

**An Anti-Capitalist, Strength-Based Approach for Working with ADHD in Generation Z:
A Hypothetical Proposal from a Critical Systems Theoretical Lens**

by

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Abstract

There is a growing body of literature pointing to ways in which capitalist systems may serve to maintain the environmental demands that contribute to the ever-growing rates of Attention Deficit/Hyperactive Disorder (ADHD) we are seeing in Generation Z (Gen Z) today. There is also a significant amount of debate within the literature surrounding the nature, etiology, expression, and treatment of ADHD. Finally, there is research pointing to strengths and positive aspects associated with ADHD such as creativity, hyperfocus, divergent thinking, and early survival skills and how strength-based approaches can be highly beneficial in treating ADHD (Charabin et al., 2023; Dein, 2015; Schippers et al., 2022; Sedgwick et al., 2019). In response to these themes, I discuss critical systems theory and present my research question which is: how might an anti-capitalist, strength-based understanding of ADHD hypothetically be used to effectively treat and improve the lives of Gen Z youth with ADHD? In chapter two, I discuss proposed links between capitalism and ADHD, followed by an overview of some of the debates in the literature surrounding ADHD, many of which reflect problems conceivably stemming from capitalism. Next, I provide literature specific to Gen Z ADHD followed by an explanation of the anti-capitalist strength-based lens through which I am suggesting we can view ADHD to better understand our Gen Z clients. I conclude the literature review with a brief overview of some non-medical approaches for treating ADHD followed by a discussion on the limitations of my research. In chapter three, I will hypothesize and articulate how an anti-capitalist, strength-based approach could potentially be beneficial for working effectively with at least some Gen Z clients diagnosed with ADHD.

Keywords: Attention deficit/hyperactivity disorder, ADHD, generation Z, anti-capitalist, strength-based, non-medical ADHD treatment approaches, and critical systems theory

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Chapter One: Introduction

*Why should we be in such desperate haste to succeed and in such desperate enterprises?
If a man does not keep pace with his companions, perhaps it is because he hears a
different drummer. Let him step to the music which he hears, however measured or far
away. (Thoreau, 1854)*

What would happen if we looked at the strengths instead of behavioural problems associated with Attention Deficit/Hyperactive Disorder (ADHD) in today's young people? What if we valued their mental well-being more than any kind of exchange value a human can offer? How might a socioeconomically attuned approach change the way clinicians assessed and treated the generation Z (Gen Z) population with ADHD? How does capitalism contribute to our current understanding of ADHD and how does it affect the Gen Zers being diagnosed today? This research project uses a critical theoretical lens to explore literature from neoliberal environments in which young people are frequently diagnosed with ADHD. A major goal of this project is to develop a set of hypothetical anti-capitalist, strength-based recommendations for working with Gen Zers with ADHD, which might carefully be considered by clinicians, and tested in future empirical research.

Overview of the Topic

There is a growing body of research pointing to positive aspects of ADHD such as creativity, hyperfocus, connection, cognitive dynamism, courage, high energy, hyper-vigilance, strong conversation skills, resilience, and early survival skills (Charabin et al., 2023; Dein, 2015; Schippers et al., 2022; Sedgwick et al., 2019). Many people diagnosed with ADHD will tell you that they do not have an attention deficit, they just struggle to pay attention to things that do not interest them. This makes me wonder if there would be value in ADHD treatment being based on

strengths and things that do interest clients, rather than further defining problems (Hammond, 2010). I will suggest that problem-focused approaches only serve to enforce that people with ADHD live up to a problematic standard of normality in order to function effectively in a capitalist society. From a disability theory perspective, I will suggest that ADHD is the result of problems within the system but through ableism, the individuals in the system suffer the consequences. In contrast, I will suggest a hypothetical anti-capitalist, strength-based approach that conceptualizes ADHD in Gen Z in context of today's capitalist society.

In this chapter, I will describe the research topic and critical systems theory. In chapter two (the literature review), I will discuss a theoretical relationship between capitalism and ADHD, followed by an overview of some debates in the literature surrounding ADHD. Next, I will review literature specific to Gen Z ADHD followed by a description of the anti-capitalist lens and strength-based understandings of ADHD. I conclude the literature review with a discussion on the limitations of my research. In chapter three, I will further hypothesize and articulate how an anti-capitalist, strength-based approach could be potentially beneficial for working effectively with at least some Gen Z clients diagnosed with ADHD.

My research question is whether an anticapitalist, strength-based understanding of ADHD might be used to treat and improve the lives of Gen Z youth with ADHD? Using the available literature respective to anti-capitalism, ADHD, Gen Z, and strength-based practice, I will explain why a strength-based, anti-capitalist approach might be beneficial for working effectively with at least some Gen Z clients diagnosed with ADHD.

Purpose Statements

Purpose statements for this capstone include:

1. To articulate and advance a hypothesis or viewpoint suggesting that ADHD is produced, maintained, and/or exacerbated by current conceptualizations and intervention strategies that are inherently related to the values and expectations of a capitalist society, while explicitly incorporating a critical theory lens and approach.
2. To articulate and advance hypothetical considerations suggesting that an anti-capitalist strength-based approach might be beneficial in working with at least some Gen Z clients with ADHD.

Theoretical and Conceptual Framework: Critical Systems Theory

Critical theoretical research seeks to empower humans by transcending systemic expectations placed on them by labels such as gender, class, race, and ability (i.e., ADHD). Critical theory addresses areas of inequity in society for the sake of empowering humans and transforming the underlying orders of social life in some way (Creswell & Poth, 2017, p. 74). Critical systems theory (CST) has the same principles as critical theory but has been defined as more revolutionary in its critique of the paradoxes in modern societal structures and its ultimate goal of the liberation of individuals and society (Fischer-Lescano, 2012). By this definition, an anti-capitalist approach which blatantly critiques capitalist society is a CST.

According to Fischer-Lescano (2012), CST is about the regeneration of societal relations through exposing the patterns of societal institutions. CST is derived from social theory and systems thinking. It has historical roots ranging from Marx through to Foucault that have contributed to the recognition of inequalities and exploitative relationships in capitalist society. From systems thinking, CST inherited concepts, such as system, relationship, transformation, environment, feedback, control, and hierarchy (Jackson, 2001). According to Jackson, CST researchers seek to begin a conversation without claiming to know answers in advance or

proposing the same solution to all circumstances. They aim to be holistic in their research ensuring that theory supports practice and is tested in practice. Jackson noted that CST research must ask who benefits from the knowledge and advice provided with ethics as a central focus.

According to Creswell and Poth (2017), critical theory, critical race theory, feminist theory, queer theory, and disability theory all belong to the same category of interpretive frameworks (p. 75). This project utilizes research from disability theory and feminist theory with an overarching theme of CST. Feminist theory is a CST in its deliberate criticism of oppressive systems of power. As Hari (2023) reflected, feminism has taught us that powerful forces in society can be challenged by ordinary people, leading to systemic change. Hofmann et al. (2020) suggested that disability theory teaches us how to empower humans through being disability-positive, focused on human connection, embracing complexity and diversity, and accommodating people rather than forcing them into convenient ableist categories.

A critical theoretical study should be explanatory while offering criticism, helping to explain why and how the current social reality must change (Creswell & Poth, 2017, p. 67). This project criticizes the influences of capitalism for the sake of generating useful conceptual knowledge for the benefit of both clinicians and Gen Zers with ADHD (Adamou & Jones, 2020). In other words, this research seeks to expose flaws in the current capitalist social reality while offering ideas on how to improve the lives of all people, specifically Gen Zers with ADHD.

Contribution to the Field

I hope this research may potentially add to a larger conversation around the value of socio-economically attuned and strengths-based approaches for treating ADHD in Gen Z clients. I believe counselling psychologists can provide clients with validating and healing relationships unlike any other relationships within their social environments. I am interested in how capitalism

affects feelings of self-worth of all people, particularly Gen Zers diagnosed with ADHD. While acknowledging the immense challenges Gen Zers with ADHD face in society, I want to also explore the areas in which they might excel and feel valued. Through developing an anti-capitalist, strength-based understanding of ADHD, I hope to provide a preliminary conceptual framework that might lead to further research and future testing that may be useful for clinicians, and the appropriate clients they work with.

Methodology

I began exploring strengths associated with ADHD in 2023 as part of a qualitative research design course assignment. That research exposed evidence of ADHD advantages, specifically around creativity. I discovered a growing body of research pointing to strengths and positive aspects of ADHD. Many of the authors in the studies I read pointed to the value in taking a strengths-based approach, especially in therapeutic interventions with people with ADHD (Charabin et al., 2023; Schippers et al., 2022; Sedgwick et al., 2019). Following that project, I began reading more about capitalism's relationship to mental health and ADHD (Frazer-Carroll, 2023; Hari, 2023; Maté, 2011). I began collecting scholarly articles related to the subject of capitalism and ADHD, and to narrow the literature I decided to focus on Gen Z.

I searched the Psych INFO database for articles using the search words: Attention deficit/hyperactivity disorder, ADHD, anti-capitalist, neoliberalism, strength-based treatment, and generation Z. I filed the literature under three categories: Strengths-based ADHD, ADHD and capitalism, and ADHD and Gen Z with 10-15 articles in each category. I consulted with my professor about my topic and was encouraged to continue researching, being mindful of my positionality. After my professor reviewed my literature, it was apparent that I needed to flesh out problems specific to ADHD to justify the value of an anti-capitalist, strength-based approach.

A series of drafts were submitted and revised, particularly with respect to rounding out and acknowledging the limitations of my research. A discussion on non-medical treatment options was added and more information on psychostimulant efficacy and disability theory was added.

Reflectivity and Positionality

I want to acknowledge that I live, work, and play on the traditional territories of the Blackfoot Confederacy (Siksika, Kainai, Piikani), the Tsuut'ina, the Îyâxe Nakoda Nations, the Métis Nation (Region 3), and all people who make their homes in the Treaty 7 region of Southern Alberta. I am in a position of great privilege as a student researcher and I am grateful that academia is more inclusive than it used to be, allowing me to participate in the way I do. I hope my contribution has anti-colonial, reconciliatory value even though I am a settler benefiting from life on stolen lands.

