no point in fighting it. It’s not a big deal you know but with him every little thing has to be fought and he has to prove that he’s not a pansy that he’s not getting taken advantage of. Then my mom is like just… she’s a very passive person and just like kind of nice and normal but generally on the passive side so she’s not going to confront people about things and so… my dad will be angry at her for backing off because you know, she should have pursued that. She should have made sure that she wasn’t being taken advantage of and to him that a big… it’s just stupid. It’s stupidity of being like I don’t know… like it really bothers him.

Me: They’re trying to teach you all these Chinese ideals, means of life, customs and values but now you’re also an American so at some point, there is a conflict between traditional Chinese values and norms and American culture. So I want to know what was that like for you because you want to go out and be social and fit in? You want to be a normal average Joe but it’s also not okay because you’re Chinese and you need to excel and be different.

CeCe: At the same time like I always felt like I was different. I was always a little strange and like quirky or like awkward. I think it was awkward for the most part. I didn’t think… but I was like kind of strange also at first I was afraid of people so then I really didn’t know what other people like… normal average Joes were like so I was… I just had like one best friend ever. In like elementary school that’s how I operated until like 6th grade I just had like 1 or 2 like “best” friends and then I would only hang out with them. And I would avoid having to like deal with other people because I just instinctively knew that we didn’t really have too much in common.

Me: So what happened in middle school and high school, did you have a lot of friends?

CeCe: I would start like having a group of friends but I only really felt close to one or two people. And then I would have a group of friends that I would kind of hang out, eat lunch with in school.

Me: Were they all Asian too?

CeCe: Yeah. For the most part, they were Asian but there would be like some other nerdy like kids. In general, I would identify my friends as more being nerdy rather than being Asian because Asian do tend to be more nerdy but I had White friends who were the nerdy ones and so I was just like a nerdy kid. I didn’t like… I.. currently, I identify myself as being more “White washed” then most… a lot of Asians but in the like nerdy sub-type hipster type like maybe.

Me: So what do you parents think about that then because if you’re more Americanized?

CeCe: They really haven’t talked to me about it because they don’t have too many friends. Like they… they’re able to compare me to kids in academic senses and accomplishments but they don’t know those kids well enough to know what type of kid they are and how Americanized they are other than their level of Chinese proficiency or something. They don’t know any of
these other kids well enough to know that I’m more Americanized than them. That’s not a thing for them because they don’t know what levels of Americanized there is out there. But my mom tends to just… she tends to have comments like, ‘oh that’s because you’re American that you don’t get this or why I don’t get this’. And sometimes it’s not even applicable. She just uses it when we disagree. She’ll say, ‘that’s because you’re American.’ But umm, yeah… I don’t think I had too much problem with the clashing of trying to be normal and fit in. Me as a person, I think if I were ‘White American’ I would still not fit in because I’m not like a really regular person. Maybe that’s an ADHD thing but like I’m not like a normal person. And I generally find most people boring so then it didn’t bother me too much because as a child, I kind of distanced myself from the popular people and found a way to look down on them. I guess in a sense, you still have the jealousy of like, they’re the popular and socially active people and I’m always in the corner afraid of them but at the same time, I look down on them because they’re not interesting to me so I wouldn’t want to be their friend anyway.

Me: Do you think you’re afraid of them because of the way your dad socialized you?

CeCe: I don’t know about that. Like… maybe. Maybe I’m not sure of what kind of response I would get out of people. If they would understand. I think I had a lot of… I guess something from middle school and elementary is that I had a group of friends and then that was the time I started talking to people about my family and then it was kind of spewing out of me constantly. I would constantly be negative. Like stuff didn’t go well for the most part. I remember that one of my friends who’s like American but I don’t think that had anything to do about it. She was just that kind of people like… like… it’s not fun to be around you if you’re always talking bad. Like negative things and then like I started not talking about my family or I tried not to talk about my family as much except to like one or two people that I knew would like understand and then so that was something that I remember just from like elementary and middle school. Once I got a group of friends, I started like learning to talk about stuff because before that I didn’t like talking about stuff. I felt like people wouldn’t get it. Or maybe I was too young to want to talk to other kids about stuff. But as I started getting older, I really liked… learned that it felt a lot better to just constantly complain about stuff if it was… like, so it didn’t just creep around in my mind so then I would just spew it out constantly. But at the same time, I tried to not talk about it all the time because then it gets old and I don’t know. I don’t know whether people want to hear it or not because I don’t think they do. Back then, it was a constant thing. It wasn’t that I talked about the same event. It was constantly events happening just from like family like so I always felt awkward.

Me: Going back to when you said you had a few close friends when you were growing up. Did they ever notice anything being different about you in terms of ADHD or did they just think that was part of you persona?

CeCe: I usually had the friend who was just as crazy as I was so it’s possible that I sought out other people who were ADHD but didn’t know about it.

Me: Sure.
CeCe: Cause like in the last year or so I thought that maybe… I took inventory and I feel like that pretty much all of my friends have some kind of thing or another… some kind of thing going on with their brain. Like, they’re either depressed or ADHD or have ADHD tendencies. The people I felt really close to tended to be kind of loose and not too organized and like… umm… silly. Extremely silly is probably what I like most about people so …

Me: Did that make you feel more comfortable?

CeCe: More comfortable and also that’s the kind of humor that I like. Just like absurd silly… my really good friend in high school… she hasn’t been diagnosed with anything besides maybe like depression. Like… she’s… she’s… constantly every 5 minutes she’ll just come up with something really ridiculous to say. A ridiculous way to describe something that’s pedestrian so that’ what I appreciate in people. Them just being to make everything funny because it’s just so absurd and you don’t even know where it comes from because like there’s no logical thing but at the same time, it kind of fits and it’s hilarious because it ridiculous. So I always had friends who were… who I could have ridiculous events with. Not events but if we went out to recess, we would come up with something ridiculous to do at recess and like laugh about it. So it’s possible that like… I think I always sought out people who were different. I did have some friends who were like ‘normal’ but I couldn’t be friends with them for too long because we would stop having things to do. I would be at a loss as to what to do.

Me: Did you participate in any extracurricular activities while in high school… K-12?

CeCe: Generally piano, which is like a very standard Asian thing. And then I went through a series of lessons of various kinds. Like my mom tried taking me to ballet, gymnastics and then like diving for a very short time and then like wooshoo for like a couple years. Sports never stood very well with me because I’m pretty bad at them so…

Me: I was more wondering if you were able to use any of the extracurricular activities to help you cope with some of the symptoms that were going on with you?

CeCe: I don’t think that extracurriculars were coping. If anything, I didn’t practice piano very much because I would get bored. Like my mom says, ‘everything becomes itchy’.

Me: Were there any issues going on with drugs or alcohol in K-12?

CeCe: No. No. It was like… I wasn’t even in a position where it was like… I would hang out with too many people who would even did that or had access to that or even occurred to them to do that. There was a relatively low number of people who did that in my high school so it wasn’t like… I was never someone who liked to do substance things because it doesn’t interest me to be drunk too much. Like I don’t like the feeling of not being in control. I’m not a thrill seeker. So…

Me: So in K-12, you didn’t use any type of disability services because you apparently didn’t know anything.
CeCe: I didn’t know anything. I was just a disorganized, somewhat lazy dirpy person.

Me: Is that still the case now or has it changed because the psychologist wrote you a letter?

CeCe: Oh! I recently got more time on tests. So, yeah.

Me: Have you ever heard of the Korshach Center? It’s a new center that started at the Pacific Southwest University in the Student Union 3rd Floor. They have a computer lab and different things in there to support students. They received a $10 million dollar grant to start a facility to assist ADHD students.

CeCe: Oh! Next to the disability services?

Me: Yeah. That could be extra services that you would qualify for. I would encourage you to look for the different services they have on campus to help you with some of the learning issues that you think are going on with you. They can give you different preps or tutorials on how to study, time management. When you have ADHD, your executive functioning and planning skills decrease.

CeCe: I actually plan okay. I just can’t follow through. Like I can’t actually follow a schedule because I’m gonna want to do something else. And then I can’t resist urges to do other things and then I’ll end up doing that for 2 hours instead of half an hour like I planned. Like when I look back now at all the possible things that might have been a symptom… like I remember back in high school, I had an internship were I worked in a lab and we had to do self-evaluations or something and my mentor… because there was a question like, “rate their ability to plan things.” And “rate their ability to follow through”. I was like clearly, I can’t get things done so I must not… I don’t know. And he was like, there’s nothing wrong with your planning. You make nice plans. You just don’t ever finish them. Like you don’t ever actually get everything done like you were planning to do. And that’s generally my issue with life because I can’t ever get things done. I’m okay with doing plans.

Me: I definitely know that you have some symptoms of ADHD but I’m also wondering on some level because of you internalized guilt if you self-sabotage yourself?

CeCe: Probably yes.

Me: Like a self-fulfilling prophecy. For example, you think I’m going to do bad so I’ll show you I’ll do bad. And if you do badly, then this reinforces their feelings about me that there’s really nothing special about me to begin with.

CeCe: Umm… I guess. But then I still have competitiveness at the same time so I still keep trying. I go in cycles. After I do badly on a test, I’m like depressed for like a day and then the next day, I just kind of forget about it. Like… I tend to forget emotions easily that’s probably an unconscious coping mechanism from my house. Where… like a shot to the system and then goes back to normal and like then like a fuzzy baseline stage and then like… oh crap. I just tend to not remember when I’m angry. I don’t remember what it feels like to be angry after I’m
angry. If I’m angry with someone, it’s easy for me to forgive people because I just don’t remember how I feel about them. I just remember what they did but it doesn’t make me angry anymore so and then… it doesn’t bother me too much. I don’t hold grudges. I am just weary around people after that. It’s not really a grudge. So… like for me, there’s probably self-defeating going on if it is it’s more unconscious maybe. But consciously sometimes yeah… but I thinks it’s more overshadowed by fear of doing the work or not being able to… I just don’t want to do the work. It’s like painful.

Me: Well, you’re at the home stretch. You have 1 more semester, right?

CeCe: Yeah. But then what about graduate school. And I have to decide what I want but I don’t know what I want.

Me: Sound this sounds like a really exciting part of your life right now? This is an exciting time. Yes, there’s some uncertainty going on and I’m sure that’s arousing some type of anxiety but look where you’re at. You’re going to be graduating and starting your life.

CeCe: Mmmm.

Me: It’s like a reframe. Reframe it for yourself.

CeCe: (soft tone) But I don’t know where I’m going. Like… I don’t have the like.. I don’t know. I’m afraid of what’s going to happen and I have to know what the consequences of things are.

Me: If you look at it from a social comparison standpoint, many of your friends are probably in the same boat where they don’t know what they are doing.

CeCe: I know. Well, I guess I don’t have too many friends but the people who are not my friends do know. My classmates tend to kind of know what they want. They know that they want to go to grad school or want to go into industry or something. I think it’s the mainly the problem I have is that I have interests that are not engineering. So right now, I have a lot of anxiety about where I should try to pursue the other interests and so I don’t feel like I have other classmates who understand because they’re invested in the engineering and they’re okay with it. Umm.. they may not be super interested in it but they have nothing that they think they would rather do and so…

Me: What is your alternative?

CeCe: Alternatively, I would like to get a design degree which is scary because this would be the 1st time I try to pay for something. And it’s also something I haven’t tried to work on. I don’t have a portfolio and I don’t know if I could do it. It pays less and I would have debt and I don’t know if I’m gonna like it as much as I think I do because I tend to flip-flop around different things.

Me: So what kind of design? Like interior design?
CeCe: Industrial design. Like product design. Umm.. in general, I’ve always liked artsy stuff but I never stuck to one thing and so my mom felt that I wasn’t so interested in art because artists don’t make a lot and I’m not obsessed with it or anything. So I didn’t go to art school. I didn’t go to design school like coming out of high school. I had all these activities which allowed me to… I got all this background in engineering so I should just continue with engineering. And it’s like comfortable.

Me: So did you dad choose your major?

CeCe: Definitely. Definitely.

Me: Do you have any resentment?

CeCe: I have resentment but it’s not really completely on them because I know in general that they grew up in a society that valued these practical things. Like that gets you jobs and stuff and show that you’re smart were as if you do artist things it doesn’t prove that you’re smart to people in the way that Chinese people think that you should be smart. It’s kind of like an analytical smart you know and so I got conditioned to think that you’re only really smart if you’re good at science and math. And you’re only really like… you’re only really going to be able to find a job if you do these things. Umm… the kids that I grew up with that were Asian also continued to do these things and the kids who went to high school with me, it’s like a science and math high school and that was… there was a lot of emphasis on science and math. I have all this background in science and then it seemed like I would just be throwing it away. It’s a comfort zone. At this point I know how to do this now. I’ve done it for a while but at the same time, I never really felt like it was me. I never really liked it. It was interesting at times just because I’m a curious person but it wasn’t really interesting. Things like… things that people do that impress me tend to be artistic in some way. I definitely don’t like art just pure like fine arts but I’ve always like crafts and doing things with your hands… making concrete things. I’ve always slipped around to all different types of crafts and different types of drawing then not drawing then making this and not finishing it and then going on to something else and not having time to finish it. So, I never really produced anything. I never really stuck to something so my mom didn’t really… Even now, I’ve mentioned to her that I’m at a different turning point that I can decide if I’m going to stay with doing the safe thing or whether I want to branch out of something. I guess I didn’t know… I really didn’t know too many other Asian kids who were able… who were interested enough in something that wasn’t Asian and went out and got it. So it was like, it was what everyone else was doing… engineering or finance or something but I really didn’t want to do business.

