

Trendsetter

Attention deficit hyperactivity disorder was not included in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) until the second edition (the DSM-II) was published in 1968.¹ Then, the condition was identified as the hyperkinetic reaction of childhood.

Camden was born approximately thirty-five years later, with no difficulties or complications, twelve days tardy via induced cesarean delivery. She weighed eight pounds and two ounces. According to Ms. Whitlock, it was a "relatively uneventful pregnancy." Although she was a difficult to soothe baby, Camden's developmental milestones were reported to be within normal limits.

A 6/27/11 psychological assessment written by Lauren King, Psy.D. begins "Camden is an 8-year-old at Dilworth Elementary, who was referred by her parents for testing due to a history of behavioral problems." In 2011, Camden wore knee-length navy uniforms and kept her hair in a short, stacked bob. She had a Barbie DreamHouse twice her size, and would rearrange the furniture at least once a week. She gave most of her dolls haircuts. She stole rolls of paper towels from the kitchen, stuck granola bars and chocolate in her underwear, and mostly played with the type of LEGO that is now referred to as "classic."

But Mr. and Ms. Whitlock were concerned because Camden always seemed to "look mad," even when she was planted in front of Mr. Whitlock's Trinitron monitor, immersed in the grainy online world of Disney's Pixie Hollow. Even during a game of fat-pink-plastic-bat and ball in a field overgrown with Lion's-tooth. Even in the pathetic scuffle of Charlotte Junior Soccer. "If Camden gets scored on in soccer," Camden's mother also said, "she will stomp off the field."

¹ Kimberly Holland, "The History of ADHD: A Timeline," Healthline, August 30, 2024, <https://www.healthline.com/health/adhd/history>.

In the report, Ms. Whitlock also indicated problems with adaptability: She said that Camden did not recover quickly when faced with setbacks, did not adjust well to changes in routine, and is almost always stubborn. Ms. Whitlock also indicated that Camden enjoyed being alone. She described Camden as shy around other children, having trouble making friends. “Camden’s mother indicated clinically significant problems across many different subscales,” Dr. King noted. “She indicated Hyperactivity, Conduct Problems, and Aggression in the 99th percentile.”

Perhaps Dr. King’s heart flitted with some deep remorse at this revelation. Maybe she was worried, sitting at her desk among fluttered, scattered papers and half-filled notebooks. Maybe she picked up this particular assessment for a hummingbird moment, eagle eyes scanning the paper, clear-coated fingernails lining a sentence, then two, remembering that this was the one with the especially frantic mother. Or perhaps the doctor, desk in perfect organization, neat stacks of cream manilla files and an untouched coffee cup, typed the diagnosis, saved the file, and sent the PDF to Ms. Whitlock. Because perhaps I am not special.

Charles West speculated that the ADHD-like behaviors depicted in his lectures were caused by either a general lack of discipline and stimulation or poor upbringing and child-rearing early on in childhood.² But Dr. King describes a dynamic in which “Mr. and Ms. Whitlock have tried being very clear about what Camden has to do by giving her step-by-step instructions. They use natural consequences and take away privileges for her bad behavior.”

² Charles West, *Lectures on the Diseases of Infancy and Childhood*, London: Longman, Brown, Green, and Longmans, 1854.

Sometime between 2012 and 2013, Camden's parents took her to a small boutique. The sweet teal and bubblegum pink facade screamed new-age sophistication, resting in a nook on the corner of East Boulevard and Kenilworth Avenue.

Camden was infatuated, at once, with a ballerina music box resting on a shone glass shelf at the rear of the store. It was made of a mixture of plastic and soft wood, and when wound tight enough, a little lady would pop out, sporting a tulle skirt and a developed wooden chest. Her parents promised her the music box in exchange for good behavior.

This good behavior was indicated by green and blue glass marbles: Each time Camden did something good (making her bed, folding the laundry, finding a new friend at school) one of these marbles was dropped into a glossy white bucket, her name scrawled in black Sharpie on the side. When the bucket was full, she'd have the music box. Camden was ecstatic. With sparkling eyes, she vowed to be on her best behavior.

Camden happily completed her chores those few weeks. She raked up brown, crusty magnolia leaves the size of her face. She cleaned each bathroom until they gleamed, filling up metal looped toilet paper holders and reused plastic soap dispensers.

When the bucket was finally full, she received the music box with shining eyes and wet palms.