A podcast called “It’s Not Just in Your Head” provided several engaging episodes on how capitalism impacts our emotional lives (Tate et al., 2023). The podcast tagline is “We are critiquing capitalism because we are forced to participate in it in order to survive.” I find this statement empowering and especially relevant to the critical lens used to inform this research (Creswell & Poth, 2017). With this research, I want to highlight how capitalist systems may extenuate ADHD. In order to access capital necessary for our survival, we have to succeed in conventional school systems and work environments that may maintain or exacerbate ADHD symptoms (e.g., sitting in class/offices for long periods of time when one would benefit from several movement breaks).

When I reflect on my personal experience being diagnosed with ADHD as an adult, I recognize that it is deeply tied to many aspects of the North American individualistic, capitalist culture I grew up in. For this reason, I am inclined to normalize ADHD symptoms and attribute

them more to environmental factors (e.g., stress and technology) than biological factors. It has been encouraging for me to recognize that I have some valuable strengths related to ADHD including creativity, hyperfocus on certain tasks, transient concentration, and quick reaction times (Dein, 2015). Understanding ADHD environmental contributors and ADHD strengths and advantages has been very beneficial in managing my own ADHD, so I have a personal bias towards this project's hypothesis.

However, I want to recognize there is sufficient evidence for a biological basis of ADHD. I do not believe biological evidence of the disorder discredits the evidence for environmental influences. I acknowledge that my lived experience inevitably plays a role in my selection and interpretation of the topic and the literature used to inform it. My intent is not to discredit mainstream conceptualizations of ADHD or evidence-based treatment options for ADHD. My intent is to take a counter-cultural CST approach that suggests therapeutic interventions which may be beneficial to several clients, even if it might prove less fruitful for some others.

Definition of Terms

The following terms are important for the reader to know the definitions of in the literature reviewed in Chapter 2.

Ableism: A system that places value on people's minds and bodies based on societally constructed ideas of intelligence, normalcy, and productivity. It is a form of systemic oppression that leads to people and society determining who is valuable based on a person's appearance and/or their ability to satisfactorily [re]produce and behave. One does not have to be disabled to experience ableism (Lewis, 2020).

Alienation: A process by which the result of human labour is appropriated and transformed into capital (Øversveen, 2022). Karl Marx believed that under capitalism, workers become alienated

from the product of their labour and from one another, making it difficult for humans to live fulfilling lives (BBC Radio 4, 2015).

Anti-capitalism: Opposition or hostility towards capitalism (Oxford English Dictionary, n.d.).

Attention Deficit/Hyperactivity Disorder (ADHD): According to the American Psychiatric Association's (2022) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; *DSM-5-TR*), ADHD is "a neurodevelopmental disorder defined by impairing levels of inattention, disorganization, and/or hyperactivity-impulsivity." It involves the inability to stay on task, listen, keep materials necessary for tasks at levels that are inconsistent with age.

Hyperactivity-impulsivity involves an inability to sit still, fidgeting, impatience, and impulsivity.

Capitalism: An economic and political system based on wage labour in which a country's trade and industry are controlled by private or corporate owners for the purpose of profit in a free market (Oxford English Dictionary, n.d.).

Epigenetics: Changes or functional modifications in gene expressions due to exposure to external stress-related factors resulting in increased susceptibility to psychiatric disorders (Wu et al., 2013).

Generation Z (Gen Z): The generation born between the late 1990s and the early 2010's, known for being most familiar with the use of the internet, digital technology, and social media from a very young age (Oxford English Dictionary, n.d.).

Gen Zers: Members of Generation Z.

Marxism: The political and economic theories of Karl Marx regarding social class and discrimination based on class, historical materialism, and social transformation. Marx argued that North America and Western Europe replaced feudal-type oppressive structures with faceless

capitalist structures, which ultimately result in the same (or more severe) societal destruction (Zrenchik & McDowell, 2012).

Neoliberalism: A political approach that favors free-market capitalism, deregulation, and a reduction in government spending (Oxford English Dictionary, n.d.).

Strength-Based Practice: The practice of identifying, acknowledging, and working with strengths as a starting point towards positive change rather than developing treatment based on identified problem(s). It requires working with rather than fixing while pointing to health rather than dysfunction, and turning away from diagnosis and limiting labels, towards well-being and wholeness (Hammond, 2010).

Chapter Two: Literature Review

The following literature review explores scholarly research in order to develop an anti-capitalist, strength-based approach for working with Gen Z clients with ADHD. To present this literature, I begin by discussing the links between capitalism and ADHD, followed by an overview of some of the debates in the literature surrounding ADHD, many of which reflect problems stemming from capitalism. Next, I provide literature specific to Gen Z ADHD followed by explanations of strength-based practice and the anti-capitalist lens through which I am suggesting we might view ADHD to better understand and work with Gen Z clients.

Capitalism and ADHD

It is important to begin this section by acknowledging the Indigenous cultures of North America since most of the literature reviewed here deals with North American colonial constructs (i.e., capitalism and ADHD). Archibald et al. (2019) described the importance of decolonizing research. This process involves challenging the Western educational paradigm shaped by neoliberal values that seek to individualize and commodify knowledge. A Metis colleague explained that if an Indigenous community member presents with poor mental health, it signals sickness in the community itself, not the individual (Lavery, personal communication, January 18, 2023). Auger (2019) further described this concept in how true mental health from an Indigenous perspective involves being connected to family and community, self-esteem, and having a strong sense of identity and belonging. Life without these things plausibly lead to mental illness.

I wonder if ADHD would exist today if North Americans felt less alienated from their work, from their environments, from themselves, and from one another. Despite increases in humanity's social power and interdependence in contemporary capitalist society since the

industrial revolution, feelings of powerlessness, loneliness, and alienation are intensified in its members (Øversveen, 2022). In other words, perhaps there is a causal relationship between alienation and symptoms of ADHD. With the literature reviewed here, I hope to highlight the ways in which capitalism has alienated us from our work, from the earth, from each other, and from ourselves, creating conditions in which ADHD rates will continue to rise (Matthews, 2019). In this section I further discuss Marx's theory of alienation and how it has contributed to the soaring rates of ADHD today.

If capitalism is a colonial construct maintained by a system that survives on exploitation and oppression, ADHD must somehow serve that system (Frazer-Carroll, 2023). A CST understanding of ADHD would confirm that the reasons behind someone's attention problems lie not in the individual but within their social context (Auger, 2019; Hari, 2023). In other words, ADHD and all mental health diagnoses would not exist as we know them today were it not for the sociocultural contexts in which they were first defined. In this section we will explore how capitalism, a powerful aspect of that sociocultural context, has given rise to the development of the ADHD label given to a growing number of Gen Z North Americans (Alfonso, 2023; Mark, 2023).

While there are limited primary resources specific to ADHD and capitalism, there are several that pertain to capitalism's relationship with mental health and disability, which are important aspects of ADHD. The scholarly literature reviewed here provides food for thought around how ADHD may potentially be a product of capitalism. This literature is organized by the following subthemes: the Capitalism of Mental Health, the Capitalism of Disability, and the Capitalism of ADHD.

The Capitalism of Mental Health

Matthews (2019) described how in capitalist society, biological explanations dominate public and professional discourse around mental health, obscuring any evidence for the intimate relationship between one's mental health and their social conditions. Matthews (2023) suggested that mental illness is above all, a materialistic phenomenon that is determined by one's material conditions, position in society, and the economic organization of that society. They stated:

Modern monopoly-capitalist society continues to be characterized by an incompatibility between, on the one hand, capitalism's ruthless pursuit of profit and, on the other, the essential needs of people. As a result, the conditions required for optimum mental health are violently undermined, with monopoly-capitalist society plagued by neuroses and more severe mental-health problems. (p. 51)

Frazer-Carroll (2023) described mental health diagnoses as capitalist constructs, an important distinction for those concerned about the worldwide mental health crisis. They exposed the history of oppression in mental health through pathologization, asylums, gatekeeping by healthcare professionals and more. They argued that today's mental health systems remain oppressive and value profit over human life. Frazer-Carroll wrote about their dream of a world where all people have more autonomy and do not need to pursue a diagnosis to justify themselves to schools, employers, medical professionals, and health benefits systems in order to have their fundamental needs met in systems they struggle to survive in.

A common theme in the research about mental health and capitalism is Karl Marx' theory of alienation (Frazer-Carroll, 2023; Liberman, 2021; Matthews, 2019; Øversveen, 2022). Capitalism thrives on exploiting human energy for the purpose of labour. As Matthews (2019) explained, rather than satisfying the human need for meaning and creative expression, capitalism

repeatedly represses them through the monotonous obligation of wage labour necessary to survive. For many, mental health deteriorates when work fails to be meaningful while being simultaneously forced into competition with others and put in situations in which humans exploit one another to advance their own careers. According to Marx, capitalism alienated humans from their true essence. Matthews noted that this principle helped shape Erich Fromm's psychoanalytic framework, which held the belief that, under capitalism, humans become divorced from their own nature resulting in negative states of mental health. Matthews described how negative feelings towards work quickly become expected in a capitalist society and the degradation of mental well-being is normalized.

Frazer-Carroll (2023) described how capitalism fractures community through the process of alienating us from one another. Øversveen (2022) described it as capitalism's tendency to colonize all aspects of social life, creating a system in which all aspects of society are involved in value production. Matthews (2023) suggested that mental well-being in all aspects of society would require shattering alienation by abolishing the exploitation of wage labor and building societies around real needs and desires (i.e., education, housing, healthcare, art), rather than exchange values. Matthews posited that the growth of mental well-being in societies is only possible when work is meaningful, fulfilling and solidarity is felt between its members.

Frazer-Carroll (2023) described alienation in the workplace today as the phenomenon of needing to justify mental illness or disability that interferes with our ability to work, through a diagnosis. They explained how the *DSM-5* mentions work almost 400 times and suggested that work is the central metric for diagnosis in our society. Frazer-Carroll also explained how the internalised sexism, classism, racism, or ableism of healthcare systems often get in the way of one's ability to access the diagnoses that they need to get support for or relief from work.