Me: So what would have happened if you came to the Pacific Southwest University and studied theatre?

CeCe: That would have been not good because they would not have paid for that and I don’t think I would feel comfortable in having them pay for that because I know the job prospects are not good. They would totally not…
Me: Are you on scholarship here?

CeCe: I’m on a half scholarship. But it’s still quite a bit.. it’s still more than the state school so… in a way, engineering was something I thought was worth the money as an investment. Even now, it’s like should I invest the money in another degree to do something that will pay less than I will be doing now so the invest…

Me: There’s some incongruence with the story. I’m thinking your dad and mom are saying that we want you to be successful and we benchmark that by monetary attainment but artists can make tons of money.

CeCe: They generally don’t though. There’s so much more risk in it.

Me: So they’re looking at the probability factor?

CeCe: Yeah. Even my dad isn’t completely happy with the engineering. He was trying… he was like, oh, I have a job for you. Maybe you could go work at the patent office because once you get into the Federal government, it’s really hard to get fired and it’s super stable. So, he’s thinking… you know, you could just cruise the rest of your life because you’re like just in there. Even engineering wasn’t stable enough for him because he wasn’t sure that engineers… they want it like you constantly have a job. You don’t have to worry about not having a job. I understand that because I’m afraid too because I’m still here.

Me: So how do you think that makes you feel that he tells you to get Federal employment because you can cruise by and skate by.

CeCe: And have a comfortable living basically.

Me: But he also has these high attainment values for you.

CeCe: I think that before he wanted me to be a doctor or something or a business person because that’s… the doctor, lawyer is just obvious… pretty standard Asian. You’re highly educated and you proved to everyone that you’re pretty smart. You generally make a lot of money all the time. You don’t stop working and so I think that was his original benchmark but now he’s like she didn’t go that path so what next. What is the next best thing I can think of for her? And it’s super stable and it’s possible that they can get paid pretty well if they move up in the pay grade. And so… he’s like, it pretty easy so if you’re good at it in a couple years you can rise to like GS13 or like something.

Me: So they would never just come out and say, “CeCe whatever makes you happy will make us happy.”

CeCe: No.

Me: You said that pretty quickly.
CeCe: Yeah (laughing). Because I don’t know what’s good for me.

Me: So, you’re doubting yourself and your abilities and what you want to do.

CeCe: Yeah, but I’m not sure if it’s more unsure than any other persons who’s like a very not risky person or anyone who’s raised in the Chinese household tends to have a bit of practicality thing going on where they fear non-security. They’re not going to go out and not make lots of money. So, it goes back to… I don’t know too many people who became artists that were from my background and who were able to make it. There’s only these stories that my mother knows of people who were graphic designers or something and now they don’t have a job and because of this one antidote she thinks that the job market is super bad that you just can’t do it. You can’t do it. You have to be super good and she’s like, are you sure you’re good enough at it because I don’t know. You didn’t spend your whole childhood drawing or whatever. Maybe you’re not good enough. And like, I don’t think it’s the… it’s a field that she doesn’t even know about. Like industrial design, it’s not really art either and I try to keep explaining that but she keeps coming back to, “what if you really don’t draw that well.” You don’t really need to draw that well. You just doesn’t get it. But like, I’m not sure if my fears are any more than a person who’s a fearful person. In general, I’m a fearful person and that may have roots in my family background but right now my personal fears are kind of… I think I’ve done a decent job of like convincing myself out of influences from my parents even though conscious habits of my mind that are ingrained in me so the comparison with others… like using others as a yard stick basically. And basically, I’ve put myself in a place where no one else has done what I want to do so I don’t feel encouraged that I can happen I guess and I really can’t talk to them about it. They’ll think it’s cool that, oh, that sounds cool but they don’t understand how to do it or like they’re not trying to do that or go there. They’re going in relatively easy transition… going from an engineering degree to getting a job. There’s a lot of resources for that because the engineering school expects you to do that. They’re prepared to help you find an engineering job or something or a consulting job maybe.

Me: But would you be happy with that?

CeCe: Mmm. Probably not. I would be happy with the money because I think that my coping drug at this point is probably shopping because I can’t resist impulses to buy things and so I tend to spend money as I earn it. So money would be good. Right now, I’m not sure if I would be happier if I was doing design or be happier having a nice job. Because I proven to myself that I can deal with doing jobs where I don’t particularly like and like as long as it’s not too stressful, I can do it and life is okay. And I find more like… I’ll just hang out with friends or something and especially since I haven’t done design, I don’t know exactly how much I would like it because I don’t feel as strongly about it as some other people do. My mom’s like what if it’s just your ADD and like in several years, you’ll realize that you want something else? What then? I’m like oh no, what if I sink all this investment in it and it’s not a practical investment and what if I change mind later. I don’t want to particularly deal with the debt at that point.

Me: Well, things happen. People on average have maybe 2 or 3 careers. Things happen in life and you take a fork in the road. You go somewhere else and your interests change. But to be so rigid, that life is linear can be difficult.
CeCe: I think that’s particularly an Asian thing. Like in Asian society it is literally like that. At least may be it isn’t today but in their time, it was literally like that. You literally had one career. They came here and had no choice. They had to have 1 career. So they can’t understand to have the mobility to have careers. They’ve ingrained into me the fear of not having 1 career. And so I don’t know anything else. I consciously know that people change careers because I hear it all the time but career centers tell you and teachers tell you but unconsciously it is ingrained fears that are Chinese. So that’s the pulling in the different directions. I guess I never really had a lot of trouble trying to fit into “normal” White or like “normal” Joes because I was never a popular person. Hopefully, I was above average in my ability in a teenager to be like… “That’s okay. They’re boring anyway”. And so I was not able to feel bad about not fitting in.

Me: So you tried to rationalize it?

CeCe: Yeah. And I was okay with it. I didn’t have too much to stress with. You know trying to fit in with normal people as well as trying to meet expectations as well as trying to… I was okay with being different but at the same time, I was okay with being the “bad” different which is like the disorganized and not able to get straight A’s like these other Asian kids and that was the stress. Not being able to measure up academically to these other kids. I was okay with just being strange and just finding other people who were also strange. They were a lot more fun that trying to fit into people who didn’t even interest me to begin with so for the sake of fitting in so yeah. I think I decently good at getting over but not completely because everyone wants to be loved by everyone but I was okay with that.

Me: The main thing is that you’re content with yourself whatever that means for you. I really appreciate your time. Is there anything that we didn’t cover that you think I should know about relevant to K-12 and ADHD? I think you covered a lot of territory.

CeCe: Oh, really.

Me: Yeah. You really did.

CeCe: I wasn’t sure if I just started rambling about a lot of stuff that didn’t like… that didn’t fit into the thing.

Me: That’s okay.

CeCe: Oh. Mmm.

Me: Do you have any questions or anything I can address for you?

CeCe: I’m actually curious about what kind of high achieving Asian people that you… whether there’s kind of the image of that subtype because like what I found out about whether I had ADHD or not, I went online and kind of read about it and it like… people definitely tended to focus on the impulsive one because that the more general ADHD and so that doen’t fit me much. The hyperactive kind so… then they went into inattentive but then there’s inattentive people who
have it really bad I guess and they do really badly in school and so I wasn’t doing that badly in school and that didn’t match me either. I have trouble identifying with like… yes, I am ADHD because that person is ADHD and we are also similar and like… we’re high functioning.

Me: There’s a whole gamut within the diagnosis. There are 3 subcategories of ADHD, inattentive, impulsive and combined type. It sounds like you’re more inattentive. You’re definitely not impulsive from what it sounds but the things is… despite your disorder, to feel comfortable within yourself and think of this a normal phenomenon for yourself. I think for a lot of people when they think they have a mental disorder or mental health issues… they feel abnormal because they have a label. Sometimes it’s therapeutic for some people because all my symptoms or what’s going on with me, someone knows about it.

CeCe: I definitely think that happens a lot with people when they get diagnosed when they’re older because you get to grow up feeling like you don’t have a disability. You may feel different maybe and so I don’t know how much of that is because I’m ADHD or because I’m just a different kind of person. Not fitting in with what Asians value just with the science and math thing because I wasn’t truly interested in science and math but I was always doing it. I was always doing it. That’s just something that I do. I felt different in that way but I’m not sure if that counts but… I don’t feel bad for being weird and quirky but it’s just that when I feel different in terms of not being able to keep up with my life and not keeping up with obligations than I feel that the different is bad. Like I actually have… I’m happy with the weird stuff and just being weird but like I kind of enjoy that so if that’s part of the ADHD then it’s good in a way. And so…

Me: Or could it be just part of your personality?

CeCe: Exactly, I don’t know where that stops and once I got the ADHD diagnosis, it was relief like someone knows about this and it’s not a thing and it’s not just that I suck at everything… like time management. But umm… in that way, I don’t think it’s a disability because I found out later on that… when… if I feel different, when I feel different and I’ll say because it’s because I’m ADHD and like I have a disability and I’m like, oh God. So as I’m different, I’m just different and it’s cool and now I find out that I’m also ADHD so then I have already a person and I don’t know how ADHD fits into that except it’s a disability and makes it harder for me to get things done. Even so, it doesn’t seem like a disability for me. It seems like something I have a problem with.

Me: But you’re living with it. You are able to cope with it. You’re really high functioning and you’re doing well in school.

CeCe: I’m definitely forced to though. I’m wondering how much that factors into it because like because there’s so much expectation and there’s so many standards and so many high functioning people around me. It want a question of… and I never felt like I couldn’t… like I wasn’t smart enough. Like up until I met like genius people, I didn’t think I was smart enough so then I didn’t feel… like I felt that actually being smart was the seed of your identity and like the disorganization and not being able to keep up in school and not being able to control your grades that was separate and because underneath, I didn’t feel too stupid and then like then I
must not be that bad and I don’t feel disabled I guess. I got this impression that if I’m disabled than I would physically not be able to do certain things… like I can’t physically do things. But I feel that I could do it if I wanted to but then I can’t. Or I can’t get it done. I don’t have the time or I never have time until other people who know… there are certain people who I know are very organized and think, how do they do that?

Me: Do you ever ask them?

CeCe: I thought it was just their personality. They’re just really focused people. They don’t have problems with like…

Me: In terms of educational psychology, we look a lot at motivation and learning and how the 2 fits together and the use of different techniques called scaffolds or ways of doing things like prompting yourself… if would encourage you if you see your friends who are doing well to ask them what they’re doing and give you some pointers.

CeCe: There’s one example for you. A friend who’s Chinese American she does well all the time. I’ve known her since middle school or elementary school… since 6th grade and like organization comes easy to her. Like she has never woken up like late ever. She’ll say things like… she’ll kind of try to commiserate about other people by say that, “well today, I slept in but I woke up and told my mother that I was sleeping in and went back to bed.” I’m like, that’s not sleeping in. That’s not like the ‘oh crack, I over slept’. She’s never ever over slept and I ask her how do you even do that? It’s in fathomable to me. I can’t stop sleeping in and so it’s not a thing she’s doing on purpose. She just literally has control of her urges to do something.

Me: It could be biological that your circadian rhythm is different.

CeCe: Well, not just that I mean but when she does things. She makes schedules. She doesn’t do things the last minute because she’s like… she has a list of her assignments which I also have. I know that I should do this now and do this next. I can prioritize them. I just can’t guess how long it will take me because it will take me way longer then whatever time I give myself. But she can set a schedule and follow a schedule and get her work done before hand and so like without major procrastination. What she calls her procrastination is not… is like a break for me basically. Where I procrastinate so much that I can’t control my procrastination. She can control herself and explain to someone else…

Me: It’s part of her make-up or her personality profile.

CeCe: It’s easy for her because that’s just how she is so I see it that way. That’s people I know, that’s just how they work. Like they can keep a calendar and follow it. Like, they don’t get bother by having to follow it and they don’t get bother by how they haven’t done this yet… like, must do this now before I forget.

Me: I know that it’s Chinese custom to always try to “compete with the Jones”.

CeCe: I have so much resent for that.
Me: But at some point, you’re going to need to look at how you’re going to be able to compare yourself to yourself.