Her mother smiled a warmth at her admiration of the new toy, and then asked her to clean the toilets. "NO!" she screamed. Her mother turned cold as she watched Camden fling the box to the ground. They both watched as it exploded into shards.

“Although these methods help for abbreviated periods of time, Camden’s behavior is still very difficult to manage,” Dr. King noted.

The 2011 psychological assessment report highlighted some of the earliest symptoms Camden displayed in relation to her eventual diagnosis. At eight years old, it was the wiser adults around her who began to recognize these. The report made by Dr. King dictates, “She engaged in self-injurious behaviors, such as pulling out her hair. She seemed to have some sensory issues. Ms. Whitlock described the consistent need to wear tight-fitting clothes. Ms. Whitlock also described a strong reaction to fight and a good appetite, but difficulty falling asleep.” It was likely that something was wrong, as these were not normal childhood behaviors. When Dr. King approached Ms. Whitlock, better known as April to her close friends and mama to her family, it was clear that this was the type of woman who had been on edge for the last thirty-four years of her life. It was clear that when she expected things to go wrong, they did. And she saw the mistakes in her child. She realized that the thing she had made was imperfect.

Just like herself, it was flawed. Unlike herself, she was happy to admit it.

Ms. Whitlock was unaware of any genetic reason this diagnosis may be present in her child, because her own diagnosis was never something her deeply Southern parents sought. Mount Pleasant, where she grew up, was a place of detached farms and wood sheds with metal carports and those big, white, sprawling antebellum houses that look small from the front but run a half-mile back. Troy Barnhardt, her father, was stoically kind. Betty, her mother, was a good girl. They waited a long time for April, who spent her whole life chasing the same perfection.

Perhaps Dr. King had some foreboding sense of what Camden’s life would be like after her diagnosis. Perhaps she was nervous, dreading informing her discombobulated and frenzied

mother. After all, the mothers who came to her typically expected specific problems and their accompanying weighed solutions. But this was something Dr.King did not have: She wasn't completely sure what the problem was. Camden was too young, too fragile, too impressionable. There was always a chance that informing an anxious mother of a strong diagnosis would ruin the rest of the child's life. She would never be "just a kid" again. From here on out, behaviors would not be blamed on the shortcomings of being young or the foundational growth curve of childhood, but on a diagnosis. And nothing would be another person's fault.

But a job is a place where you input problems and output solutions, a nifty machine that people pay you to crank. Dr.King diagnosed the child, aware but unrepentant of what her future held.

There would never be the same eye cast upon Camden again; she would always be a "problem." So as Camden grew, the delicate pendulum swang. When she attempted to blame her shortcomings on her diagnosis, she would be told that a behavior was not associated. She was told that she should be stronger than her instincts and that she should try harder, because she must not have been trying at all. Still, as Camden attempted to live this life of perceived normalcy, she was told that certain behaviors she exhibited were because of her diagnosis. She wondered how she could be both her diagnosis and not a result of her diagnosis.

Fourteen years later, the need to wear tight-fitting clothing has not changed, although now the term is "slut" and not "weird kid." The self-injurious behaviors have warped into an obsessive over-exercising, tearing a strain in the right abdominal muscle and continuing to run, bike, and lift heavy weights every single day. Psychotic behavior that may be observed as any "normal woman" chasing an unattainable physique due to an uncomfortable hatred of the natural curvature the body develops in the early twenties. To this day, I am often hungry and never tired, seeking food for my discomfort and fearing sleep for the same reason.

The only thing that has changed is my desire to fight. People rarely change their minds at a well-worded argument and less so if the other person presents an accurate emulsion. Even the intellectual believes most in the knowledge of self. And I'm tired of trying.

In 2011, Camden would often tell her parents "I hate you" for no reason other than a disapproval to watch her favorite movie again or have a dessert after dinner. She did not like to hear the word "NO," but she liked to say it. It was when something did not go as Camden planned that she seemed to escalate the most. She was mean with the dog, mean with her six-year-old sister, Carson, and mean with most of her easily-manipulated friends. What a little bitch.

"Her friends are definitely personalities she can control," Ms. Whitlock told Dr. King.

"Camden has always done well academically. When she transitioned to kindergarten, she did not make friends" Dr. King says in her assessment. I like to think that I did; these friends were called books, math equations, scientific theories, and the good kinds of histories. I liked to group these new-found friends into groups of ideas. My teachers called it "learning." But if you were speaking about heartbeat human beings, those without souls, then no, no friends.