Matthews (2023) described the workers' access to support as a health-care consumer experience that is alienating in itself.

Lieberman (2021) described platform capitalism as an attention management technology that has created a modern form of alienation. Platform capitalism is essentially how social media platforms collect data in order to influence users' behavior and consumption patterns (Lyons et al., 2023). Like Lyons et al., Lieberman (2021) explored the implications of platform capitalism, identifying young people as most vulnerable to its alienating effects. In Marxist theory, a worker alienated from their work is a commodity, in platform capitalism, a consumer's attention is alienated from their desire, making them a commodity. Lieberman's social-philosophical analysis explored this alienation of attention specific to ADHD and internet platforms which we will explore further below.

The Capitalism of Disability

Honkasilta and Koutsoklenis (2022) described the ways in which psycho-medical discourse on deficit and disability is adopted and mobilized in schools, the pharmaceutical industry, and western psychiatry. They stated that "there is no scientific evidence to support the claim that ADHD is as a condition within an individual— something individuals *have*, owing to which they *are* vulnerable to various risks the condition exposes them to" (p. 3). Honkasilta and Koutsoklenis suggested that the assertion that ADHD is a neurodevelopmental disorder or disability is a scientific conceit that reflects the DSM's political, cultural, and financial role in the psychiatrization of children's everyday lives, making the disability the individual's problem, rather than the society's problem.

Amundson (2022) described the social model of disability where disability is a social problem that involves discriminatory barriers between some people but not others from the

benefits that society has to offer. The social model contrasts with the traditional view, sometimes referred to as the medical model, in which disability is a problem for the individuals whose biomedical conditions disadvantage them. Amundson argued that the medical model of disability is assumed in the social model of disability and biomedical ethics. This results in normative inferences from empirical claims which harm disabled people with respect to assessments of their quality of life and medical care.

In 2021, the World Health Organization estimated that one in eight people in the world were living with a mental health problem, with depression estimated to be the second leading cause of disability globally (Matthews, 2023). Matthews suggested these high rates are due to oppression and exploitation as a consequence of capitalist society being organized in a way that excludes individuals with certain impairments, particularly mental illness. In North America, having ADHD qualifies one for disability funding and accommodations in most institutions to aid in their ability to complete their work. Frazer-Carroll (2023) described how many people rely on diagnosis to get the material things that they need to survive in capitalist systems. When disability interferes with one's ability to work, a diagnosis is needed to justify a lack of productivity. For many, a diagnosis is the necessary token to access benefits, medication, treatment, or other healing to allow them to survive in their environments.

Matthews (2023) posited that capitalism created disability through its exclusion of individuals with impairments from the labor force. There is a growing body of disability research that defines disability as a social and capitalist construct that is both instrumental and problematic in the lives of people with disabilities (Frazer-Carroll, 2023; Hanan, 2019; Hofmann et al., 2020; Matthews, 2023). An important aspect of disability is ableism, or a system that places value on people's minds and bodies based on societally constructed ideas of productivity

(Lewis, 2020). Lewis described ableism as constructed ideas that are deeply rooted in colonialism, anti-Blackness, eugenics, and capitalism.

Hanan's (2019) autoethnography questioned the legitimacy of an ADHD label outside of the various technological interfaces that make disability a public problem. Hanan's lived experience with ADHD is a powerful example of how a learning disability label can be used "as neoliberal technique of power that disciplines the body through the management and modulation of affect" (p. 108). They suggested there are intimate connections between neoliberalism, ableism, and our mainstream systems of education that serve capitalist interests by maintaining disability as a public problem. Hanan added that for the well-being of future generations, we must combat the ever-present and poisonous values of neoliberalism, specifically ableism.

Given the socially constructed ideas of normalcy, people with disabilities increasingly perceive themselves through their labels as disabled people. Hofmann et al. (2020) described the negative effects of ableism and how it is internalized and infiltrates the daily experiences of people with disabilities, making it more difficult to live fulfilled lives. Hanan (2019) described their involuntary and voluntary experiences of being diagnosed with a learning disability and lifelong experiences of ableism in academic institutions. They suggested that the critical humanities must be more reflexive about how they perpetuate ableism as well as their participation in neoliberalism's political economy of knowledge.

The Capitalism of ADHD

Schrevel et al. (2015) provided evidence for how the social environments of adults with ADHD create perceived powerlessness and poor self-image. According to the participants in their study, ADHD symptoms in themselves were not seen as a problematic but they defined their ADHD as most problematic in context of their social environments. Adults with ADHD

described their colleagues or spouses, as interpreting their ADHD symptoms as unwillingness rather than accepting their diagnoses as real. This lack of acceptance led participants to experience increased feelings of alienation at work and home. Schrevel et al. suggested that therapeutic interventions for ADHD should address the social environments people exist in and help advocate for them to find spaces where they feel accepted and supported.

Hari (2023) suggested that ADHD is just a symptom of the attention crisis of our time. They argued that our inability to focus is not due to personal failing but powerful external causes such as the increase of speed and switching between technologies in our everyday lives, disrupted sleep, stress, and more. Perhaps the most important cause of our inability to focus is the dangers of surveillance capitalism, a technology that tracks and manipulates us. Like platform capitalism, surveillance capitalism refers to how tech companies and advertisers collect and exploit large amounts of our personal data in order to keep and monetize our focus.

Hari's (2023) warnings were similar to those of Stolzer (2007), who cautioned the public of the dangers of the capitalist drive of pharmaceutical companies. Today, we are seeing the capitalist drive of tech companies to obtain as much of our attention as possible so that they can continue to profit from our desires and rewards systems. Hari (2023) stated, "A world full of attention-deprived citizens alternating between Twitter, TikTok, and Snapchat will be a world of cascading crises where we can't get a handle on any of them" (p. 40). Hari suggested that democracy requires citizens who can pay attention long enough to identify systemic problems and come up with systemic solutions. With this, Hari warned us of the implications of our stolen focus to surveillance capitalism and urges us to work together to combat it.

According to Stolzer (2007), ADHD is not only a mental disorder, but a symptom of a disorder in society that revolves around the depreciation of values, consumption, and the atrophy

of one's ability to desire. Liberman (2021) believed that ADHD is a syndrome of an individual who was brought up by platforms that use gaming attention management technologies. He also described how recognition and attention has always been inherent to humanity but today, attention retention is an entire industry. Liberman suggested there is a correlation between attention management technologies and the spread of ADHD diagnoses.

According to Liberman (2021), attention management technologies feed the human need for reward, approval, and social recognition through gaming, fostering hyperactivity and the alienating experience of being unable to self-focus. As described earlier, a modern form of alienation is associated with platform capitalism which provides young people with the infrastructure for interaction allowing the collection and procession of large amounts of personal data. Understanding ADHD as an alienation allows one to explain both the emergence and spread of the diagnosis, as well as the invention of new forms of capital related to the distribution of users' attention. Liberman's explanation of this modern-day form of alienation requires us to recognize the power and impacts of the alienation of attention.

To avoid traditional alienation, Marx believed that people should be able to relate to the products of their labor as meaningful expressions of their inner creativity (Matthews, 2019). Given the propensity towards creativity, it's no wonder that the ADHD mind quickly experiences alienation and struggles to participate in labour under capitalism. In Marxism, alienated labour is when "labour is external to the worker, i.e., it does not belong to his essential being...therefore, he does not affirm himself but denies himself, does not feel content but unhappy, does not develop freely his physical and mental energy but mortifies his body and ruins his mind" (Marx, 1982, as cited by Matthews, 2019, p. 54). This statement may be especially relevant to today's ADHD Gen Zers struggling to survive under capitalism.

Matthews (2019) argued that under capitalism, few people can tolerate the often miserable and tedious working conditions that repress the human need to express creativity and be in connection with others. Basu (2022) suggested that ADHD is an anti-capitalist condition in the sense that the ADHD mind refuses to conform to a capitalist society's expectations. According to Basu, all can learn from the ADHD brain's refusal of labour time and capitalist bureaucracy, noting that "We can all adopt its defiantly creative, lateral thinking. We can all embrace the disorder that will set us free".

ADHD Ongoing Debates

ADHD is one of the most common and extensively studied psychological conditions. It is also one of the most highly controversial conditions (Wolraich et al., 2019). Some even questioned the very existence and realness of ADHD (Honkasilta & Koutsoklenis, 2022). There is ongoing debate in the literature by some authors surrounding the nature, etiology, expression, and treatment of ADHD as well as ADHD diagnostic criteria and what is missing in the *DSM-5-TR* (Barkley, 2023; Honkasilta & Koutsoklenis, 2022). In concordance with a CST lens, the following section highlights some of those ADHD debates to provide context for why the status quo around ADHD must change.

Nature versus Nurture

Wolraich et al. (2019) stated that although research shows that ADHD has a strong familial pattern and a high heritability estimate (~76%), there is no specific inherited gene pattern. There is plenty of research to support that ADHD is an inherited disorder, but researchers seem to disagree about whether ADHD is in one's nature or can come about solely as a result of nurture, or one's environment (Leo & Lacasse, 2015). Koutsoklenis & Honkasilta (2023) asserted that the *DSM-5-TR* fails to mention that the 74% heritability estimate stems from

twin-studies, which cannot reliably distinguish genetic from environmental factors for psychiatric presentations, broadened for adults.

The nature versus nurture debate is relevant to a growing body of epigenetic research which, in short, highlights how stressful life events can cause changes that affect the way one's genes work (Wu et al., 2013). Wu et al. showed how epigenetic differences result from exposure to stress during critical developmental periods and that these differences have been found to contribute to psychiatric disorders. Epigenetic research on ADHD examines how one's familial connection to the disorder can be emphasized or de-emphasized depending on environmental risk factors such as stress, exposure to toxins and maternal lifestyle (Alfonso, 2023). With this research, I am suggesting that the negative effects of capitalism (i.e., stress and attention management technologies) could be considered environmental risk factors that would theoretically emphasize one's genetic predisposition to ADHD (Hari, 2023; Liberman, 2021).