CeCe: I’m starting to get a lot of input from like outside of my family sources and outside of that kind of Chinese subtypes or society thing… so it’s on the surface now and it really hasn’t sunk in. I know all these things that I should be doing but in retrospect, it’s starting to sink in but it’s not completely in there yet.

Me: So when do you think we can meet next? I want to give you time to do the journal. You’re going to be going home for the holidays. When do you come back?

CeCe: Umm…oh, January.

Me: When are you coming back from winter break? Do you have any idea?

CeCe: January 6th. I think it’s a Friday.

Me: I would like to plan to meet how about the week after that to give you time to settle back in.

CeCe: Okay.

***Occurred after the tape recorded Interview #1 outside of Leavey Library, as research participant wanted to inquire about the process of become a therapist.

CeCe: “I was curious about how to become a therapist. Can you tell me?”

Me: “Yes, I can do that but maybe we can talk outside for a few minutes as this room appears to be reserved by someone else.”

CeCe: “Great. I really want to know.”

Me: “No problem.”

CeCe: “So how do you become a therapist? I always wanted to know.”

Me: “Well, there are different pathways to become a therapist. In the field of mental health, you can be a Licensed Clinical Social Worker, Psychologist, Marriage and Family Therapist, Mental Health Nurse (RN) or Psychiatrist.”

CeCe: “Oh that’s really interesting. I’m concerned with making money and being able to do something that I like. I always wanted to use my artistic side but my parents are always telling me that I need to do something where I can have a stable job and income. I’m worried about not being able to pay bills, support myself and the cost of schooling.”

Me: “Well, there are different financial aid options and you can apply for scholarships. We are fortunate that we are at a school that has money to provide assistance to students. The key really
is for you to find something that you are interested in doing. Money will come later but the key is are you going to be happy with what you’re doing?”

CeCe: “I’m really scared to venture out and do something that would go against what my parents think. I wouldn’t mind being an artist but there’s no jobs for that. My mom would also say well, ‘why would you be an artist is I don’t even see you drawing or doing art? I guess she has a point.”

Me: “At some point, you are going to come to a fork in the road where you will need to make these decisions for yourself and do what’s going to make you happy. Part of life is taking chances and learning from mistakes.”

CeCe: “Yeah I know but that’s not the Chinese way. They expect you to do certain things and become either a doctor or lawyer. It’s difficult. I’m really scared about my future and what will happen next. I guess I’m studying Bio-Medical Engineering so I’ll have something to fall back on. That’s really not what I want to do I don’t think. It’s a job though.”

Me: “Taking chances are difficult. You’re gonna have to eventually make decisions for yourself to make you happy even if it may not be what your parents want for you.”

CeCe: “Being Chinese American is difficult. They have so many expectations for you.”

Me: “What was helpful for me was to review all my classes that I took in my undergrad and really evaluate the classes that I like and trying to pair that with something that would incorporate that.”

CeCe: “That sounds like a good plan. I could do that. I’m afraid if I did something else and I’m not good at it, I would have wasted a lot of money.”

Me: “It depends on how you look at things. On average, most people change career paths around 2-3 times during their adult life. Life circumstances change, your outlook of life may be different… these affect you and cause you to re-evaluate things. The key is to be open to change and how to deal with it. You will need to make decisions for yourself and what you want to do with your life.”

CeCe: “That’s really helpful. I’m just kind of stressed out because I don’t know what to do. My friends and classmates are looking for jobs or graduate school and here I am not knowing what I want to do with myself. I feel like I’m behind. Chinese are supposed to be focused and know what they want to do. I guess that’s why my parents keep lowering their expectations for me.”

Me: “Give yourself some time and talk with different people and allow yourself to make mistakes. It’s part of learning and growing. I never thought I would be a therapist or coming back to school now. Things happen and life events change.”

CeCe: “That’s true. So I’ll do the journal and see you after the break.”

Me: “Great. If you have any questions, please feel free to call me or email me. I’m planning on picking up the journal around the week of January 9th and the 2nd interview the week after that.”

CeCe: “Sounds great. It’s been really nice to meet you. Take care.”
**Interview #2**

Me: Hey CeCe how’s it going?

CeCe: Good so far. (Ambivalent)

Me: Oh, what does that mean?

CeCe: There hasn’t been enough work for me to snowball. So..

Me: How was your holiday?

CeCe: Mmm. Annn?

Me: It wasn’t all that exciting?

CeCe: It was just full of dad.

Me: What is that like?

CeCe: Terrible. I wrote about it.

Me: I know that you were concerned about the journaling experience and how your father played a big part of it.

CeCe: My winter break was full of father anxiety.

Me: Well, good. At least you got to spend time with your family.

CeCe: That’s bad. (Giggling)

Me: So how has it been going for you so far this semester?

CeCe: Good. I’ve just been applying for stuff I guess. I’m kind of all over the place. I applied for a fellowship to a Master’s program that I don’t know if I want. So, it was hard because I had to tell them why I wanted it. And I still don’t really know.

Me: What’s the fellowship in?

CeCe: It’s just like to help fund people who are trying to get Master’s degrees in engineering… women in engineering basically. I have this vague feeling that engineering is not that great somehow. I know that it’s not that interesting for me but sometimes it’s okay and maybe I shy away from it because it is so Chinese and I don’t want that. I’m not sure what is really going on. I’m also applying for something in Germany like a German internship thing for sciences, engineering and stuff… some kind of exchange internship program. It’s an excuse to travel basically. I’m not sure if I’m gonna get that but it would be pretty awesome.

Me: Wow. So what would you do if you got into both of them?

CeCe: I don’t know. I would just have to decline one of them. I think the German one can just be over the summer so… if I can come back before school starts than that would be good. Even with the fellowship, it’s still not quite enough for the Pacific Southwest University. It’s kind of
difficult because I didn’t want to ask my parents for too much money for the Master’s program especially not my dad because he just holds it over my head. My mom said that she would contribute but I don’t know if I want to do that yet. I should work some and see if I want it because it is a big chunk of money that I maybe could have used for something else that I wanted to do. And that’s unclear too because everything I like changes all the time.

Me: Do you think it’s because of your ADHD or do you think it’s because you have different interests?

CeCe: I don’t even know. For me, I didn’t think anything was ADHD until recently. I just can’t pick something that I like because what I like can change and why should I… I don’t know. Why don’t I just do something that is just nice and Chinese… I minus well. Now, I thinking that I might regret not trying a whole bunch of different things because it does that a lot of motivation to try things that I even like because I get inspired for short periods of time. And then most times, I kind of unmotivated to do anything. Or if I do something that I want, I just can’t stay in the motivation thing or finish the project so I never finish anything for myself ever. And that’s really frustrating for me now because I just don’t know what I should do. I don’t know. I don’t really have motivation to pursue my own goals. It’s much more familiar to do what other people’s goals are or like what I think I should be doing because that’s more of an external thing. I realize that I can’t do anything for myself so I don’t know what I want and whether I should do what I want because I really can’t make myself do what I want anyways so it would be kind of useless if I just went off and tried to do something else.

Me: So what are some of your goals?

CeCe: I guess in the big picture to not a big train wreck 4 years from now and just financially and emotionally and not be in a family like my family and hopefully… big shiny like cloud dream would be do to something that is more fun for me or that I intrinsically value more just the daily work and being a little more stable. In the best case scenario, I would be like successful enough to show all of them… like my parents type of person… I don’t want to use the word parents because my mom is generally okay. She’s worried about stuff but she doesn’t try to do anything. My dad is like the one who says, “no, this is how the world works”.

Me: So what happens if you deviate from that path?

CeCe: Well. He was actually on a mission this break to force me to come up with career goals except that was like really stressing me out because I don’t have clear ones. He wants clear one. Ones that are back up by how I have already done part of it. And they can’t just be like a goal. There has to be like a clear plan and like flow chart crap and I can’t give that. Like I can’t produce something like that.

Me: Do you think he really wants that or do you perceive him in wanting?

CeCe: Maybe both but he really wanted something detailed because if I just say something that was true, he would say that that was just an idea. Like that’s just garbage and maybe I should just talk to him because people say that but trying to just reminds me of my childhood because I tried to and I just failed and I just stopped doing it. It reminds me of why I stopped. And I have a good reason for stopping because I just get cut off. Like my mind starts getting warped and
I’m not sure like what’s going on like what I want and what he wants is like getting mixed up. I’m like up and then I don’t even know what I’m saying anymore. So it’s kind of useless to figure out what he wants. He’s worried in the Chinese way that if you don’t have a formula then you’re not going to get there. You can’t… you can’t …

Me: There’s not different paths at getting to the same goal?

CeCe: You have to pick one or you have to pick a plan that you think is a path.

Me: What happens if you pick a path and it’s wrong and you choose another path and it’s right? Is that acceptable? Or do you have to be right the 1st time?

CeCe: I think theoretically, he wants you to be right the 1st time. But he thinks that I’m indecisive and it’s true, I haven’t really followed through on anything. So he’s worried that I’m gonna just wonder life, which is highly possible. But for him, it’s like a major crisis. Like I’m gonna end up like a homeless person. It’s like… I’m gonna be a nobody because he kind of looks down at people who are just employees even though he is because if I’m coming from a middle-class background, judging from where he came from the proportional rate of success should be much greater and so I can’t end up like in his general location. He has like really skewed views of how people have gotten there. He as an extreme Chinese way of thinking about stuff. When they see someone that’s successful, they just want to go out and by their biography and follow their life basically. They take from it what they want to see. You know. He likes to idolize people who are really successful entrepreneurs like Bill Gates and the Wal-mart people or the Wal-mart person and Steve Jobs at least for the Facebook people it was something that they done out of their own fun kind of…

Me: It sounds like some contradiction in that. Even if he were to idolize Bill Gates, yeah he’s a billionaire but I don’t even think he finished college did he? I think he dropped out.

CeCe: But he’s okay with that. His new thing is like, you’re still nothing because you went to college and you wasted time in college and there’s all these other successful people who were too smart for college that they just dropped out. And so they were smarter than you, they didn’t just follow the in-the-box stuff and they weren’t satisfied with their future success. His views like they wanted to be rich and successful so they dropped out of college but like he doesn’t actually know the details of their lives he just thinks that they don’t it this way. Like he thinks that Obama because when he graduated college, he literally set his sights on the presidency but I highly doubt that. He was probably going to law school and then hoping to be a successful attorney and then turned to politics. I don’t know. He literally thinks that they set the goal early on just one and they set out to be a lawyer but that’s not how it works.

Me: Maybe his concept of a goal and a dream are identical vs. being separate? You can aspire to be something but your goal can be something different.

CeCe: Maybe but at the same time, he has a very warped view of how they got there. They didn’t get there because they wanted to be rich and successful which is what he sees their goal as being. I think their goal was being rich and successful at doing this thing that they wanted to do. He leaves that part out. He doesn’t get that you work hard at a goal that is not personal. You can’t just come every day with this goal that I want to be rich and successful… I’m gonna try
this version of being successful so like I’m gonna start a company so I’ll just pick something like that I think the market needs. That’s not how they usually started those really big companies. They kind of had an interest in the tech and they wanted to be successful doing the tech and they weren’t focused on the money. But that’s not how you get there but he focuses on the money and the desire to be better than everyone else is what got them there. He ignores the part where they have a personal passion for that field of whatever that was.

Me: Do you think that he does that to arouse a response out of you because it sounds like he’s putting you in a catch 22? Where when you chose one path you’re wrong and if you chose another path you’re wrong? So at what point are you going to be right?

CeCe: I grew up in constant catch 22s. I don’t think he gets that. I don’t think he’s clear about what he wants and like recently, he realized as part of his own growth through life that you don’t need to be in the box. So over break, he was say that actually I would have supported you if you like for example wanted to be a designer but you would have to say how you already tried it. Like or you have shown that you’ve already done something like that instead of just dreaming about it like, oh, I sold a couple of things like in high school. But he also sees it like everything becomes a business you can’t just do something for the sake of wanting to do it because doing what you like doesn’t get you anywhere. I think it’s a requirement for a lot of those people but he thinks that what you want is really like just a hobby. And so unless you turn it into an entrepreneur thing than and unless you’re an entrepreneur than you’re not going to be successful. That would be the out of the box way to do things but if you’re going to be in the box then you have to be a certain… the standard Asian thing. You have to do all the school because that’s a requirement because you can’t just drop out of school. That’s like the highest level of success for in the box, the standard paths of life. So he wants me to either do that which I’m not because I’m just kind of wandering along. Or if I want to do something completely weird, than I have to start a business. I can’t just do that.

Me: Well, you not just wandering along. You’re about to graduate soon.

CeCe: I’m an wandering because I don’t have a goal.

Me: Well, you goal is to finish school.

CeCe: That’s not a goal.

Me: That’s not a goal?

CeCe: Nnnmm.

Me: What does he consider it?

CeCe: That’s a given.

Me: But he was talking that it would be okay if you were a fashion designer.