Charles West, in his *Lectures on the Diseases of Infancy and Childhood*, describes those with ADHD as "not the most friendly, playful, or kind; when they are, they tend to be self-effacing and absorbed."³ When I turned nine, I'm sure I had a very lonely birthday party.

³ Charles West, *Lectures on the Diseases of Infancy and Childhood*, London: Longman, Brown, Green, and Longmans, 1854.

At twenty-one, I feel mean. There is an overwhelming concern, somewhere in a very consuming part of my medulla oblongata, that every word I speak will offend someone. Maybe this feeling is due to the very perception I intensely emulate every day: The oh-so-typical white girl, the one who wants everyone to like her and doesn't take well to blanket criticism. At the same time she is judgemental and perfectionistic, meaning she's judging you based on what she's able to achieve and not what you're capable of. But isn't this how everyone forms opinions?

The blondes, though, face criticism for having a bit too much fun with judgment. And those with ADHD face criticism for not caring enough to judge you at all. A fun juxtaposition for me.

"Clearly," Dr. King notes, "Camden does not have good insight into what is happening emotionally and behaviorally in her life." Dr. King goes on to describe her as "having very little interest in talking about her friends or siblings and being unable to describe them to the clinician other than factual details such as age." Perhaps I was too freaked out by the white walls and circle tests to think deeply about my best friend's favorite TV show.

Attention deficit hyperactivity disorder is a complex, heterogeneous and multifactorial neurodevelopmental disorder characterized by persistent symptoms of inattention, hyperactivity and impulsivity.⁴ That's a simple definition, written to the fullest extent of the overgeneralizations made by doctors, psychiatrists, and clinicians.

But the Dr. King notes that "the behavioral assessments and observations present undeniable information that Camden is functioning in the realm of an individual and student with attention deficit hyperactivity disorder (better known as ADHD)." She also presents various other

⁴ Martinez-Badía, Jose and Martines-Raga, Jose, "Who Says This is a Modern Disorder? The Early History of Attention Deficit Hyperactivity Disorder," *World Journal of Psychiatry*, December 22, 2015, <https://pmc.ncbi.nlm.nih.gov/articles/PMC4694551/>.

unidentifiable symptoms, things that can be understood somewhat in conjunction with another mental illness or disorder but not fully by any one cause. “She, like so many other children,” Dr. King writes, “is simply uncategorizable.”

It has to be a foundational experience to look back on a psychological assessment from when you were a child, one you can’t remember taking if someone was to threaten you with a handgun and a knife, and being told that not only are you fucked up, but we aren’t able to identify what type of fucked you are. Not if you beat the system with a stick.

The nervous child experiences daily life in a way that enhances the degrees of distractibility and processes it in an emotionally rather than intellectually motivated way. It is through this emotional processing that the nervous child becomes so impulsive and so fidgety. As they believe the words listed inside of their heads, it is more likely that they will worry about them.⁵

“Relax,” I tell my yogis, “those snap-crackle-pops, that’s just air releasing from your joints. Your body is growing to make space for you to move in your practice.” Do I dare believe myself?

West described adults and children suffering from a lack of attention as being easily distractible by anything, even by his or her own imagination, as well as lacking perseverance and persistence, overactive and impulsive generally characterized as unwary, careless, flighty and bacchanal. Furthermore, he indicated that inattentive individuals “will be shallow everywhere,” they are “mostly reckless,” imprudent, and most inconstant in execution.⁶

⁵ Charles West, *Lectures on the Diseases of Infancy and Childhood*, London: Longman, Brown, Green, and Longmans, 1854.

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Camden was officially diagnosed with an anxiety disorder, oppositional defiant disorder, and attention deficit hyperactivity disorder in 2011 at age eight.

“At times, Ms. Whitlock noted that Camden can be kind or thoughtful.” Dr.King didn’t bring any special attention to this, besides noting that “she enjoyed playing with legos and beads, but would often put them away for months and not play with them.”

In 2023, I started loom knitting after an especially hard breakup as a way to help process hyperactivity. In 2024, I realize I haven’t seen my loom knitting supplies in several months.

It’s clear that having any special regard for another individual is uncharacteristic of someone with ADHD. We only care about ourselves, placing our needs at highest priority. We think that we are the only realness in this simulation. That you are a figment of what I have done.