Barkley (2023) suggested that difficulty with self-regulation has to do with executive functioning problems, which, contrary to the *DSM-5-TR*'s diagnostic criteria, can begin in adulthood. Maté (2011) believed that ADHD is not an inherited illness, but rather, a manageable developmental delay relating to emotional self-regulation. There are differences in the way clinicians today evaluate adult ADHD symptoms. Some strictly adhere to the *DSM-5-TR* while others adjust their evaluations based on the relevant research literature (Barkley, 2023).

According to the *DSM-5-TR*, several symptoms of ADHD must present before age 12 to merit a diagnosis and the individual must meet five out of nine listed symptoms of inattentiveness and/or hyperactivity/impulsivity, and symptoms must be persistent and significantly interfere with major life functioning, resulting in significant suffering (American Psychiatric Association, 2022). In addition, six symptoms must be present for individuals under

the age of 17 for inattention alone, and six symptoms must be present for individuals under the age of 17 for hyperactivity. According to the American Psychiatric Association, for those age 17 and over, five symptoms must be present. However, few adults with ADHD fit the *DSM-5-TR* descriptions which were developed for children, making their applicability to adults ambiguous and difficult to ascertain. Additionally, Barkley (2023) argued that the onset of ADHD symptoms has been shown to occur often between ages 12 and 21 and often well into adulthood.

Moffitt et al. (2015) sought to determine whether adult ADHD always started during childhood or if symptoms could begin in adulthood. Based on their four-decade longitudinal cohort study, they found little evidence that ADHD in adults had a childhood onset and developed a consensus that it is extremely difficult to document childhood onset in adults with ADHD. Moffitt et al. proposed that further research should be conducted to reconsider ADHD's classification and the etiology of adult ADHD. Faraone et al. (2006) also conducted a study suggesting that adult-onset ADHD is valid and that the *DSM-5-TR*'s age-at-onset criteria is too stringent. Barkley (2023) suggested that the age-at-onset criteria is also unreliable for diagnosis because both parents of children with ADHD, and adults with ADHD themselves tend to inaccurately recall the exact age of onset of symptoms.

There is a growing body of research linking trauma and ADHD. Some clinicians believed an individual at any age can develop acquired ADHD as a result of psychological trauma. In the study by Moffitt et al. (2015), 70% of adults with ADHD reported psychological trauma, depression, anxiety, substance treatment, or an eating disorder between ages 21 and 38. Nearly half of them were medicated for something other than ADHD as adults. The consistent data regarding the experiences of adult ADHD suggested that adult ADHD's place in the *DSM-5-TR*

(and its diagnostic criteria) may need reconsideration. Moffitt et al. observed that more research needs to be done to confirm a link between psychological trauma and ADHD in any age group.

Wolraich et al. (2019) stated that environmental factors such as prematurity, maternal alcohol consumption, smoking during pregnancy, childhood lead exposure, and head trauma contribute to increased risk of ADHD. Rucklidge et al. (2006) also suggested that there is a strong correlation between childhood trauma and ADHD. Their study showed a high probability of childhood abuse in ADHD patients. Szymanski and colleagues (2015) also presented data showing a high prevalence of ADHD in a sample of severely traumatized children and adolescents. They suggested that trauma symptoms may often be mislabelled as ADHD and that clinicians be alerted that patients with ADHD symptoms have a high probability of childhood trauma.

Misdiagnosis, Self-Diagnosis, and Overdiagnosis

Bozinovic et al. (2021) suggested that ADHD symptoms are nonspecific, so diagnosing it with certainty is difficult. Szymanski and colleagues (2015) recommended practitioners use extra caution when assessing children with the history of trauma for ADHD, as the overlap with the symptoms of PTSD and other trauma-related psychopathologies can easily lead to misdiagnosis. There are several potential harms of misdiagnoses such a decreased self-esteem, social rejection, and feelings of isolation (Adamou & Jones, 2020).

Although Kazda et al. (2021) focused on overdiagnosis, the potential harms they listed are relevant to misdiagnosis as well, especially for Gen Zers with milder ADHD symptoms. These potential harms include social identity problems, stagnation, powerlessness, hopelessness, passiveness, and isolation. There are also potential harms linked to the use of psychostimulants (i.e., negative side effects) discussed further below. However, other research showed benefits to

obtaining an ADHD diagnosis, such as a sense of empowerment and legitimacy, feeling supported and more confident. Perhaps these benefits can explain why doctors are relatively quick to (mis)diagnose ADHD or endorse self-diagnosed ADHD (Yeung et al., 2022).

Part of the issue of misdiagnosis or overdiagnosis today could be attributed to self-diagnosis (using the internet or TikTok) and the willingness by physicians to diagnose ADHD with any given self-reported cognitive difficulty. Frazer-Carroll (2023) suggested that given the known inconsistencies in diagnostic approaches and accessibility of obtaining a diagnosis, it is no wonder the TikTok generation is known to self-diagnose with ADHD. Yeung et al. (2022) suggested that since the Covid-19 pandemic and the rising popularity of TikTok, self-report of ADHD symptoms may be over-endorsed, adding to the risk for overdiagnosis or misdiagnosis in these individuals.

Yeung et al. (2022) suggested that during the pandemic, many individuals may have been misattributing their challenges to self-diagnosed ADHD, which were, in reality, natural responses to stress and pandemic public health measures (i.e., increased screen time and working and learning in socially isolated environments). Clinicians should be more discerning with self-diagnosed ADHD, providing a thorough behavioral assessment to better assess behavioural, developmental, or cognitive abnormalities. A thorough evaluation of any suspected ADHD case is important for identifying actual symptoms, strengths, and weaknesses, while providing suitable treatment options (Adamou & Jones, 2020).

A common theme in the ADHD literature relates to the overdiagnosis of ADHD (Kazda et al., 2021). ADHD is the most diagnosed neurodevelopmental disorder in North American children and the highest rates are associated with low social economic status (SES) and unsafe schools and neighborhoods (Bozinovic et al., 2021). Kazda et al. (2021) reviewed 334 published

studies on ADHD diagnosis in children and adolescents and plied them to a 5-question framework originally designed for detecting overdiagnosis in noncancer conditions. According to their analysis, ADHD is overdiagnosed and overtreated in American children and adolescents. They suggested that the physical, financial, and psychosocial harms (i.e., feelings of shame, exclusion, and disempowerment) associated with ADHD diagnosis may outweigh the benefits, especially for individuals with milder symptoms. Kazda et al. also suggested that behavioural patterns that used to be considered normal are now being pathologized.

The 1990s saw a 700% increase in psychostimulant use which, according to LeFever et al. (2003), justified concern about overdiagnosis and potential inappropriate treatment of child behavior problems. Maté (2011) suggested that the rapid rise of child ADHD diagnoses and medication could be attributed to the conventional public school system. There is also research that suggested that ADHD children in homeschool environments have significantly less difficulties than ADHD children in public school environments due to increased time of academic engagement, higher teacher-to-student ratios, and flexibility around movement, activities, and increased breaks (Felkins, 2018).

According to Leo and Lacasse (2015), experts have acknowledged that ADHD overdiagnoses was a problem, but continued diagnosing, prescribing, and actively participating in the marketing of ADHD. Stolzer (2007) suggested that there were economic correlates related to the overdiagnosis of ADHD. One correlate is that schools would receive more state funding under the Americans with Disabilities Act with higher reported children with ADHD. Another correlate Stolzer proposed was the pharmaceutical industry's vested interest in selling as many stimulants as possible. According to Stolzer:

The pharmaceutical industry has done much to alleviate parental guilt in America as pharmaceutical representatives continue to insist that ADHD is neurological in nature and has nothing whatsoever to do with current parenting practices, economic incentives, school systems, national policies, specific environments, and/or particular cultural ideologies. (p. 112)

Psychostimulants

Clinical effects of stimulants have shown a 65-75% behavioral efficacy in many randomized controlled trials since the 1960s. Stimulants are said to effectively alleviate ADHD symptoms, such as distractibility, impulsivity, hyperactivity, and restlessness. Psychostimulants have been shown to improve cognition, vigilance, reaction time, response inhibition, and short-term memory (Kolar et al., 2008). Stimulant medications are considered the top evidence-based treatment for ADHD and have undergone rigorous research to determine their efficacy since the 1970's (Wolraich et al., 2019). However, there is significant controversy in the field around whether psychostimulants are the best treatment option for both children and adults with ADHD (Alfonso, 2023). The United Nations has expressed concerns about the significant increase in stimulant consumption globally and suggested that it could be linked to the misdiagnosis and overdiagnosis of ADHD, along with public pressures, and aggressive pharmaceutical marketing practices (Honkasilta & Koutsoklenis, 2022).

In 2021, the U.S. nationwide childhood prevalence of ADHD was 8.7%, and 62.1% of diagnosed children were taking psychostimulants (Bozinovic et al., 2021). However, there was significant variance state by state, and the regional ADHD medication treatment rates were more variable than diagnosis rates. Bozinovic et al. attributed these variations to different states' laws concerning a school's function in ADHD treatment recommendations and the statewide

physician population. Mariash (2022) suggested that it has become dangerously easy for American children to gain access to stimulants without accurate ADHD diagnosis or evaluation and added that commonly prescribed Ritalin and Adderall are both considered schedule II-controlled substances, which indicates high potential for abuse, potentially leading to psychological or physical dependence. Mariash called on policy makers and doctors to address the over prescription of stimulant medication by placing strict regulations on how stimulants are prescribed and monitored.

The American Academy of Pediatrics (AAP) recommended behavioral therapy for preschool children (4-5 years old) as the first treatment option, with stimulants prescribed only if behavioral therapy does not reduce impairment (Bozinovic et al., 2021). The AAP recommended both medication and behavioral therapy together for children 6 years old and up. However, in 2017, nearly half of American children with ADHD were treated with only medication (Blue Cross Blue Shield Health Index, 2019). A study by LeFever et al. (2003) showed that 90% of children were put on stimulants for behavioural problems but only one third of them received the counselling that their parents felt they needed.