CeCe: Yeah, but only if I had started a … he means the business of it. But what I like about it is not the business of it. I’m not like a business person. I’m pretty sure I’m not a business person. I’m just not that type of person. So if I were a fashion designer, I would be actually a designer. People who are successful in that start out as designers and end up like business people
because they have to be and you get like less of the designing part but I’m more interested in the more intrinsic less monetary part of it which is the hands on work which society generally tends to not pay you lots for because they generally find a business person who they pay lots for. But… cause if I could give you all the examples I’ve given him for that, say I’ve been doing this on the side occasionally like I can’t show him that I actually produced this. He actually wants a production of something and like some begins of business growth already. It’s just a train-wreck so it’s not… I can only just leave and stay away as far as possible. I don’t know.

Me: I’m wondering if he actually means what he’s saying or is there a deep meaning? Maybe it’s symbolic because Chinese people tend to use a lot of symbolism and metaphors.

CeCe: He’s really not that symbolic. The only thing is how does this reflect what is actual fears are because he can’t articulate. He’s just ranting and spewing out all this name calling and stuff. Generally, he has this kind of a warped sense of reality. And you really don’t know what the details are like in his head but every time things don’t work out like he thought they would, he has kind of a break down. He starts lashing out and that’s what you feel. And you kind of have to work around that but it’s hard because it’s always a catch 22. You’re not sure what’s going on in his head and that’s basically it. He has a very different view of the world that most people and it’s not really a Chinese thing. He’s very extreme like a very extreme person. I think he took the Chinese values and went way too far with it. I think he also has some kind of social disorder because I’ve seen him in some social situations where he is just not getting the signals at all. And so it’s impossible to communicate with him and so you don’t know what’s going on in his head very well and you can’t mollify him at all. It’s kind of a constant struggle.

Me: And it sounds like how he perceives the world impacts the whole family. Your mother, your sister?

CeCe: He just has a really twisted perception. Like sometimes, it’s normal and you start thinking that he’s normal because he starts with a really normal premise like a good premise than he just goes. He just diverts off the normal track of logic and you’re not sure when it happened and then you’re there wondering like if he’s going crazy because you can’t tell when he’s going crazy or not.

Me: So do you think there are some mental health issues going on with him?

CeCe: Every time I go back, I realize that both my parents have mental health issues. But I just don’t know what they are. I find it fun to google them actually but obviously, I’m not educated about these things. I feel that wow that’s great because maybe it’s like a narcissistic parent issue here and I’m like… my mom is definitely a hoarder now that I’ve realized. She definitely is not as bad as the people on TV. I feel like I’ve put some of these things in my journal because I just kept writing. She’s definitely a hoarder and I didn’t realize that she was actually a hoarder until like recently when I just started watching this show and when I try to get her out of it, I realize that she has a compulsive need to collect things and like she can’t stop. She can’t throw things away. She keeps buying things on sale that she might need some day and she can’t break out of the cycle of like, I’ve had this thing for 5 years and I haven’t used it so I should probably get rid of it. But she can’t. She just can’t let go of things. And my dad’s response is to scream at her 24/7 about it because he can’t understand it so he makes up reasons of why it might be
happening. He’ll like say that she’s doing it on purpose… it’s just like a giant thing going on.
Yeah.

Me: Well part of that identifies who they are as a person though, right? If you took away some
of his issues and you took away some of her issues then they wouldn’t be the same people.

CeCe: Yeah. I know. It’s just in general, it’s a train wreck to be around. My dad is really the
only stressful one because like my mom’s a hoarder and it’s annoying at best but I really don’t
mind. It just aggravates my dad. So he’s like a constant issue because he can’t stand all the
mess. Because he’s a pretty messy person so I don’t respect is objection that oh, I’m a neat
person that I just can’t stand this. It’s more like a Chinese saving face thing. He says that he
doesn’t have any friends because he can’t invite them over to our house but I feel that it’s just a
misunderstanding of what friendship is because if you have friends, it wouldn’t really be a matter
of where you can invite them over or not or whether you’re too ashamed of your house to invite
them over. That’s not how your friends drift away exactly.

Me: So when he says that to your mother or you guys, how does that make you feel? That I’m
ashamed to bring over my friends because of the mess or could it be other things?

CeCe: Well, because I’m like very Americanized, I don’t buy into that at all. Cause I know that
he has a lot of very warped ideas and I do understand that it is kind of embarrassing like when I
do bring people over but I’m not like extremely embarrassed but that could be because I’m not
like extremely traditional Chinese where I have all this face stuff going on. But it is
embarrassing but I think that most people don’t mind as long as they don’t have to live with you.
Like they really don’t care and I think that unless they are… like if my dad had a friend who was
just like you, I don’t think they’re going to judge you for it too hard because they’ll know that
you’re a messy person. Unless they have to live with you, they really don’t care. Especially if
they’re your friend, they won’t care. So it doesn’t make me feel bad about my house. It just
makes me feel bad that my father can’t understand that that’s not how relationships work. And
that he’s taking it too far and he doesn’t need to be throwing a tantrum like all the time like
weekly about the state of the house. Like being upset and when he’s upset he becomes verbally
abusive and like just terrible. So…

Me: So it sounds like that’s what caused you to move across the country.

CeCe: Yeah. I guess I didn’t realize it so much. Like I keep saying to you that each time I go
back, it just gets worse. I just start growing as a person and when I go back it’s like further
regression… like a bigger gap of regression.

Me: So what’s gonna happen after you graduate? Post degree, are you going to move back or
are you going to stay here?

CeCe: No! I’m gonna avoid moving back as much as possible. I really want to get a job out
here so I can be like, “nope, I can’t come home”. He was pressuring me to apply to the patent
office because it’s a nice cushy government type job but unfortunately, I think it’s kind of like a
white collar sweat shop. Like you’re supposed to pass patents through as quickly as possible
because you have a quota every month and that would not work well with me. I just applied for
it because why not and I wanted to get him off my back. Apparently, he was later saying that,
“don’t do it if it’s not your idea” and I’m like there’s no point of not doing it because it is a job. That place is like only half an hour from my house so like I really don’t want to work there. I don’t want to be within visiting distance or “oh, you can just live at home distance”; so it’s kind of terrifying for me. Umm, because I might actually get that job because I am qualified for it but I don’t want to go down that path because his grand plans for me is, “if you go to the patent office, you might actually become a patent lawyer and make lots of money and all you have to do is get over the hate of reading like giant stacks of paperwork”. It’s like don’t be afraid of hard work and I’m like “no” I don’t want to put in the effort to get something that I don’t want. Like I don’t mind putting in the work, it’s just that I would be putting in the work for something that I don’t want. That seems kind of ridiculous and tiring but…

Me: Does he ever ask you what you want for yourself?

CeCe: Yeah. He does but I don’t think he actually wants to know because it’s not very concrete and it would make him more afraid. Like he did make me tell him what I wanted but I just told him that I’m not really sure.

Me: But does he know the experience of most people graduating with a Bachelor’s? Most people don’t know what they want.

CeCe: I’m not sure that he knows but I think that he might know that Americans do but Americans don’t count for anything so… They’re just average because for the most part, they’re just dumb minus the people who have companies already like in their garage.

Me: It sounds like a hard ideal or standard to live up to? You also don’t know what the standard is because it changes all the time.

CeCe: Yeah. He doesn’t get that at all. He’s like in an emotional state that he has never felt before so… it’s pretty impossible to explain to him. He’s only going to hear that you’re unsure. He’s not going to get all this other stuff and he also changes and he doesn’t realize that it changed a lot or his expectations and how it affects you. He wants me to be a risk taker, entrepreneur type of person but I was raised as an obedient Asian child. I don’t know why he doesn’t see the discontent of being an obedient person and he wants me to be an obedient person who follows authority and then becoming an entrepreneur which the whole point is that you don’t want to follow authority and you have the guts to take risks but on the other hand, you’re not supposed to do that at home. He wants you to become 2 different people but he doesn’t get that also.

Me: But what happens if you fail? He’ll say, “I told you so.”

CeCe: By that point, he may have been disillusioned already and then he’ll be on a different mindset. Like he used to be like learning Chinese is useless until like everyone started saying the China was the new financial giant, then he was like “you must learn Chinese”. He’s just always like of changing and he always thinks that he’s kind of right.

Me: So it sounds like he’s influenced a lot by his surrounding?

CeCe: Yeah. He thinks he’s not. Like I can understand why he’s the way he is because there was a point to it. There was something to lecture me about. He told me about his career story
after like … I don’t know, I’m 21 and I’ve never really heard his whole career story. But it makes sense the way he thinks but his inflexibility is his own… his inability to see the world as being different now. I really haven’t met too many people like that. He had a hard time going from the Communist like the Cultural revolution he had to really work hard at now having school for the lik7 years and then going to college after not going learning all those years but there were 1000s of people as well as although not everyone followed his path that there are people his age who are my parents age who are like my friend’s parents age and they seem a lot more reasonable than he is so… so I think it’s a very hidden thing. He wasn’t able to bounce back emotionally. He kind of has a lot of unhappiness that he doesn’t know how to deal with because he doesn’t even know how to deal with other people’s unhappiness and then dealing with his own unhappiness kinds of warps him too. He doesn’t… he’s like on this thing where he should be happy.

Me: But aren’t you happy now doing what you’re doing?

CeCe: Well you can’t be because you’re not where everyone thinks that you’re supposed to be happy. If you’re not happy not you know, you’re not going to be happy later. Once you get what you think you’re supposed to get and like, he doesn’t have that kind of a concept either so…

Me: It sounds really difficult for you having to go to school, worry about school, going from the East coast to the West coast, trying to find new friends, trying to do all this with ADHD and now having family issues… adding another layer too.

CeCe: I think that the family issues make everything easier too like I think it was harder during the 1st and 2nd year because he felt like he needed to call me every week or else I would slack off or something. If he wasn’t pressuring me than I would slack off and everything would go bad because my 1st semester grades were pretty bad but it really wasn’t related to my parents. It was just like me transitioning I guess but he like flipped out and made me call him every week for the 2nd and 3rd semester. I look backwards now and see this transformation going on. From being at my parents’ house to like being separate but when I go back I tend to regress to kind of like an adolescent side like someone who’s oppressed and can’t think. I think in the last 2 years, he kind of just tapered out and stopped caring so much about grades because he discovered new plans for me to be an entrepreneur so he stopped caring about grades and he stopped making me call him and then I was just free for a very long time.

Me: It sounds beneficial to you.

CeCe: Yeah. I know. I know that I can get certain grades and if it’s not those grades then there’s something wrong and not in a terrible wrong way but it’s kind of a given for me that these are kind of the grades that I get. And they’re not as good as I want them to be and I kind of talked about that because I never finished anything satisfactory. I’m always up to the last minute so I just barely finish it. There are parts of it that are not well thought through. Things like that. And so I’m frustrated that I’m not doing as well as I know that I can do. If I was on time with things and actually motivated to do work in a systematic manner instead of at last minute.

Me: It sounds like your parents, primarily your father has put a lot of pressure on you that when it’s off, you’re just kind of resting.
CeCe: Yeah. I’m in chill mode.

Me: So what do you think it will be like on graduation day? I’m sure he’s coming out.

CeCe: I don’t know. I’m kind of hoping that he doesn’t because he might not but I think that my mom might try to prod him because he might say that he has to work. I’m like, “yes, he has to work”. (happy)

Me: You won’t be sad at all?

CeCe: Like stay away please. Because I really haven’t had a relationship with him so there’s no relationship to be saving or trying to salvage or like trying to keep alive or something. It’s just like all building from zero here. It’s kind of a big project that I don’t want to embark on so… I feel like it’s not worth all the issues that I would have to undertake. He has his own problems and I can’t deal with that as well as dealing with our relationship that’s not really there. Like it’s not just something I can do because they all have their own problems. I can’t help them with that so… because he really didn’t want to come to my high school graduation either because… even for me, high school graduation was kind of a given because everyone I knew graduated high school. It’s just kind of like a fact of life. Like I’m going to be 25 and I’m going to graduate high school… I’m going to go to the movies. It’s kind of like on that part. It was kind of hard for me to get congratulations from American parents because it just seemed strange for me. It’s not something that big to me so I guess…

Me: So, what would happened when you graduate and don’t go to grad school would that be devastating for him?

CeCe: No. He doesn’t want me to go to grad school because it’s a waste of time and money.

Me: So how are you going to be the patent attorney he wants you to be?

CeCe: Because when you go to the patent office and become a patent examiner because if you’re good at cranking those patents through that they might actually fund your law school.

Me: So as long as he’s not financing it.

CeCe: Mmmhmm. Because then it’s not your risk, it’s their risk. And like if you’re that good at cranking those patents through by that point, you’ll be really familiar with the process and you can become super sought after because you have all this experience with actual patents after you graduate from law school with a patent law degree. Now you can work with paperwork for the rest of your life so… because it’s really terrible. When I have to read dry stuff, I just can’t do it. I can’t read dry material. I would read a paragraph and then need to read the same paragraph like 10 times. I just can’t do it because like nothing is going in. it’s just a slow slow process.