At eight, I thought I was normal. I thought that everyone cared only for their own interests. That it was always about getting what you wanted the most. My mother informed me that I was not empathetic enough. My father informed me that if I kept treating (an old boyfriend) like that, (that boyfriend)’d leave me. That boyfriend now lives in my apartment building and drives a really fucking loud truck, which I can’t help but acknowledge. He never acknowledges me.

At twenty-one, I think I’m selfish.

A relatively young child with Attention Deficit Hyperactivity Disorder, one that is barely age two, is indulged, mischievous, and uncontrollable. They have a tendency to break things, they are

very oppositional, both at school and at home, and they are cruel to animals; in addition, they also have a limited attention span.⁷

The legos could be a Star Wars fortress or princess castle, the Empire State Building or a manor for a family of bunny rabbits. The legos were the first time I was able to create a narrative that brought the focus away from my own life and towards a life I desired. The legos represented everything I wanted to be. Later on, I found self-made tattoos, piercings, drinking until you're drunk, and drugs. I found designer clothes and a nice body and a pretty face.

The beads made me pretty. I've learned that people are always kinder to you when you're pretty.

Sir George Frederic described ADHD as an "abnormal defect of moral control." He was the first individual to ever recognize the disorder.⁸

Perhaps I'm not in control of who I am. Perhaps I make immoral decisions. Perhaps, in my deepest, most inner state of being, I look only for the things that make me happy. An elation-seeking impulsion. Sex. Snacks. Supreme power.

I imagine a woman with pursed, chapped lips and slanted, angry eyes. She is confused as to why this child does not fit in the box. She can't understand anything outside of her societally perceived desire to shove the square freak back into the round hole, recommending the molding and mashing of the child's brain until she can produce. Yet, she does not need to. The child

⁷ Martinez-Badía, Jose and Martines-Raga, Jose, "Who Says This is a Modern Disorder? The Early History of Attention Deficit Hyperactivity Disorder," *World Journal of Psychiatry*, December 22, 2015, <https://pmc.ncbi.nlm.nih.gov/articles/PMC4694551/>.

⁸ Kimberly Holland, "The History of ADHD: A Timeline," Healthline, August 30, 2024, <https://www.healthline.com/health/adhd/history>.

already knows how, and she does it so well. But she is not normal. As the doctor thinks about this, her bubbly pink tongue zaps out of her mouth to soothe her tart lips. I want to step on her.

Time has changed our perspective, if not total understanding, of ADHD. Now everyone has it and I'm having trouble getting the medicine I've taken for sixteen years.

So hop on the trend. It won't be here for long.

Bibliography

Abdelnour, Elie, et al. "ADHD Diagnostic Trends: Increased Recognition or Overdiagnosis?"

Missouri Medicine, September 2022. <https://www.proquest.com/docview/2746554510>.

Martinez-Badía, Jose and Martinez-Raga, Jose. "Who Says This is a Modern Disorder? The

Early History of Attention Deficit Hyperactivity Disorder." *World Journal of Psychiatry*,

December 22, 2015. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4694551/>.

West, Charles. *Lectures on the Diseases of Infancy and Childhood*. London: Longman, Brown,

Green, and Longmans, 1854.

Holland, Kimberly. "The History of ADHD: A Timeline." Healthline, August 30, 2024.

<https://www.healthline.com/health/adhd/history>.

Afterthought

While writing and revising *Trendsetter*, I often struggled with what was appropriate and beneficial to the narrative of Women with ADHD (and therefore what I should share and what I should not share), along with the perspective memory takes after several years of attempted “dis-remembering” (or attempts at forgetting). Writing a piece that takes place, mostly, when you are very young, especially as someone with ADHD (remember, brain fog and short- and long-term memory loss is characteristic of the disorder) is difficult and often implies a lot of “perhaps-ing” or creating a narrative that was most likely true. Perhaps, then, I should have delved deeper into my interview with my mother, although that was especially challenging, given she was unreceptive to the interview and blunt with the question and response. However, I believe I succeeded in my research, finding helpful bits and pieces that created a foundation off of which I was able to build my narrative structure and form some type of understanding of the dysphoria felt by and surrounding the perception of Women and Young People with ADHD. Overall, this was an incredibly impactful piece to write, and I enjoyed it immensely.