According to Mariash (2022) stimulants created dependencies and have harmful side effects. Leeth et al. (2019) report that psychostimulants often come with negative side effects such sleep problems, insomnia, poor appetite, and stomach-aches for children. In 2007, all Food and Drug Administration (FDA) approved drug treatments for ADHD (including methylphenidate, dexamphetamine, and atomoxetine) were distributed with a warning that their use could involve risk of growth suppression, cardiovascular effects, the development of psychosis or other psychiatric conditions, and rare cases of sudden death. The FDA suggested

that the use of stimulants by children with heart conditions be avoided or undertaken with great caution (Singh, 2008).

Kazda et al. (2021) found evidence for harmful indirect treatment effects including heart rate and cardiovascular events, growth, and weight changes, reduced physical activity, risk of tics and psychosis, and stimulant misuse or poisoning. Kazda et al. suggested that although there are large symptom reductions leading to reduced ADHD impairment through stimulant medication, there are significant risks, especially for youth with milder ADHD in which large symptom reductions are impossible. Kazda et al. proposed that the large proportion of milder ADHD cases should be provided with alternative treatment options other than medication. It is also important to consider stimulant side effects specific to girls, particularly the side effect of appetite suppression because comorbid eating disorders are often a concern (Young et al., 2020).

Young et al. (2020) called for more research specific to females and ADHD medication as there is evidence to suggest that the efficacy of ADHD medications may vary depending on the progression of one's menstrual cycle. Honkasilta and Koutsoklenis (2022) called for better systematic monitoring of pharmaceutical marketing practices in the U.S. as their research found that some ADHD drugs prescribed for young children were either off-label, or lack of safety and efficacy data. Singh (2008) explained how stimulants are administered in long or short acting forms with most children using the long-acting forms, which typically last 8–10 hours. Stimulant use is associated with short-term improvements on cognitive tasks; however, according to Singh, prolonged use has not been found to improve long-term academic performance when compared with baseline performance.

While the efficacy of stimulant medication on core ADHD symptoms has been well documented, Wolraich et al. (2019) explained how neither medication nor behavioural treatment

are curative as they are merely symptomatic treatments which places ADHD in the same category as other chronic conditions such as diabetes and asthma and yet it is the most medicated disorder in American children. Singh (2008) cited research from the 1970s that showed that stimulants improved attention and focus in children with and without ADHD. Given this information, Singh suggested that stimulants should be considered useful for enhancing performance in general rather than treating ADHD. This is interesting from an anti-capitalist perspective as it highlights how medications may often be used not for wellness but rather for one's successful performance in a profit-driven society.

On the other hand, Boland et al. (2020) provided research showing ADHD medication use may be associated with decreased risk of motor vehicle crashes, injuries, mood disorders, substance use disorders, criminality, suicidality, traumatic brain injuries, and academic outcomes. Boland et al. suggested that early diagnosis and treatment of ADHD may help alleviate the risk of these harmful outcomes throughout their lives. From an anti-capitalist perspective, medication may also be the best line of treatment for some individuals with ADHD as this research highlights how it may be what keeps them alive in capitalist environments. It is important for clinicians and clients to carefully consider these protective benefits as well as the risks associated with psychostimulants when deciding to go on medication.

Heal et al. (2009) described ongoing improvements of psychostimulant medications based on in-vivo testing with rats and how the development of once-daily psychostimulant formulations has improved patient compliance and reduced the possibility of drug abuse. Research by Kolar et al. (2008) showed how long-acting stimulant medications are considered the most effective treatment for adults with ADHD and how medication combined with psychosocial treatment is the most beneficial treatment option for most adult patients with

ADHD. This is important information for clinicians and clients with ADHD. According to Kolar et al., if Gen Z clients can afford psychostimulants, they will most likely experience a reduction in symptoms and improved focus.

The research reviewed here barely skims the surface of the deep well of scientific empirically based research available on using stimulants to treat ADHD. Needless to say, there is much to consider when one is deciding whether to go on psychostimulants or explore other treatment options. However, there is considerable debate around the efficacy and validity of non-medical treatment options. The following section provides a brief overview of some non-medical treatment options with suggestions for clinicians to consider.

Non-Medical Treatment Options for ADHD

There are several non-medical treatment options for ADHD that could be complementary to anti-capitalist and strength-based approaches. From an anti-capitalist perspective, it is important to recognize that without health insurance, psychostimulants are very expensive and many people with ADHD cannot afford the recommended medication (Alfonso, 2023). In other circumstances, individuals may not feel comfortable or be able to take prescription medication for various reasons (i.e., other conditions/medications, pregnant or breastfeeding, etc.). According to Lambez et al. (2020), clinicians should become familiar with alternative treatments available for the ADHD symptoms. From a CST perspective, clinicians should seek holism, being sensitive to the systemic challenges clients face (Jackson, 2001). This may involve providing psychoeducation around more affordable treatment options.

Nimmo-Smith et al. (2020) reviewed the efficacy of common non-medical approaches including cognitive behavioural therapy (CBT), mindfulness and cognitive remediation, dialectical behavioural therapy (DBT) and hypnotherapy. They suggested there is a need for

more evidence-based non-pharmacological treatment options for adults with ADHD who do not wish to be medicated. Based on Nimmo-Smith et al.'s systematic review, CBT was found to be the most effective alternative treatment followed by mindfulness and cognitive remediation as evidenced to be effective interventions for the core ADHD symptoms.

Alfonso (2023) reviewed several non-medical 'holistic' treatment options in their grounded theory study which includes complementary and alternative medicine (CAM), neurofeedback, CBT, DBT, strength-based models, psychoeducation, accessing nature and green spaces, mindfulness, yoga, and mindful parenting. Based on their qualitative study, CBT, DBT, and psychoeducation emerged as the most common and useful holistic treatment models. Alfonso included that improving sleep has been shown to improve children's ability to focus and reduce anxiety and conflicts. They also suggested that holistic treatment alternatives can be fostered through each individual's quest to seek health and wellness.

According to Alfonso (2023), CAM treatment plans that seek to reduce ADHD symptoms through nutritional supplements such as Omega-3 fatty acids, calcium, vitamin B6, magnesium, and zinc have been reported to be effective for some adults with ADHD. Cramer's (2020) research suggested that diet changes can reduce the severity of a child's symptoms. In their study which integrated more Omega 3, high-protein foods, and more complex carbohydrates into children's diets, 64% of participants reported a reduction in ADHD symptoms. Cramer suggested that the most important foods to eliminate from the diets of children with ADHD include sugar, gluten, food coloring, caffeine, and artificial additives for a reduction in ADHD symptoms.

Lambez et al. (2020) conducted a meta-analysis to examine the effectiveness of non-pharmacological interventions for ADHD. They extracted data from studies that used objective

cognitive measures and found positive effect of psychological interventions on ADHD. The meta-analysis included 18 studies with interventions that categorized into four categories: CBT, neurofeedback, cognitive training, and physical exercises. Interestingly, physical exercises, particularly aerobic exercise that targeted executive functions was shown to have the highest average effect size. However, each category showed efficacy, supporting the inclusion of non-pharmacological interventions in conjunction with pharmacological treatments. Lambez et al. suggested using neuropsychological testing in the diagnostic process to identify key cognitive deficits and choose alternative treatment approaches accordingly. They also recommended that integrating physical exercises that involve flexibility and the inhibition of impulsive behaviors could be particularly beneficial in ADHD treatment planning.

Ahn et al. (2016) conducted research to explore the safety and efficacy of alternative ADHD therapies including natural product-derived treatments (i.e., herbal, and botanical agents such as bacopa, ginseng, and ginkgo biloba) and nutritional supplements. Their analysis resulted in mixed findings with regard to efficacy of natural product-derived ADHD interventions, but the treatments were considered as a “safer” approach than conventional ADHD medications. They asserted that natural products remain far from being considered standard ADHD treatments due to the lack of research on both their efficacy and safety. However, Ahn et al.’s findings suggested promising results which call for more comprehensive and controlled clinical studies to fully ascertain efficacy and safety of natural product-derived ADHD treatments.

In contrast with pharmacological research available, there is a gap in the literature surrounding non-pharmacological treatment approaches for ADHD. From an anti-capitalist perspective this is unsurprising as research on medical interventions is funded by the pharmaceutical industries seeking to sell the medication, hence the significant imbalance in

research on medical versus non-medical treatments (Stolzer, 2007). That being said, the research reviewed here points to the value of in future research to test the effectiveness of non-medical treatment approaches. Clinicians should always keep themselves informed about the efficacy and safety of alternative therapies and seek evidence-based information as it becomes available.

The Big Picture

Applying a CST, it is important to consider an alternative view to the controversies surrounding ADHD. According to Jackson (2001), CST is about looking at the bigger picture to find successful interventions to complex societal problems. Given the inconsistencies around ADHD origins, presentation, validity, the risks associated with diagnosis, and side effects and efficacy of psychostimulants, and efficacy of non-medical treatment approaches, one must question the status quo of ADHD. Perhaps ADHD is a symptom of the status quo which is why its very existence is so contentious. Perhaps an anti-capitalist, strength-based starting point would mitigate some of the discrepancies described above. In the following sections, I will discuss ADHD in context of the big picture, highlighting Gen Z's connection to ADHD to further build the case for an anti-capitalist, strength-based approach.

Generation Z and ADHD

Gen Z, also known as Zoomers, Post-Millennials, and 'the TikTok Generation,' is made up of individuals born between the mid-1990s and mid-2010s (Fry & Parker, 2018; Stahl & Literat, 2023). Today these individuals are between the ages of 11 and 26 and are either in junior high school, high school, post-secondary school, graduate school, or entering the work force (Henry & Timm-Davis, 2023). Gen Z has been described as vast, nuanced, and the best educated generation yet with a collective spirit that is both self-assured and vulnerable (Fry & Parker, 2018; Stahl & Literat, 2023). Gen Z in North America is the largest, fastest growing, most

ethnically diverse, and more likely to be children of immigrants (rather than foreign-born). Gen Z is projected to become the first majority non-white generation by 2026 (U.S. Census Bureau 2017, as cited by Stahl & Literat, 2023).