Me: Well, it’s also part of your ADHD. What does your dad thing about that?

CeCe: Oh. He does not know. That would completely be out of his realm of comprehension.

Me: So he has no idea.

CeCe: Nnnmmmmhhh.
Me: Does your mother know?

CeCe: Yeah. She does. But she still doesn’t get it. She still kinds of makes fun of me for my therapy adventures. Umm… she’s not familiar with that kind of thing so she’s not hard on me about it. She just thinks that it’s kind of somewhat not serious. I honestly thinks that she has ADD too so I try to tell her too because we have the same… before all this happened, before I went to college she was always complaining about how all these other people can keep their houses clean, like they can do the cooking and the cleaning too after work and take their kids to their lessons or whatever because I can only take the kids to their lessons and then we eat dinner like at 10 pm at night and then I don’t even have the energy to wash the dishes because it takes me like 2 hours to make dinner. Apparently, it takes other peoples mom only half an hour to make dinner because she kind of asked someone else and it’s like that, people just do things faster. They don’t distracted. And when we’re at the mall, she’s like “oooww, we should just pop in there” and I’m like “no” because it will take like a half an hour. And this is why we are slow again because other people don’t get these urges all the time to pop in there and check it out, pop in there and check it out. She’s like, “really”. I don’t know either but I think so pretty much. Like so that’s the thing with that, but my dad I will never really tell him because that would just be really terrible.

Me: You think he would just lay off of you if you tell him.

CeCe: No because that would prove to him that I’m just trying to make excuses for myself and that I’m going into the lazy American way of having mental problems because when I was in high school, I had some friends with depression. One of my friends kind of took leave from school, I’m still not really sure what was going on with him because I only had a couple of conversations with him when he was out. After that, he only kind of sporadically came back and I drifted away from him but when I did talk with him, it seemed like he might have panic attack like issues. And he had like a sleep disorder where he can’t fall asleep at a normal time and he had like no schedule and they had to put him on a schedule by taking sleeping pills and putting it at a certain time of the day and putting him on a schedule. He was like out for months and months. I wasn’t really sure what was going on but I mentioned that so and so is not in school right now because he’s taking time off for like, I think he’s depressed maybe. But my dad was like, “I’m sure he’s depressed if like he’s failing”. He’s like you shouldn’t associate with people like that as if the depression is contagious because depression is caused by failure which is caused by not having any motivation. It’s caused by someone who’s a slacker. And if you hang out with slackers then, “oh my God.” Clearly, I don’t think he will be capable of understanding any type of mental condition because he doesn’t even really understand bodily conditions. And he still gets mad at me if he notices that I have a cold because it’s my fault for not dressing warmly enough. But I’m like no, every one on campus is sick. My teacher is sick and like my lab partner is sick. It’s like dodging a bullet here because he’s like, “no” just to keep warm and exercise and you won’t get sick. And I’m like, “no, dad it’s a virus. You know it’s a virus right?” These are things that go from one person into the other person and then you get sick. But I don’t know, he has like a traditional background so I think he has that kind of slightly backward medical ideas or old wise tales based medical knowledge from one of his parents. One of his parents was like a country person and that kind of colored their culture a little bit I think. And I heard that they also have pretty bad tempers. So that may be where that comes from so…
Me:  Your dad has a Ph.D. correct?

CeCe:  Yeah.

Me:  So, he should be able to think outside of the box.

CeCe:  I don’t know though.  I think that only applies to really non-people related things like math.  He has no people logic because I’ve never seen him have really good empathy perception.  He just doesn’t realize social signals, people signals, …

Me:  So it sounds more like him vs. it being cultural.

CeCe:  Yes.  He’s just a really extreme person.  He is a Chinese person but he took it to the extreme.  It’s kind of like if you have and American…  Have you ever read some of the literature about the American dream?  Because I haven’t read too much in college so my GE classes there were some American studies.  There’s like, “What makes Sammy run?” which is like a Jewish boy who had like a really poor Jewish family on the lower east side of New York and his dad was really religious like a really good person.  He just went totally away from that because he was like my parents are useless because they spent their whole lives selling hotdogs in the streets or something and working hard for nothing and so I’m just gonna cheat and lie and step on everyone all the way to Hollywood.  He actually steals people’s scripts and he absolutely has no qualms about it.  That’s just the way he thinks.  He kind of took that American dream and he went extreme with it and that’s kind of how my dad is.  He took his Chinese background but he is an extreme person and he just went way far on the really superficial ones that are really obvious to him that the nuances of people are lost on him.  He doesn’t really appreciate them.

Me:  So going to the journal CeCe.  What are some of the highlights of the journal?

CeCe:  Highlights (giggling).  I don’t even know.  I feel like I got redundant at some point because I keep having the same things going on.  I wasn’t really sure how to do it so I…

Me:  There’s really no right or wrong way to do it.

CeCe:  I just kind of diaried.

Me:  What do you think some of the themes or content were?

CeCe:  Before my break, it was finals and procrastination, frustration with self and then my study habits and the cycle that I go on.  Being anxious so I start early but that just means having the work next to me while I’m being distracted by my computer, which I can’t resist.  So when I actually get scared, then I force myself to leave my computer and everything and I lock myself into a blank room kind of like something like this and then 48 hours of like cramming is what always happens.  Then there’s a vicious cycle of that…

Me:  48 hours of studying straight?

CeCe:  Not straight but I go there and then when I need to take a break to eat food, I’ll get food then I’ll end up going back and sitting there.

Me:  So you’re basically up the whole time for finals.
CeCe: The day before like the 48 hours I actually sleep and I can’t generally wake myself up unless I have an external appointment so I generally sleep a lot like 9, 10 and then from then on whenever I get the motivation to go to the room then I just stay there forever because I’m really not done. Because I have learned nothing over the course of a several weeks before the test because I can’t listen in class and so I’m learning everything on my own. So I end up doing stuff on my own because I have homework and I have this mini cycle where I don’t learn anything before the test and I try to start earlier when I do have time but I can’t really push myself. I’m kind of like in a chill or chill out mode until like 48 hours before a test and start freaking out because like I have to do it now and then I’m just worried that I’m not going to finish. And if I don’t finish, not even cursory finish sometimes and like the last day...

Me: It sounds like it’s your learning style. This has been going on for a while though.

CeCe: Yeah. It’s how my life works (laughing).

Me: So you wait until the last 3 or 4 weeks then it goes into anxiety mode.

CeCe: It’s like a couple of days. I can’t even umm… and I can’t work fast unless I have anxiety. If I’m in a normal sane mind, I work really slowly. I like thinking things through and like taking breaks and zoning out and day dreaming. I don’t know but it doesn’t even stop when I am in anxiety mode. I still have periods where I just sit in the room and I’m like I don’t have that much anxiety right now but I know that I should. So whenever I realize that I’m daydreaming again than I’m like, “oh no bad… study.” And like it’s scary that I’m not even like urgent right before it will be like 3 am at night and I’ll be like I want to sleep and I’m like if I really want to sleep than I need to study because I’m really zoning out right now and it’s really weird that I can’t make myself study right now. And that was mainly all of that… just stuff. It ended up being kind of like I was writing to you slash the book and also just going over some other habits and types of assignments. I think I got redundant… more details about what I procrastinated on exactly. like I started for 10 minutes than I decided I need to get up to get this other notebook because there’s other information in there and when I got up, I go distracted for half an hour because I saw this other thing that I was interested in. I’m like oh that thing, I should do that thing now so… I just do that thing and like an hour and a half later I realize that I was originally going to do something else. It’s really terrible.

Me: Well, that’s how your life is though.

CeCe: Yeah but I want to get more done though. Especially at night, I get cycles of where I see all this cool stuff and I see what other people do and it gives me ideas of projects that I could do on my own. But I never never do those. I just get really excited at night and I don’t want to sleep because sleep is like boring and then I just get tired the next day because I know I’m gonna be tired and I should go to bed but I just want to finish reading this one thing on the internet and this other thing. This just speaks of how many tabs I open up all the time, I have like 20 different tabs open at any given time on my computer because there’s stuff that I want to read but I don’t get around to it. So I just leave it open but then I just open up other tabs of things I want to read but then I forget. Awful… and then winter break starts and then it’s like oh god dad. Like I’m feeling suffocated all the time and then oh my God, regressing and I think I had this because my ADD stuff happened before this break. I didn’t go home last summer so I had a whole year of forgetting how bad home was so it was an extra shock this break to go home and remember. He
was on a mission this break because in past breaks, I wasn’t graduating yet. So I’m like what does he want to get out of me and that made it much worse also because I started thinking about ADD and how it affected my life and doing all this thinking about other stuff and when I went home a lot of things became more clear like my mom’s hoarding, my dad’s stuff and like possible mild PTSD going on in my life that acts out when I have to talk with my dad and when I don’t feel like myself. It’s like everything is anxious.

Me: Are you anxious and startle easily?

CeCe: Anxious but I don’t know about startle easily. It’s just like constant worry and on guard and I get like slightly religious or superstitious where like if he’s in a bad mood, I cross my fingers that he’s not going to come and bother me or something. Even though that I don’t actually belief in stuff, when I go home it like umm… and I think that I’m kind of an anxiety person because even when I’m not at home I get really worried about the next thing that I have to do and whether I’m gonna get it done because I know that I need to start getting out of my cycle of stuff.

Me: So have you developed anything to prompt you like a notebook?

CeCe: Prompt?

Me: You said that you want to do a lot of things but you seem to forget.

CeCe: It’s not exactly forget, it’s just that I don’t make the time for it. Because everything externally that I have to do umm… I can do easily because there’s a set deadline but I can’t set deadlines for myself and I can’t follow deadlines. I just motivate myself enough to finish what I need to do for other people like for school I can’t finish early so I’ll have time for other stuff. Cause when I have school work, I spend all my extra time procrastinating on it by doing non-productive or other productive things… I read the internet.

Me: Do you think it’s because of your ADHD or are you not interested in it or is it too easy for you?

CeCe: Oh, no. It’s not too easy. It’s definitely not too interesting for me and umm… I think the ADD part might cause me to not follow through on stuff for myself. The not interesting part also does it. Even when things are interesting for me, I put it off just because It’s easier to watch TV or something so… like I never make time for the things I want to do. It’s still stuff that I haven’t done before so it’s like a work in progress but requires you to kind of keep focused on it but sometimes I’m like, “oh I’m gonna do this” and I get all inspired but that only lasts for like a day because then the next day I don’t want to get up because there’s too many things to do. And then I just lay there and think of all the things that I need to do over and over and I’m like I should get up now. And when I do do the to-do-list, I get distracted and only do like 30% of my list done which is terrible. That’s my procrastination because I put a lot of things on my to-do-list like I need to go over my notebook for this… like I start with assignments it fills up the time with whatever I have cause then I don’t go over my notes. Going over notes just goes onto the 48 hours before the test part. And umm… So the last part, I kind of started to procrastinate on this too. Umm… the last part was before I left school so my resentment toward Chinese culture and my identity like with the new found possibility of ADHD and how that might have affected
it or maybe that was why I felt like this. I don’t know. It kind of fell into the ranting because I went to a Chinese New Year gala which was run by the regional Chinese school association and I was just surrounded by Chinese people and I was talking about when that happens that I feel like I’m in Chinese mode. And it’s like I have 2 modes in my head and I feel like the Chinese American mode is kind of the me one but when I’m in the Chinese mode, I feel like an alien and at the same time a child because it’s mainly made up of my childhood stuff so I’m in this sea of Chinese people and I generally sit there and sulk with resentment because I kind of blame a lot of my family problems on us being Chinese because I see the introvertedness and the lack of being able to understand that people are different. It’s the individuals responsibility to live up to society’s expectation and there’s not kind of the American culture where you should try to understand different people and it often doesn’t happen but I like the encouragement that you should culturally want to understand other people and not judge them. In Chinese culture, I don’t see that. I have built up all the resentment towards that social culture where it works find if you’re a “normal” person because you can hide your skeletons or whatever but if you have a family like mine when there’s all this mental problems then you can’t you can’t go out with it, you can’t do anything with it. It just bottles up and multiples on itself and I just really resented that and when I’m in that sea of Chinese people, I just resent all these people with being okay with all of this. And generally, I get this sense that I’m more inadequate in that sense because I’m definitely not good enough in the Chinese bar or ruler of social expectation. And that really gets brought out when I’m in a Chinese situation. And there will be like adults of… parents of people that I went to high school with who are on paper much more successful than I am and there are some adults who will only ask you about what your school is or what you want to be and it seems like your identity is only wrap up in how you can function as a successful person by their monetary success or whatever value that they have and it’s so narrow about what is value about a person so I resent them for that too because not everyone is like that but there’s a good chunk of them who are literally will only… will only value me if I have success of if I have this functionality for society and so it’s not like they care about your whole person. They only care about whether they can compare themselves to you and feel good about themselves and I resent them for having that kind of society as well and everyone seems to be okay with that. They don’t seem to see that there’s a problem with that. So I talked about how I was just sitting there for most of the time like sulking.