According to the American Psychological Association's (2018) Stress in America™ Survey, Gen Zers have experienced more stress and are more likely to report poor mental health than members of any other generation. Members of Gen Z are four times more likely than the baby boomer generation to have been diagnosed with ADHD (Mark, 2023). According to LeFever et al. (2003), the majority of Gen Zers with ADHD were provided with psychostimulants as the only form of treatment. Over 60% of TikTok users are Gen Zers who often turn to TikTok for mental health information and support (Stahl & Literat, 2023). Gen Zers are quicker to critique capitalism and are more likely to embrace socialistic policies and principles than previous generations (Kaplan, 2020; Niemietz, 2021). This information serves to introduce the following subthemes that pertain to Gen Z and ADHD: Mental Health, Education, Social Media, and Politics.

Gen Z and Mental Health

The most common themes in the psychological literature about Gen Z pertain to stress, suicide risk, and poor mental health (American Psychiatric Association, 2018; Shaikh et al., 2023). According to data collected from online profiles, younger generations are less likely to consider themselves mentally healthy with only 44% of Gen Z saying they are mentally healthy compared to 71% from the baby boomer generation who were born between 1946-1964 (Mark, 2023). While there is limited scholarly research available specific to Gen Z and ADHD, there is significant discourse around the mental health of this generation.

According to the Blue Cross Blue Shield Health Index (2019), ADHD is one of the most common behavioral health conditions affecting Gen Z in the United States and ADHD diagnoses continue to increase, especially impacting middle school-aged boys. Within the North American school system, Gen Zers with ADHD are known to have more academic difficulties than Gen Zers without. According to Ptacek et al. (2019), ADHD is the most common psychiatric disorder in adolescents and is currently understood to be a lifelong condition.

Interestingly, there is more scholarly research published about ADHD in the millennial generation than Gen Z. This could be because it is an older generation so there has been more time to develop this research. It may also be that there are more pertinent issues than ADHD, which have been prioritized in the research, namely stress, suicide risk, and poor mental health (American Psychiatric Association, 2018). The growing body of research on the mental health risks of Gen Z is relevant to this research because ADHD is often linked to mental health comorbidities such as depression, anxiety disorders, substance abuse, and suicide risk (Adamou & Jones, 2020). Research by Vingilis et al. (2015) confirmed strong correlations between ADHD and poor mental health, substance use, and negative social outcomes in diagnosed children and adults.

Shaikh et al. (2023) highlighted Gen Z as experiencing more stress than previous generations mainly because of the COVID-19 pandemic, which has contributed to several negative health outcomes including increased suicide rates. Based on their thematic analysis of nearly 2000 videos on TikTok tagged with #GenZ, Stahl and Literat (2023) found that members of Gen Z feel unseen, underestimated, and antagonized by Gen X and Boomers in particular. Stahl and Literat highlighted how Gen Zers feel adult generations are not doing enough to support their mental health needs. According to the American Psychiatric Association's (2018)

Stress in America™ Survey, the higher rates of stress in Gen Z compared with all other generations can be attributed to their concerns about safety relevant to climate change, gun violence, immigration, mass shootings, and sexual harassment. It stands to reason that several authors call on more research to be done around improving the mental health of this population (Henry & Timm-Davis, 2023; Shaikh et al., 2023; Yeung et al., 2022).

Gen Z and Education

Despite how common ADHD is among Gen Z students, little is done to facilitate their unique learning needs (Weber & Keim, 2021). There is a growing amount of research specific to responding to the needs of Gen Z college students, providing useful examples for how practitioners and educators from older generations can adapt to the needs of Gen Z for the sake of passing down information to future generations (Henry & Timm-Davis, 2023; Shaikh et al., 2023; Weber & Keim, 2021). Research by Ptacek et al. (2019) showed that individuals with ADHD have difficulties with time estimation and discrimination making it difficult for them to keep up in school. Felkins (2018) explained how standardized testing and limited safety in public school learning environments have added to the struggles of Gen Z students with ADHD.

Weber and Keim (2021) provided research on the unique learning needs of Gen Z college students given their short attention spans, the urge to multitask, a drive for instant satisfaction, a desire for collaborative learning, and a preference for practical learning that is relevant to their future careers. The authors suggested that teachers can better meet these needs through one-on-one professor student interactions outside of the classroom. The Gen Z students with ADHD in Weber and Keim's study reported that one-on-one meetings were ideal because they provided much less distracting learning environments more relevant to their learning goals.

Shaikh et al. (2023) designed a study to explore sociodemographic characteristics, help-seeking intentions, and potential for suicide risk among American Gen Z college students. They found that participants with reported feelings of loneliness and a lack of reciprocally caring relationships were less likely to seek help for personal or emotional problems, regardless of their race or gender. The authors suggested that college counsellors working with this at-risk population focus on programming specific to Gen Z, increasing opportunities for relationships and social connections. Given the high suicide rates, Shaikh et al. also recommended ensuring that students have access to life-saving resources across their social networks.

Gen Z and Social Media

It is important to address why Gen Z has been called the TikTok generation and how social media has affected the health of this generation. According to Stahl and Literat (2023), one in three Gen Zers turn to social media for mental health support. Gen Z has been described as open and casual about discussions of mental health, depression, and trauma on TikTok. Despite Gen Z's collective agency, they are indeed a vulnerable group in need of significant mental health support. A commonly expressed frustration is that older generations, specifically their Gen X parents, lack necessary knowledge about mental health; henceforth, they turn to TikTok as a source of support, strength, and a much-needed space for important mental health conversations often missing from their school and familial contexts.

According to the American Psychiatric Association's (2018) report on Gen Z, more than 50% of Gen Zers said that social media provided them with a feeling of support, while 38% reported that social media made them feel bad about themselves. The report stated that social media provides Gen Z with opportunities to seek information and support anonymously. Technology has allowed individuals who do not feel comfortable seeking out professional help

to find the support they may need online (Henry & Timm-Davis, 2023). However, there is a growing body of research that expresses concern about the accuracy of the health information Gen Z is accessing via social media (Haltigan et al., 2023; Yeung et al., 2022).

Lyons et al. (2023) explored how addictive and health-demoting products such as alcohol and tobacco are being marketed to young people through limbic platform capitalism. Limbic platform capitalism is a process where social media platforms exploit human embodied limbic processes and dopamine reward systems in order to increase profits. This is done by accessing and applying users' personalised data to curate online content that will capture users' time and attention, playing into their moods, affects, emotions and desires. Lyons et al. suggested the public needs to be aware of these powerful and highly concerning limbic processing marketing techniques and how they affect the health and wellbeing of social media users, many of whom are members of Gen Z.

Haltigan et al. (2023) suggested that Instagram and TikTok are becoming incubators for self-diagnosing personality and behavioral psychopathological disorders. They explained that members of Gen Z use these algorithmic social media platforms to present or claim inaccurate information about psychiatric conditions. In their discussion of this "transdiagnostic phenomenon," they posited that mental illness diagnoses have become no more than character traits and consumer identities that social media users use to help them seem more interesting than others. Haltigan et al. expressed concern about how one's self-identity and mental health awareness is increasingly informed externally by social media, rather than internally or through vetted information from health care professionals. They identified an urgent need for more research on this "social contagion" and rapid spread of self-defined psychopathology for the development of future public health discourse and policy.

Yeung et al. (2022) provided a cross-sectional study that exposed misleading information on TikTok about ADHD. In 2022, ADHD was the seventh most popular hashtag relating to mental health on TikTok and there was a growing concern among practitioners that the diagnostic information in the most popular videos lacked accuracy and validity. According to their assessment tools, the 100 most popular user-generated videos were categorized as either useful, personal ADHD experience, or misleading. An alarming 52% of the videos were classified as “misleading” while the others were classified as either “personal experience” (27%), or “useful” (21%) clinical information about ADHD. Yeung et al. urged clinicians be aware of the large quantities of misinformation on social media platforms and its potential impact on clinical care.

Grabb (2023) offered an alternative interpretation of the study by Yeung et al. (2022), highlighting that 48% of the videos offered helpful information relevant to ADHD as something practitioners should connect to. Rather than just reacting to the concerning rates of misinformation on social media platforms, Grabb (2023) suggested that mental health practitioners be proactive by getting involved on social media, increasing the amount of information that is accurate and helpful. They argued that clinicians can improve the public discourse by creating their own content or partnering with reliable health organisations. Rather than simply criticizing the information that client’s access, Grabb wrote that they dream of a world where clinicians lead online conversations and help clients recognise misinformation and identify reliable sources of information and support.

Gen Z and Politics

In 2018, a sample of Gen Zers in the U.S. reported significant stress levels about the current state and future of the nation yet had the lowest intention to vote (American Psychiatric

Association, 2018). However, 60 percent of them said they had taken some form of political action in the last year, such as signing a petition or speaking with friends and family about their political or social views. Jones (2021) shared that two thirds of British Millennials and Gen Zers report wanting to live under socialist systems and nearly eighty percent blame capitalism for the housing crisis. According to Jones, the wealth of the rich surged during the pandemic and as a result, young people are less motivated to back a system that offers them little security or hope.

A popular TikTok therapist named Jeff Guenther shared that in capitalism, you only derive value by what you do, not by just being human (Hoffower, 2022). While mainstream media has offered little sympathy for the challenges faced by Gen Z, the internet has provided them with a political education from which they are making major life decisions (Jones, 2021). This includes often choosing passion over pay and choosing meaningful hobbies over hustle culture (Hoffower, 2022). According to Niemetz's 2021 study, 67% of a group of British Gen Z's and Millennials said they would like to live in a socialist economic system instead of a capitalist system which they associated with terms such as unfair, exploitative, and corporations. This research suggested that there may be increasing interest in socialist and Marxist ideas in the younger generations.

According to a 2020 Harris Poll, Gen Z Americans had a more positive view of the word "socialism" and were more likely to embrace socialistic policies and principles than previous generations (Kaplan, 2020). Niemetz suggested that we should engage (rather than dismiss) younger generations on trending online political topics such as mental health, socialism, and how capitalism affects our well-being (Hoffower, 2022; Stahl & Literat, 2023). According to Kaplan (2020), Gen Z is quick to challenge the status quo and identify with socialist values but often have a limited understanding of its history. They added that sociology professors can engage Gen

Z students by applying previous discoveries to their new political orientations toward social change.

While Weber and Keim (2021) did not specifically discuss capitalism in their recommendations for educators working with Gen Z college students, they described the concept of social capital and how valuable it is to this generation. They explained that social capital has historically been an aspect privilege associated with those who identify as middle class, white, cisgender, and heterosexual. Weber and Keim suggested that educators can address historical inequity by providing social capital equitably through having out of class meetings with each one of their Gen Z students.

Hari (2023) posited that for anyone to pay attention in normal ways, they need to feel safe. Given the stress and lack of safety many American members of Gen Z experience, it is not surprising how many of them struggle to focus and how many have been diagnosed with ADHD (American Psychiatric Association, 2018). An anti-capitalist approach might suggest that Gen Zers have become alienated from themselves and one another, creating a world in which they feel less secure and less fulfilled. Through an anti-capitalist lens, one might better understand the effects of capitalism, which I will argue, might help them better understand the needs of many Gen Z ADHD clients. In the next chapter, I will expand on how clinicians could potentially use an anti-capitalist and strength-based approach for working effectively with members of Gen Z diagnosed with ADHD.

An Anti-Capitalist Strength-Based Approach (ACSBA)

My lived experience along with clinical experience working with ADHD in Gen Z have helped to shape my interest in the development of an Anti-capitalist, Strength-Based Approach (ACSBA) to treatment. Broadly speaking, an ACSBA would focus on the strengths instead of

behavioural problems and social environments instead of the individual pathologies of Gen Zers with ADHD. Through a comprehensive evaluation of both ADHD strengths and vulnerabilities in a capitalist socioeconomic environment, we might better determine treatment planning that maximizes Gen Z's inclusion in society and quality of life. Using the available literature, the following sections explain an anti-capitalist lens through which we can view ADHD in Gen Z, strength-based research on ADHD, and strength-based practice.

The Anti-Capitalist Lens

When working with Gen Zers with ADHD, it is important to help them see beyond their internalized problems towards external sources that may be contributing to their focus problems (Wienen et al., 2019). Gen Zers are highly self-aware and likely the generation that is the least self-conscious about identifying and sharing their mental health problems (Haltigan et al., 2023). They are likely the generation that is most critical of capitalism (Kaplan, 2020). With this research I am not suggesting we must overtly critique capitalism in order to be effective with Gen Zers with ADHD, but I am proposing that it is important to be aware of the ways in which capitalism may accentuate ADHD symptoms (Alfonso, 2023).

Marley (2020) offered a critical ethnographic investigation of how ADHD classification serves to 'problematize' young people or make them feel like they are the problem when the causes behind their symptoms often have little to do with them. Wienen et al. (2019) discussed how ADHD classification often originates in a school context. They asked why this might be and what educators gain from classifying students with ADHD. The majority of the teachers interviewed in their study described ADHD classification as a useful explanation for undesirable behaviours and disappointing academic achievement. Wienen et al. offered a critique of this

child-centred problematization and suggest teachers become familiar with more inclusive and empowering teaching solutions instead of problematizing their students.

Maté (2011) suggested that there are important systemic and societal issues that contribute to the growing rates of attention deficit disorder (ADD) and how ‘distractibility’ is a natural psychological product of our lifestyles. He addressed the parents of children with ADD to provide them insight into how attachment affects children’s emotions and behaviours. Maté suggested that ADD originates in early childhood trauma during the first years of crucial brain and personality development. He emphasized the value of positive social environments and counselling therapy to help those struggling with ADD symptoms.

Adamou and Jones (2020) highlighted research linking insecure attachment styles with ADHD. In a study of 79 insecurely attached clients, 72 of them presented with ADHD-like symptoms. Adverse parental rearing styles were also found to be high in ADHD clients. Adamou and Jones suggested that by providing ADHD clients with safe social environments and secure attachment within the therapeutic relationship, therapists can help address insecure attachment and environmental contributors to ADHD symptoms. However, an anti-capitalist approach would likely avoid blaming parents and look further into the socioeconomic factors associated with insecure attachment styles to better understand a client’s context.

Strength-Based Understandings of ADHD

Schippers et al. (2022) suggested that when individuals are aware of strengths associated with ADHD, it may help them to better cope with, embrace, and accept their diagnosis. Their study highlights self-reported positive characteristics of individuals with ADHD. Schippers et al.’s study based on a large Dutch sample revealed five themes relevant to ADHD strengths: flexibility, creativity, being dynamic, socio-affective skills, and higher-order cognitive skills.

Interestingly, hyperactivity and impulsivity were also considered positive aspects of ADHD by some of the participants in the study. According to the study's focus group, it is common for individuals with ADHD to experience positive aspects associated with their diagnosis.

Hoogman et al. (2020) explored whether ADHD was associated with enhanced creativity or not. Several behavioral studies on creativity and ADHD and the effects of psychostimulants on creativity and ADHD were reviewed. They found that the rates of creative abilities and achievements were high among both clinical (people diagnosed with ADHD) and subclinical groups (people with ADHD symptoms). However, the findings did not support the hypothesis that psychostimulants decrease creativity. Hoogman et al. suggested that further research is needed to better understand the effects of stimulants on creativity.

A study by Ten et al. (2020) sought to identify the creative abilities of unmedicated and medicated children with and without ADHD. Using open-ended and closed-ended creativity assessments, 43 children with ADHD were compared with 43 children without ADHD. Interestingly, Ten et al.'s results suggested that unmedicated children with ADHD perform better in the open-ended creativity assessments than medicated children with ADHD and children without ADHD. In other words, unmedicated children with ADHD showed significant strengths in creativity when compared with regular and medicated children.

This study begs the question, are there other strengths in these creative children that might be limited by medication? A strength-based approach to Ten et al.'s study (2020) would likely suggest that open-ended creativity would be a great starting point for working effectively with children with ADHD. Indeed, medication has been shown to significantly improve performance for ADHD children and adults at school and at work (Singh, 2008). However, as the next section suggests, there may be some value to being less concerned about ADHD problems

and more concerned with the problems associated with work, school, and the socioeconomic aspects of one's life.

Another interesting piece of research explored ADHD as an evolutionary adaptation that allowed hunter-gatherers to survive (Dein, 2015). Dein examined the genetic aspect of ADHD and why genes for ADHD persist given its maladaptive nature in today's society. One theory they suggested is that in hunter gatherers societies, characteristics now included under the ADHD umbrella such as impulsiveness, hyperactivity and transient concentration would have been advantageous to hunters in dangerous environments. For example, the hypervigilant ability to rapidly scan one's environment and act quickly would have been advantageous for hunting, benefitting the entire community.

A second theory proposed by Dein (2015) suggested that hyperactivity was related to aggression, which also led to a competitive advantage in terms of resources. The author explained that people with ADHD today are more likely to have aggressive tendencies associated with active, high-energy behaviour. They speculated that this may have been advantageous behaviour in earlier Homo sapiens who presumably battled and won over the Neanderthals for resources. Dein posited that as environments have changed, hyperactive, impulsive, and aggressive qualities have become less valuable to society. Whereas non-ADHD qualities such as self-control and problem-solving capabilities have become more important for one's survival in the modern-day school system. Dein suggested that further genetic examination of hunter gatherer communities may provide important clues to better understand ADHD.

Strength Based-Practice

Schrevel et al. (2016) conducted a qualitative case study, where 23 semi-structured interviews were conducted with clients of a private life coaching centre in the Netherlands. They

wanted to know why these adults with ADHD preferred paying for coaching over accessing free public mental health care. The participants reported preferring the optimistic strength-based and solution-focused approaches in coaching over what they described as problem-centered approaches in public mental health care. Schrevel et al.'s findings suggested that strength-based approaches might be beneficial for the treatment of adult ADHD, possibly in combination with the mental health care provided in the public sector.

According to Hammond (2010), strength-based practice is not about denying that people experience problems. Rather, it identifies the positive basis of the person's strengths and resources which will help them better address the challenges resulting from their problems. Hammond suggested that strength-based approaches de-emphasise knowledge, procedures, and techniques for change, while reminding us that every person holds the key to their own transformation and meaningful change. They explained that strength-based practice values human differences knowing that effective change is an inclusive, collaborative, and participatory process.

Limitations

While the research reviewed may point towards a hypothetical approach, I will describe in Chapter Three, there are many limitations in the literature I have reviewed as much of it is philosophical in nature with little research proving any definite causal relationships. However, the literature chosen was intentionally one-sided to some extent as this is characteristic of CST research. In other words, while there is plenty of empirically based medical and biological research available around effective treatment of ADHD, I chose not to review that literature because of the critical theoretical approach taken. According to Fischer-Lescano (2012), a CST

operates under the assumption that society is based on fundamental antagonisms, paradoxes, and antinomies and so it would not be fitting to describe society as otherwise.

I also want to acknowledge that much of the diagnostic criteria in the *DSM-5-TR* is informed by empirically based research and my discussion on adult etiology is not meant to discredit any currently used diagnostic criteria. Again, my hypotheses are intended as a complementary viewpoint for consideration, and not meant to discredit mainstream, established treatment approaches as there is plenty of evidence towards a biological basis of well-defined and accurately diagnosed ADHD. As I will discuss in the ‘who’ section, I would not want this proposal to deter anyone from accessing mainstream, empirically based treatment approaches, especially in higher risk cases. There is excellent research available to show neuropsychological deficits in individuals with ADHD using brain-mapping techniques, the identification of biomarkers which highlight ADHD as a significant public health issue (Mahone & Denckla, 2017). In other words, my hypotheses are limited in that they lack a thorough investigation of research from a biological, brain-based, and neurological viewpoints.