Me: Well, it sounds like you have a lot of issues going on?

CeCe: (laughing) Yeah.

Me: Getting back to the concept of success, it’s really what you make of it. Some people think of social capital as success and some people think economically. It just depends on what you value.

CeCe: I just feel like it’s so narrow for the Chinese people who immigrated here. I may understand why they are but it’s so terrible that they all generally have the same value of what is successful and I wonder whether I was always off because I was ADD. It wasn’t something that they could grab onto and say, “oh, you’re mediocre intelligence or you’re mediocre this.” But on paper, I was just mediocre but it wasn’t something that you could work on or it was kind of intangible.

Me: What happens if you were mediocre, does it mean that you’re less of a person?
CeCe: Yeah, I feel like it does for them like in that kind of community… cause I don’t know about China because I never lived there but I get the sense of roots that are there but in the community in the suburbs of where I grew up, the Asian parents who immigrated worked really hard to get there and they were hand selected as the academic types who came here. You know. So they’re a certain type of upper middle class background Chinese people and they just have this definition of success which is kind of a weird version of the American dream. And so it’s kind of narrow and I was felt that I couldn’t explain to people why I wasn’t super obedient or diligent. Like I wasn’t consistent… like consistency is what they like because it’s stable. Like sometimes, I was doing well on my test scores but then my grades were kind of mediocre. Like I would do piano and my piano teacher supposedly… like my piano teacher told me I was talented but I couldn’t focus on practicing a lot and I never got anywhere with that so it’s all this umm… kind of stuff that’s hard to describe for me but they kind of categorized as you’re just a slacker or like you’re a mediocre person and so that...

Me: In hindsight, do you really think it was because you were ADHD that you couldn’t focus on piano or other things?

CeCe: I feel like the ADHD made me really not… not…

Me: It sounds like too much pressure. It sounds like you have a lot of pressure.

CeCe: But I have similar pressures to the other Chinese kids that’s the thing. May be my dad is more alarming then theirs but they also have a lot of pressure but a lot of them are what they are supposed to be. Because statistically, I’m do well right but in my community, actually, they’re a lot of people who actually ended up going to Ivy leagues and like MIT and Stanford like the top 5 like universities. There are quite a few people who went there and I personally know who make me mediocre and my parents know so based on comparison… the Chinese tendency towards comparison, I am mediocre because they do tend to achieve things because they were able to stick with something because I was never able to stick with anything when I was younger. I still tend to do that because they’re not lessons because I don’t pay for much but I like trying everything and in my childhood, I was just trying everything but I would never get committed and start like getting somewhere with that. So that frustrated me because I really wanted to get somewhere but I didn’t want… I couldn’t stay motivated enough to work through it and so I think that may have been the ADD or I think in school it came out because I would complain to other people that I couldn’t stay about and I didn’t find anyone who seemed to have that same problem as me. And they didn’t seem to have the same problem of not completely being up in class because I would just zone out completely. And they were like, yeah sometimes I don’t pay attention so it was like lackadaisical but at the same time, they were on top of the material. So I didn’t understand what was going on, what was I doing that they weren’t because these were just Asian Americans that I was friends with so I’d be like, “oh, can you explain this to me because I have no idea what’s going on in class right now”. But they would say that they didn’t either and they were able to explain things to me so I wasn’t sure what was going on. I didn’t feel that I was unintelligent, I just felt like I was always unorganized and I was always not on top of things and I was always not paying attention and so now looking back with the idea of maybe I was ADD then that makes more sense. So it was a constant sense of oh I was not on top of things but other people seemed to be on top of things and if I could just be on top of things like they are
than I could be where they are because I felt that my intelligence was not too different from theirs, I just couldn’t work hard and I was a lazier person and inconsistent and flaky so…

Me: So it sounds like you have internalize what other people like your parents think that you’re subpar or mediocre because it’s coming out in how you define yourself.

CeCe: I think it’s internalized just because when I grew up, that was just the normal thing. I didn’t equalize my scale of what is good or bad like across the whole state or the whole county as you’re okay or something.

Me: Well, it’s harder for you because you’re competing with something else that other people don’t have to deal with. So that’s why you’re trying harder, you’re putting in more effort.

CeCe: I’m still trying to figure that out I guess.

Me: Because you’re running at a deficit compared to other people who don’t have ADHD.

CeCe: Yeah. I’m still trying to make sure that I do have it because it’s new like completely new. After 20 years of my life not thinking about that… this is a new thing that I still don’t know how it fits in so I’m trying to confirm it because I’m doing the psycho-educational testing at school right now. It’s kind of fun. We’re doing this stuff for…

Me: So you’re doing psych testing? What else have you tried? Are you in therapy?

CeCe: I guess I tried to recently start therapy. I had one appointment last week. I’m not sure I like her that much yet but we’ll see.

Me: So you just started therapy last week.

CeCe: Because my other psychologist is out on leave. He’s kind of elderly and I’m not sure he’s ever gonna come back soon. He got sick and then he’s kind of weakened and not ready for work and that was where I was starting therapy and he’s like an elderly Chinese man so he would kind of get the background. So now I’m starting a new one because all of his cases have been transferred to other people because he’s been out. I’m not sure where that’s gonna go because I feel like it’s still all in my own head so I’m still not sure how other people are going to help me to decide what’s going on. I kind of look forward to the testing because… I don’t know. I like having the data. I like having data.

Me: You want some concrete evidence.

CeCe: Yeah.

Me: Understandable. So let’s say that it comes back and it confirms it, what is going to be the next step for you?

CeCe: Umm… being relieved that I have a label I guess or that I have an actual thing and I’m not…

Me: It sounds like you already have the label but you want to confirm the label.
CeCe: Oh yeah. So now I have a confirmed label and maybe now I can figure out how to deal with it.

Me: So let’s say it comes back confirmed through psych testing which is using validated measures, do you think you’ll share that with father?

CeCe: No! This is just for me and for future people that I meet that are normal. I don’t think that my dad is actually ever gonna know unless I have like a massive… “but I’m okay now so I can actually tell you that I have problems and they pale in comparison to my success and then he won’t freak out.” Because if I told him now, it would be me just making excuses for not working hard basically the same way that depression is an excuse for being sad that you didn’t work hard enough.

Me: So, how did you do last semester in school?

CeCe: Umm… like a 3.6 or 7.

Me: That’s pretty good. What did you dad say about that?

CeCe: Umm… I don’t even think he’s looked at it. I don’t even want to go there.

Me: In your mind, do you think he would say why isn’t it a 4.0?

CeCe: Yup. People in my major are pretty smart so I’m kind of a middle of the road GPA I think because there’s a whole bunch of people who do the professional club and they’re on the E Board and they have like a 3.78 or something. Because my early GPAs were pretty low and now they’re okay high and so it’s like a 3.5 so it’s a very very decent GPA but still in my bubble, I’m still like ahhhnn because there are still more people who are responsible with time management than I am.

Me: But you must be pretty because you have like a 3.75.

CeCe: I’m like responsible because my standards are high but I’m not responsible otherwise. Like it’s not just me because my boyfriend knows too and he’s like you’re work ethic is pretty bad because I work because I’m afraid of failing but I’m naturally kind of a chill person. I’m definitely not a workaholic, I might be if I were doing the thing that I would be a perfectionist about a perfectionist about visual ascetics. Theoretically, I would be working more consistently because I can’t stand the non-perfection of this product that I was making if I was doing something visual but engineering is all mathy stuff so it’s just work. So in order to get grades that I think are acceptable to me, I freak out when it’s crunch time but as a normal person, I’m just lying there. I’m not like a workaholic type of person because a lot of other people that I see are organized are basically I think are workaholics and they just like being busy. They like working on these things and they like engineering more than I do.

Me: So you boyfriend is he also an engineer?

CeCe: Mmmhhmm. He’s not… he’s pretty lazy but he’s better than me at math. He’s kind of a natural problem-solver so he’s kind of an overachiever. But at the same time, he still doesn’t work that hard. He had like a 3.7 or 3.8 but then it slipped a little more because his classes got a
little bit more involved but now it’s like a 3.78 or something but he plays videogames all the
time.

Me: But CeCe, yours is right there and you’re competing with something that he doesn’t have
to.

CeCe: I suspect that…

Me: He could probably play his videogames blindfolded.

CeCe: Actually, I’m pretty terrible at playing videogames. He’s also in generally just better at
math. He’s better at being an engineering major than I am so I’m at a disadvantage there.
Comparing myself with other people in my major, the difference is that they really do learn
something in class. They don’t zone out and they can keep up in class.

Me: Because they’re not competing with something that you have to.

CeCe: Yeah.

Me: It’s like asking an amputee to run a race.

CeCe: It’s like hurp durp.

Me: It’s not a fair comparison.

CeCe: Yeah. But it’s still frustrating that I can’t do the things that I want to do. Like, I want to
do this project but really I’ve just been procrastinating on my actual work and you don’t have
time to do this project.

Me: In the real world which you’ll see is really the quality of the relationship sometimes that
will get you the job and not necessarily what you look like on paper.

CeCe: Yeah. Even that is scary to me because I’ve been kind of shy so like only this semester
I’m like, I must go do some organizations because it really didn’t hit me until senior year that it
was the end. I’m like theres so many things I could have been doing. So many opportunities and
then I was just hermitting because I think a lot of it was being afraid that I wouldn’t get my work
done so… I wasn’t confident enough that I could do all that so… I just ignored it. But theres all
these things that I now know that I wanted to do. I did want to volunteer but sorry guys, I don’t
have any volunteering experience to talk to you guys about. But hire me as your volunteer.
Actually that’s really a time commitment I just applied for recently and turned it down because I
looked at my schedule and said, “no”.

Me: So you were actually accepted into it?

CeCe: Yeah. I applied for service learning for like the Center for Asian Pacific Family. It’s like
the battered women shelter basically. And so I personally identified with that like Asian
Americans really needing help but not knowing where to go for it because they have like all
Asian languages or someone who speaks it for the hotline. But they have a huge time
commitment and also I don’t have a car and I’m thinking that this would probably be bad that I
would just get burnt out and slip up on everything. I would try to do everything and I would be
like too tire to do anything properly. So, I turned it down and I felt really bad but now I’m like I should have done that early like when I didn’t have so many hard classes or projects that I had to do but there are lots of things I could have been doing.

Me: Well, you’re winding down. 4 more months?

CeCe: 4 more months to get a job… get a job.

Me: Well, you’ll be graduating in 4 years but the average now is like 5.

CeCe: Yeah. I would be nice if it were 5. I sometimes wonder what it was like for people 20 years ago in college. Why is it that we’re always… I feel like all I do is work but like how was school for them back then? Did they have less classes that they had to take?

Me: It depends on the school that people went to. Everyone maybe competing for the same types of classes, GEs were usually the problem. So as a result, it kept putting people back because you couldn’t get into certain classes.

CeCe: Uhhuh.

Me: It was a problem especially with the State universities because you have everyone compete for the same classes and you have 4 or 5 thousand people competing for like a 100 spots.

CeCe: I wonder for professors like how hard was it for them to get done with undergrad because it seems like were stressed all the time. One time I’ve heard one professor saying the, “oh, you guys are learning things so fast now a days that you can’t even learn things properly and you students have to take some many classes now.” It sounded vaguely like he was required to take less classes or something. Maybe the standard course load wasn’t as big. They had a little bit more time to absorb everything.

Me: It used to be 128 units that you needed to complete.

CeCe: Yeah. It still is. I know that in a different county, I had this physics professor who was German and he was saying how they would have weekly homework sessions. They would have extra sessions outside of class. I’m like how do they have all this time to do this extra homework and they had way more homework than us. Does it mean that they have less class? I can’t imagine having more homework per class. I’m kind of curious how they had it structured because a lot of people don’t learn things properly anymore so… you just get it done and then when you leave the class, you forget everything. I’m wondering if they learned more so it stuck better.

Me: It could be that the classes were a year long. Instead of semesters or quarters, they had year long classes.

CeCe: Oh yeah. That’s interesting.

Me: For example some schools have qualitative and quantitate classes that are a year long not just one semester long. It just depends on the school. This is something to think about if you go onto grad school.
CeCe: I’m really hoping to get into the German internship because I really want to travel travel.

Me: Congratulations on the internship.

CeCe: Well, I don’t know if I’m gonna get in yet. It’s just like any other internship but it’s in Germany. So you still have to apply and resume… it’s the same as getting a job.

Me: And it’s a whole year long?

CeCe: No, it’s anywhere from just a summer to a few months like 6 to 10 months. It really depends on like the company.

Me: So, if you complete the internship, does it give you a job afterwards.

CeCe: No, it’s just like an exchange thing. I think it makes it easier for you to come back if you use the same program later or if they like you enough they might but even internships… like it’s like internships here. Most internships here do not end up in a job. It just makes you more attractive if you do apply for a job. I wouldn’t be speaking fluent German anyways. There are a lot of German internships that don’t require you to know German but I assume that if you were a full-time employee that you would have to be German. I doubt that their economy will allow them to hire foreign people. They’re probably reserving it for their own citizens so… that’s probably not a big thing but I just want to be there so I can travel and see stuff.

Me: That sounds like a plan.

CeCe: Yeah.

Me: Well, you’ll be a new graduate. What do you think your parents will say about that?

CeCe: I’m not going to tell them unless I actually get it.

Me: So what happens if your parents say no.

CeCe: Well they can’t really. Most of it is paid for by the… I think my mom would be like “oh, cool”. But my dad, I’m not going to ask him for money so he really can’t say no. I did tell him that I was going to try out for a Fulbright Scholarship and he kind of freaked out because he doesn’t know what that is. He’s like, “you’re going to ruin a whole year of your career building time. You’re going to ruin your career by like teaching English in some foreign place.” He thought it was the Peace Corp or something. I mean it’s not exactly the Peace Corp but he’ll say, “okay it’s not the Peace Corp but… and then you want to go to Peace Corp.” He thinks that I’m like going everywhere. I’m just going around like gambling my life away or something. He doesn’t have a concept of experiences being a… because you never know what’s gonna happen. You need to go for the experiences that you think are going to help your career and that’s the only thing you should be doing.

Me: But that’s what you’re doing.

CeCe: But you’re wasting your time.

Me: But you’re following your goals.
CeCe: Yeah. But I need to pick one and just go with one. The only things that lead down that path.

Me: So what would happen if you have more than one path?

CeCe: He will say that you need to just pick a path… only one. And if you’re halfway there and you decide it’s not a good one than you need to pick another one. You can’t keep like your options open and sit back. Like he thinks that I’m sitting back because I like options and I don’t like picking one. I mean he has a point but he’s on the extreme end of that point… and like I really don’t have a plan.

Me: It sounds more like he’s worried about you wasting your time.

CeCe: Yeah. I think it’s because I’m getting too much fun expectation out of this. He thinks I’m doing things for fun and fun is a terrible thing because fun wastes time. Like when I was growing up, me and my mom would joke around that he was allergic to fun. He kind of like has a satellite dish on his head where he can detect if someone’s having too much fun out there. Cause like, you can’t have too much fun. You can tell him like I’m going out with friends but if it’s like more than 4 hours per month than he’ll start freaking out or something. When you have 2 outings in the same week, he’ll say that you’re wasting life and that you have no priorities and stuff. He’s worried that you have no priorities because you’re having too much fun. Fun is always a waste of time and everyone always wants to have fun. And they are all mediocre.

Me: That’s really interesting.

CeCe: And he doesn’t really know any of these overachiever kids really because he would then find out that they go out and party. They’re just better at school than I am but that’s just what he sees on the outside.

Me: So what would happen if you end up as a pharmaceutical rep because of your biomedical engineering background and part of your job is to go out there and have fun because that’s part of the business?

CeCe: But if I make a lot of money, then it can’t be that much fun because work isn’t fun. But applying for things like yeah, I want to have an experience that sounds like fun. If I were like there are no good jobs here so I have to go abroad because they have good jobs, and it might be fun along the way but I don’t mention that because it’s mainly for a job than he’ll say that’s not fun, you’re trying to find a job. Because your goal is to get a job and maybe later turn it into a business so in order to get a job because there are no jobs, you have to go there for a job and that’s getting a job, it’s not getting fun. But if you want to travel to see where things bring you and to see new things than that’s fun and so it’s terrible.

Me: Well, it sounds like it’s going to be an ongoing struggle.

CeCe: Yeah. I just kind of hope to mentally separate myself from it because when I’m too close to it, I don’t know what’s me anymore. And even me is pretty confused normally.

Me: Does he tell you, he misses you?
CeCe: No. He’s not a touchy feeling person to say, “oh I miss you”. He’s not like that. He’ll only call me to find out how I’m doing as in like, “where are you in your goals. Tell me about your goals and what have you done this week to achieve your goals.”

Me: It sounds like his underlying intentions are good. It sounds like his presentation of things that you’re having the problem with.

CeCe: In general, he’s just kind of creepy so.

Me: Well, is there anything in terms of your ADHD that we didn’t cover that you think would be meaningful that we haven’t talked about?

CeCe: Umm… I think what would be important to you is just more of the identity stuff. More like, there’s no such thing as mental illness for Chinese people so it’s really hard to figure out what it means when you do have ADD. Like for people who haven’t even grown up in America like my mom, she can’t even understand what that means and whether it’s a disability or not because she defaults to saying… she defaults on saying that it’s a bad thing when it’s not or that it’s an excuse. She still can’t really comprehend it. I think it’s hard as a Chinese American to figure out if you have something like the mental thing, to find out what it is and to get support for it. It’s really kind of hard.

Me: Some of it has to do with the reframe. Mental illness already means that something is wrong with you… maybe issues? Because we all have issues.

CeCe: Yeah. But the mental issues, it’s not really a thing it’s like you’re coming up with a whole new idea for yourself and that’s kind of hard. And it’s hard to make it your own because you have not community support for it. You have no community support and it’s hard to tell people.

Me: It’s the cultural idea of not shaming or losing face for the family.

CeCe: Yeah.

Me: Part of the problem it sounds like that’s going on is if something is wrong with me than how will others view them (family)?

CeCe: And I really don’t like that. At the same time that I’ve been instilled with that kind of value because it’s what I’ve known, I… it’s hard for me because I have a tendency to compare myself but at the same time, I reject that because I see it as a really unproductive way to be thinking maybe because I have the input from the American culture that people do have mental issues and it’s more productive to try to help people. People don’t just bottle it up inside and multiply it within themselves. So in dealing with relationships, feeling and emotions, I just tend to go with it… the American or western way of viewing things like mental health because I see absolutely no benefit from the Chinese way of viewing it. A new thing for me is going to mental health and finding out things about it and trying on this new thing of having mental health and that being an issue whereas before, only physical health is an issue mental health is not an issue. So now, it’s really more concrete and I think about it a lot and I see it a lot more and I talk about it with my roommate who has her own mental health issues. For the both of us being Chinese, it’s like a whole new discovery or buckets of ourselves and how the past things that happen
really mean. And things that were completely blocked out because that’s not even a category. So now there are more things that we can explore about in our identity. Now that we are going to naming or labeling what our thing is… for her, she’s going through a similar thing but she’s going through the depression. So we talk about that but we kind of bounce things about the both of us, we bounce things back and forth.

Me: It sounds interesting. Do you ever google search under cultural issues and mental health? You will find out that mental health has away been there but it comes out more in somatic compliants.

CeCe: Somatic?

Me: Somatic. Like physical ailments. So for instance, instead of me saying I’m depressed because there’s really no word in Chinese for saying I’m depressed, you usually describe the feeling of what’s going on…

CeCe: Did they ever come up with a medical term?

Me: They might say are you happy or are you not happy. There’s really no word to mean depression. It’s really more trying to describe their affective states or their physical state of being. It’s very similar to Latino culture especially if you’re interested in looking at mental health issues in different cultures like psychiatric anthropology. Different societies and cultures will view mental health in different ways. By viewing mental health in the way that we (Americans) do is more related to western culture. Like psychotherapy doesn’t really exist in Chinese culture.

CeCe: It just boggles my mind how people deal with their different mental problems. My only conclusion is that it just explains a lot of these crazy people because when you except it as like a matter of course, it’s hard and especially when you’re in an introverted culture where you’re not reaching out to a lot of people. You don’t get the checking with other people who are different to contrast with the way you think about things and to let you know that there’s another way that you could be thinking about this. It doesn’t have to be this way or it doesn’t have to be that way. I thought like that when I was living at home. There wasn’t an option, that wasn’t an option. This is actually a thing and that you can deal with it. You can do something about it. It doesn’t have to be this way. That kind of possibility wasn’t really there and looking back at it when I consider things… more things are clear and not living in a place where you can’t discover these things and you can’t deal with them. You can just like cover them up and not realize that you could be living differently and it can’t be like this. I can’t imagine like entire continents of people because like I feel like there are a lot things that happen because of political upheaval. I’m sure the culture was like okay before that or in times of peace you know and then after any type of revolution there’s like… I see a generation of Chinese people who are like really messed up and they have no idea that they are. They have like… kind of like my dad, they just can’t comprehend another way of being and the way their being is not… it sometimes makes them unhappy but they don’t see that and it’s really unfortunate because it boggles my mind. How there’s so many people like that and they just can’t change themselves and they don’t see a problem and see that something could be changed about it.
Me: Well, that’s part of the problem. If you never see that there’s a problem, you won’t be able to see when things are wrong.

CeCe: Yeah.

Me: Sometimes things only go one way, you don’t see other ways.

CeCe: Yeah.

Me: A lot of it sounds cultural for your dad, he escaped from China because he had intellectual abilities and that was one of the ways that you could leave.

CeCe: Yeah.

Me: Because they thought that you would come back with this intellectual knowledge. They didn’t know that people would just stay but that’s what happened for the fraction of people who were able to escape. So it is different for your dad vs. other generations of people who are able to come over now. But it sounds like a whole bunch of issues going on. It’s not just one issue.

CeCe: Yeah.

Me: Well, I’m dying to see what your journal looks like. I saw part of it already.

CeCe: It’s pretty looking from afar.

Me: I’m really impressed with your penmanship.

CeCe: I did one of the CARS things this week and one of the questions was, “do you have terrible penmanship?” I was like, “never”.

Me: Well, I appreciate all your help with this.
Appendix L: Sample of CeCe’s Journal Exercise
(Modified to maintain the confidentiality of participants)

November 19, 2011

I recently started keeping my appointments recorded in my phone’s calendar; theoretically, I can keep track of them and also not have to worry about what time it is because my phone will alert me when I have an appointment. Unfortunately, I still am not done overbooking myself. Plus, every time I am in the process of deciding on and planning a new event/appointment, I fail to check my calendar. Appointments manage to creep up on me anyway, because I usually have not planned my life around having that appointment that day; merely waiting passively for my phone to remind of things. Today, I realized again that I can’t go to two of the appointments on my calendar because of poor planning and procrastination. One was pushed out because I have more important work.

Apparently, I can’t structure my life properly unless I have all my obligations held in my head. And if I have more obligations that I can fit in my head at once? Well, then I obviously can’t handle the number of events/obligations I have signed up for. I think this might improve if I got really good at using a calendar, but that won’t be happening too soon. Having to deal with too many things (like an external calendar rather than a mental) is still an overwhelming thought.

It’s really bothering me that I haven’t been to any career/networking type events because finding a job is looming. Every time there is one (like today), I end up not going because I have work (that I should have finished already but I procrastinated) or I am lacking the energy because I’ve just come out of an overwhelming night of post-procrastination Crunch Time. My life already revolves around schoolwork and procrastination on schoolwork that I can’t imagine being able to properly look for a job…

I procrastinated/wasted 6 hours today on the internet compulsively Googling things and reading blogs. I have had a particularly bad string of the compulsively surfing the net this week. I have very little work in the last 2 weeks compared to the most of this semester (which was at least 8 straight weeks of 1 test per week) and I compulsively surfed the net through all of these 2 weeks. Today is beginning to be Crunch Time because I have a chemistry test on Monday. I was planning to study starting last weekend, but I did zero chemistry. Today was/is one of the days when I feel powerless against urges to surf the internet and organize my iTunes, etc… I’ve worked myself into a frenzy avoiding the studying. Once I got myself half settled into chemistry, I realized, very consciously, that I have utterly screwed myself over. I’m so frustrated that I had so much time to prepare for this exam (last out of 4) compared to the previous ones, and I squandered it all. Once again, I am left learning everything 48 hours before the test. (I don’t learn much in class, either) I can only hope I make it, but I have a lot of repressed anxiety right now because I don’t think I will do so well with focusing this weekend. This ADD spell doesn’t seem to be under much control, still. The anxiety is only amplifying my difficulty with focus. I feel pretty powerless against my procrastination and urges to not think about chemistry and the overwhelming amount of material that I have to internalize. Using HW playlist to prep myself up as much as I can/improve my mood. Hair picking is pretty frenzied today from the anxiety (trichotillomania).
November 25, 2011

So I actually did really well on my chemistry test. I don’t think I altogether finished studying and had everything on quick recall, but I did really well—I think mostly because the test wasn’t too hard and I now have enough time to comfortably think (with new test time accommodations). This is the 2nd time I’ve done really well on an organic chemistry test (out of 9 organic chemistry tests) and both times were in the last two tests, when I had 1.5 time. On the last test where I did pretty well, I’m not sure how to read the experience with more time because I was also out of my mind with sleep deprivation and exhaustion. I found it impossible to focus on the questions, memories, and the material, and I didn’t figure out the last problem. My score was about equal to what I usually get, only on this test, the average was a 43%, so I ended up doing really well after the grade adjustment. So, I guess, theoretically, I was able to do ok with the help of more time wade through my addled brains, a result of not managing myself well and learning things before the 48 hour pre-test point. Technically this is the first time I’ve ever gotten a good score on an organic chemistry test! It wasn’t that hard, granted, but apparently some others in my class didn’t have as nice of a time; the average was a 60, with as big standard deviation. I can’t help but wonder, if they had as much time as I had—wouldn’t they have done better too? I’m not sure I deserve the exam accommodation. I could theoretically prepare better… right?

I still am wrestling with my ADHD diagnosis and whether or not I am actually disabled or not. I don’t even know what “disabled” means anymore. I have never thought of myself as disabled, and yet I’ve had all this trouble in high school and college performing on tests and schoolwork like I want to/wanted to. As I lost control of managing my time and mind, I lost faith in my performance—my self-esteem now isn’t too good and I have a lot of test anxiety and fear of failure. I stopped believing that I could show my knowledge and analytical skills in testing and pressure timed situations. It seemed I always succumbed to silly mistakes and temporary “slips” in reasoning, and I didn’t feel like I could control any of it or fix it by working harder. I also had problems finishing difficult tests due to slowness. I saw signs that I simply processed problems too slowly to finish tests involving a lot of analytical problem solving.

I think it really affected me over time, because I was in an environment of very intelligent people and my parents raised me to think (despite teenage resentment of Asian systems of people valuation) of my value in terms of my intelligence and achievements. So far in my life, the big achievements and gauges of my intelligence have been grades and test performance. I was God-awful at getting work done, and I occasionally forgot about smaller assignments altogether. Though I feel that realistically, most people aren’t necessarily able to manage their time, stay on a schedule, and get tests assignments done. I was in an environment where I felt like I was the only one—or at least, the others who forgot or weren’t on top of assignments and tests were the several who I felt were generally not grasping the material as well as I was, or were cavalier about school. I’m not sure if I was reading myself wrong, but I always felt that I was good enough to achieve great things but I was always too slow, too inconsistent, and unable to discipline myself. Whenever I talk to people who I am peers with, more often than not I reach a point where I realize that they don’t share my magnitude of lack of self-control, focus, and efficiency. It’s easy for them to tell me to just focus and get my work done before the last minute, and they say they are able to because they just “have to if they want to do well”. So, do I not want to do well? Do they just care more than I do? Do I not have to do well in school too?
How come they don’t spend 6 hours doing nothing productive without being able to rein everything in? How come they work fast enough to finish assignments when they want to, leaving room for starting the next due assignment so that they don’t force themselves into the position of doing the assignment at the last minute? I am told my silly mistakes and slow testing speed can be fixed by just doing more practice problems; this is true, however, I barely am able to finish the assignments that are due, much less be able to have time for practice problems. It’s a vicious cycle. Furthermore, I see others around me who know the material about as well as I do but they’re faster ant getting to the point where they can recall and use it quickly. Meanwhile, I feel I understand the material and could solve problems if given a lot of time, but I never have enough time to slowly think. Does that count as a testing disability? Blanking out randomly and thinking too slow? Shouldn’t that all go away if I managed my time and learned things not at the last minute and was able to do way more practice problems? I till fell like I would make those silly mistakes nonetheless… from experience. Maybe I am not all of these people who can learn the stuff and then think it out on the test (I know many of these). Maybe I should stop whining and accept that I am not as smart as these people just because I can understand most of the things they are able to –just at a slower more inconsistent pace. I also have to learn it from a different approach, I have learned, as well. It must seem so silly to people outside of my bubble of high achievers that I feel inadequate, but I never felt that I simply wasn’t equipped to achieve “Greatness” (like I have accepted totally in the realm of anything athletic□)… is that what a disability feels like? Sorry about the rambling and babbling.

About this last chemistry test, I felt so much more comfortable during the test-I could look around the room and blank our and stare at the test question or a minute while thinking about something unrelated-without building a mountain of panic and adrenaline. I never realized how much I dilly-dallied in my brain until I had the relaxation of all this time. I probably was also thinking pretty clearly because I did so well and only made one mistake that I didn’t see coming. I’m kind of feeling better about school right now, but I’ve already done no work over Thanksgiving break so far and it is making me nervous. I know I need a lot of procrastination/distractions padding time to do every little thing, so I cannot afford to “let” myself have too much planned non-productive time. Yet, I haven’t wanted to take inventory of my assignments until today. Quite appalling and overwhelming-I wish wish wish that I could just sit down, get a whole bunch of things done, focused and awesome, but I can’t. I don’t know why but I just can’t. Linear focused thinking wears me out so quick. I do one or two small things, like send an email or download study notes, and I’m already wanting to take a break.

Something that’s definitely ADD that I did today-not particularly unique to today, but today is an ex.-I was on my computer shopping, checking email, setting up for bio lab report (not too involved of an assignment), and watching TV. I still have not finished shopping by giving up, or started my bio report in proper (typed the title and my name, weak) or read some of the tabs I have open, after, like, 6 hours. At any one time, I have about 3-5 tabs open that I found and go distracted from reading/dealing with. I periodically have to go around closing tabs to clear up the clutter and tell myself to give up on the ever getting around to reading some website I wanted to read in the its entirety. Even though I think I’m going to read it, it’s probably not gonna happen and it’s ok. It’s like I’m a web browser tab hoarder. I’m constantly stuck in a loop of curiosity, leading me through links and Google searches until I have 10 tabs and no idea where I started or what I was going to do. I have often gone to the computer, specifically to look up something I didn’t know for a test I was studying for at that second, and managed to be
attacked by a rogue curiosity. 20 minutes later I need to remind myself what I was originally going to do because I’ve forgotten.

Writing assignments like bio lab reports are particularly horrible for me for this reason. Everything is typed these days, and research is done electronically. Therefore, I can’t just stay away from the computer/internet and it’s absolutely painful organizing my thoughts into neat groups. While I write this journal, I find it slightly difficult to stay on track. I can stay on top of continuing to write here because I enjoy introspection and no-pressure thinking, but I constantly want to talk about all these things at once. I feel like these are things I want to get out before I forget about them because I will think of something else soon, and when I think of something else I will forget what I want to say now. I’m aware that I tend to be redundant and rambling and slightly scattered in my writing as a result.

I’m going to have to go to bed soon because it’s 4am and I have not done any school work today. Sigh. It’s not even hard schoolwork. Plus! I have been putting off forgetting about making an appointment with my psychologist for 3-4 weeks, and another doctor for 4 months. I swear I am not afraid of the appointment itself or avoiding doctors. I also need to tell my other teachers I have exam time extension. But maybe it’s too late now and I don’t actually deserve it and I don’t actually need it? I still have an underlying feeling that it’s not fair to all the other people in my class who could use extra time… I don’t know I am so lazy, though.

November 30, 2011

I’ve had a test each day for the last three days. Even though the studying wasn’t very heavy for the first two, I still ended up staying up late and not getting enough sleep. Then, I had to take a nap during the day so that I wouldn’t be too tired to study for the next test. In turn, this nap allowed me to stay up even later/procrastinate before getting down to studying for the next test. Unfortunately, the 3rd test actually required about 8 hours of solid studying (or learning, rather, since I never went to this particular class because it was at 8am). I have serious, serious trouble getting up on time in the morning. My Grand Plan over Thanksgiving Break was to get studying done for these tests, but really, there was too much TV and Angry Birds to resist. I was also at my boyfriend’s family’s house, which doesn’t have a room with just a table and chair, similar to the study rooms I usually go in when I actually need to get things done. I have zero self-control so the only thing that works is to remove myself from all electronic devices and people. I do have to use music to tune out passerby and silence sometimes.

Procrastination: “I’m tired and overwhelmed by thought of work OR

Terrible loop: “It’s break and I really want to get some work done because I know how stressed I get when I’ve run out of time to study. But I’ll just worry about it tomorrow I still kind of have time.”

I’ll just watch this one show… 5 hours later, stuck in TV stimulated mode

I’ll just check my email/download my notes/look up study related definition… 2 hours later, what was I doing again? Oh God
Become sucked into curiosity and Google’s endless capacity to search for irrelevant information. Mind swirling with all the tabs I have open. Must finish. Reading all these tabs.

In fact, if I get fixated within interneting loops of thought, it becomes impossible to properly focus on homework/studying until I manage to make my brain change gears.

Also difficult to go to bed in this state, until it is super late and I’ve tired myself out. If I get really worked up and I’m not tired, I can’t even go to sleep properly. I have too many thoughts.

I think I have internet addiction.

I managed about 7 hours of studying for that last test, out of anxiety and fear fueled self-control. Put myself in empty study room and refused to start playing Angry Birds approximately 5 times. Still was not entirely prepared but was prepared decently.

No matter how much time I have to study, how nice of a schedule I’ve set for myself, I get distracted and waste huge swathes of time. Then I freak out, don’t sleep, and become run over by all the things I’ve allowed to pile up. Tests are then sometimes a tossup—will I manage to prepare in time?

I’m in ASBE this semester (mostly on paper, haven’t managed to get involved)—Association Students of Biomedical Engineering. I got an email last week from the freshmen mentoring coordinator with finals studying advice for freshmen, written by people in my class. Made me laugh at juvenile my study habits are in comparison to these freshmen mentors. They mentioned all these organized-scheduled-time manager-self disciplined tips for finals week, and all I have to say is, “Hah”. I wish I could just wake up at 9am every day and stay productive when I want.

I finally got around to making an appointment with graduate advisor yesterday. I had an advisement appointment a month ago, but I forgot about it and over slept. Sigh. I also still need to go make an appointment to see psychologist again. I don’t really know for what I need to see him but I dropped the ball a month ago.

I get these episodes, usually at night when I’ve been interneting, where I get really inspired and excited to do all these crazy things. I can’t even contain frustration from not being able to try these things because I don’t have the supplies or background or what not. Then, I go to bed and wake up normal, unmotivated, bogged down by all the work I have that I don’t want to do and forget my “excitement”. The next time I’m excited again, I’m disappointed in myself that I’ve wasted precious time that could have gone towards trying all these things or signing up for things or applying… but this time instead was spent being apathetic and trying to get schoolwork done. I’m definitely not someone who can passionately pursue something; I get tired out and use up all my motivation doing mundane things sometimes.

Yesterday, I lost track of what day it was, and such, and forgot to go to chemistry lab checkout. Was going to go make that up this morning bright and early, but stayed up until 4am for no reason (even though I told myself to go to bed starting at 1 or 1:30am) and overslept. Ended up doing it really quick right before my 2pm class (whose quiz I failed to prepare for, like
usual). Thank goodness the lab director was nice and let me checkout at a strange time. Embarrassing to be a senior and forgetting I have things I need to go to.

Have been putting off writing theatre class journals for 3 weeks and I think they’re due tomorrow. I was supposed to journal about things as they happened-now I have to go back and remember what I did that I was going to journal about… I think I’m gonna have to do that tomorrow. Pretty tired today from staying up last night and running some errands today…zzzz.

December 4, 2011

I figured I should write this down before I floated off or didn’t feel like doing it now and procrastinated until I forgot the details. Tonight, I’ve been flitting around the apartment a little bit. Right now I want to study for my chemistry final, play Angry Birds (because I have the “time” because my tests are all a week away), talk to my friend all at the same time. I was gathering my study materials together:

- I downloaded all the electronic tests.
- surfed the internet (a break) before I told myself I’d look for my paper printout type notes.
- got up to find paper notes, couldn’t find all of them; they’re probably somewhere in the disseminated paper piles.
- gave up on finding the rest, look for highlighter to make marks on this one review sheet, see snack nearby highlighter, think of clipboard need.
- eat snack while looking for notebook and clipboard, can’t find clipboard.
- decide to do without clipboard, put snack down in one room.
- forgot highlighter in other room, go back and highlight marks on the study sheet.
- go back to bedroom and finish snack on bed. Start chatting with friend online. Remember journaling, should do before forget.
- go to other room to retrieve journal, see ipod.
- retrieve ipod and journal back to bed where all the study materials are.
- now want to take an Angry Birds break but I know that would probably turn into 2 hours of Angry Birds.
- I’ve been here 1.5 hours and haven’t actually done any studying, except for a cursory glance over an old exam. I don’t really want to figure out where to start studying for a comprehension test. I kind of just want to jump around until I get a better idea, which will likely be somewhat more systematic.
-But I’d much rather play Angry Birds. I feel resolve fading but I’ll hat myself if I don’t get a good amount done.

***Frustrated.