An interesting study by Fantozzi et al. (2021) confirmed the biological bases of ADHD through improved social cognition and empathy in youth with ADHD medicated with psychostimulants. I do not intend to discredit the value of psychostimulants, which are well documented as having positive effects and a high efficacy rating for treating ADHD (Heal et al., 2009). Additionally, as Boland et al. (2020) demonstrated, the use of ADHD medication may be what protects people with properly diagnosed ADHD from fatalities (i.e., car crashes) and several negative mental health incomes. From an anti-capitalist perspective, medication is often understood as the very means that allows individuals to survive in a capitalist reality, so it is very important not to discredit its value (Frazer-Carroll, 2023). In other words, Gen Z clients with

accurately diagnosed ADHD and are medicated accordingly, have a better chance of surviving the fast-paced demands capitalist environments. In the same breath, from a CST and anti-capitalist perspective, clinicians must be mindful of the barriers that prevent individuals from accessing and affording psychostimulant medication and seek solutions to this problem.

The *DSM-5-TR* contains long-standing and well-established criteria of ADHD in children (Moffitt et al., 2015). Research by Moffitt et al. found no childhood-onset neurodevelopmental abnormality for most adult ADHD cases, and they suggested there may be different etiological factors for adult and childhood ADHD. Kolar et al.'s (2008) research echoed the idea that there is still much to be researched with regards to ADHD in adulthood. Gen Z currently includes some children with the majority of its members considered adults so to strengthen my hypotheses, more research needs to be done to better understand the etiology of ADHD in adults.

Implications for Future Research

This capstone research project highlights structural power and systemic issues pertinent to ADHD. While I was able to find some sources to address my research question, I found a gap in the literature specific to a causal relationship between capitalism and ADHD. I can only speculate on why this might be, and one thought is that perhaps most of the research being conducted by pro-capitalist researchers who are less likely to critique profit-driven systems than anti-capitalist researchers. I also noted a gap in literature specific to ADHD in Gen Z in comparison with millennials. As mentioned, I suspect this is because Gen Z is a younger generation and the need for more research on this vulnerable generation is currently becoming more apparent. More research should be done to confirm a correlation between Gen Z and anti-capitalist political views.

Implications for Future Practice

It is important to note again that my aim with this research and its applied practices is to provide useful tools and considerations for clinicians to carefully consider for use with the appropriate clients while staying within their area of expertise and scope of customary practice. Given that anti-capitalist research is less common does not disprove its validity, but more research should be done to support the value of mental health practitioners working from an anti-capitalist perspective. There is no shortage of literature on the value of strengths-based practice, especially in disability studies, however, strength-based practice is still not the norm in most practices so more strength-based research and training should be made available to clinicians to help normalize it in modern day practice.

Chapter Three: Hypothesis, Applied Practices, and Discussion

The following hypotheses and practice recommendations are offered for the consideration of duly qualified providers acting within their authorized scopes of practice and specific personal competencies. They are not intended to substitute for the clinical expertise, experience, and professional judgment of any provider when providing services to any specific client.

Hypothesis

The literature reviewed in chapter two provides some useful context to answer my research question which was: how might an anti-capitalist, strength-based understanding of ADHD be used to treat and improve the lives of Gen Z youth with ADHD? It answers the question by offering potentially useful information for practitioners working with Gen Z clients who might benefit from alternative, strength-based, and self-empathetic ways of understanding and addressing their ADHD. As we have read, young people with ADHD may have valuable strengths relative to creativity, flexibility, being dynamic, socio-affective skills, some higher-order cognitive skills, open-ended and divergent thinking, and even useful impulsiveness, hyperactivity, and transient concentration from an evolutionary perspective (Dein, 2015; Hoogman et al., 2020; Schippers et al., 2022; Ten et al., 2020). Working with these strengths in Gen Z clients with ADHD could be very useful for improving self-esteem and self-awareness.

Exploring environmental aspects that may make some clients more vulnerable to ADHD could be useful for improving self-compassion and self-acceptance. For example, Gen Z clients should be aware of risks associated with the attention management technologies and social media they access. Hari (2023) described them as powerful forces in society that are preventing people from being able to focus and think deeply. Arguably, those with properly diagnosed ADHD are particularly vulnerable to these technologies, also known as surveillance capitalism (Lieberman,

2021). By becoming aware of the ways in which these technologies may be harming them, Gen Z clients with ADHD may be more motivated to limit or avoid them (i.e., limiting screen time, disabling various tracking technologies.)

Based on the literature reviewed, my hypothesis is that practitioners who are open to exploring the ADHD strengths (such as creativity and hyper vigilance) and have an empathetic awareness of the ways in which a client's environmental factors affect ADHD may have notable success when working with Gen Z ADHD clients (Bozinovic et al., 2021). In other words, highlighting ADHD strengths and environmental influencers may be key to facilitating a working therapeutic relationship where clients feel especially accepted and valued (Schrevel et al., 2016). In the following section, I will describe the potential application of an ACSBA for counselling therapists.

Applied Practices: An Anti-Capitalist Strength-Based Approach (ACSBA)

It is essential to begin this section by stating that I have not tested these applied practices. Indeed, this is a hypothetical theory that would best be tested in future empirical, well-designed research such as a quantitative treatment study. CST in its qualitative and philosophical nature seeks to make a point for the sake of social and political change. It does not generalize to specific individuals or provide evidence or proof of efficacy. As mentioned earlier, clinicians should carefully consider whether it is appropriate to use within the scope of their training and practice.

To best discuss the applied practices of an ACSBA, I will unpack the who, what, when, where, why, and how this approach might be considered by counselling therapists. The 'who' explores who might benefit, the 'what' defines what it is, the 'when' and the 'where' provide a discussion particular to ethics, the 'why' further explains why it is important, and the 'how' provides a set of recommendations for practitioners. To be clear, the ACSBA approach I am

suggesting may only be appropriate and potentially beneficial for some Gen Z clients and further research is needed to address my hypothesis.

Who?

Who might benefit from an ACSBA? The ideal clients for the application of an ACSBA might conceivably be higher-functioning Gen Z clients who are open to a collaborative, strength-based, socioeconomically transparent, and narrative approach to therapy. An ACSBA is client-centred and would likely be most effective with clients who sought out therapy themselves for ADHD related support. The ACSBA requires clients who are self-aware and stable enough to confront potentially troubling aspects of their personal background. Clinicians would get a sense of a client's self-awareness and ability to self-regulate during the intake interview before exploring ACSBA themes. An ACSBA may also be useful with clients in older generations (likely not younger) and with non-ADHD clients but for simplicity, these recommendations are intended for Gen Z clients with ADHD.

Again, it is imperative to highlight here that an ACSBA may be beneficial for some but not all Gen Z clients with ADHD. It might not be ideal for clients with severe ADHD symptoms, comorbid conditions, and behaviour issues (e.g., those who are at risk harm to self or others due to impulsivity or those who have difficulty finding home or school-based settings willing and able to manage them). An explicit ACSBA may not be appropriate for clients with severe cognitive impairments that may limit the comprehension necessary in talk therapy and psychoeducation. It is always essential to get the consent from the client to explore sociopolitical, anti-capitalist, and critical systems themes. Without that consent, an explicit ACSBA would not be appropriate or ethical.

Given that a portion of today's Gen Z clients (ages 11-18) are under the age of majority in Canada, in some jurisdictions they are considered minors and would need the informed consent of a parent or guardian for treatment with an ACSBA. Without parental consent in certain jurisdictions, it would not be appropriate to use an ACSBA. Clinicians should exercise good judgement of their client's cognitive capacity and take age-appropriate measures according to the age of consent in their jurisdiction. Additionally, Gen Z clients under the age of 16 may not have the political education or sociocultural awareness necessary to comprehend and explicitly articulate ACSBA themes in which case, ACSBA would not be useful or appropriate. In these cases, a practitioner may naturally use an implicit ACSBA to inform their understanding of an individual but would need to avoid explicit ACSBA themes, particularly relating to anti-capitalism. The strength-based discussion points would likely be more suitable and appropriate for this age group.

It is important to note that an ACSBA can be used in addition to medication. Despite its awareness of the capitalist values which contribute to the over prescription of stimulants, an ACSB approach accepts that medication as an appropriate and useful form of treatment for many Gen Zers with ADHD. Clients who are medicated may even have an easier time accessing the focus needed to explore the narrative around their diagnosis and ACSBA themes. Unmedicated clients may benefit from more creative interventions, more movement, and breaks in therapy sessions. This is explained further below in the 'how' section however, it is imperative that all appropriate treatments are considered in the context of developing treatment goals and obtaining informed consent for services.

By better understanding Gen Z, we can be better equipped to work with members of this generation with ADHD. It is important to understand how Gen Z is developing politically and

what kinds of political messaging they access. While some might believe clinicians should keep politics out of their work, I believe healthcare professionals need to be aware of the politics and sociocultural trends in the generation they come from as well as the cultural aspects of the generations they work with. This political awareness works to improve practitioner competence as part of responsible caring and respect for the dignity of all people and their respective cultures (Canadian Psychological Association, 2017). It also requires the ability to think critically about how our politics and sociocultural environments affect every aspect of our clients' lives.

What?

What exactly is an ACSBA? An ACSBA is a highly empathetic narrative therapeutic approach that views clients in context of their sociopolitical capitalist system context which has often contributed to them believing they are the problem. In contrast, an ACSBA sees the system as the problem, and works to highlight the unique strengths in each client, nurturing self-esteem through an alternative narrative. An ACSBA can be either implicit or explicit. When implicit, the practitioner explores client's strengths and externalizing influences without speaking directly about capitalism. When explicit, anti-capitalist themes are discussed and applied directly to the client's narrative. Explicit ACSBA is applied through psychoeducation and frank discussion on the role of capitalism in one's problems. The explicit discussion likely works best in building rapport and therapeutic alignment in Gen Zers who are already self-defined as anti-capitalist before and outside of treatment.

An ACSBA is client-centred and can be used with most therapeutic approaches. Since it integrates aspects of narrative therapy (NT) in its application, it may be best suited for narrative oriented practitioners. In NT, the client is considered the expert and is encouraged to acknowledge that which is external which has become internal (Pennock & Alberts, 2021). NT is

a process where a therapist and client co-construct new narratives, with the hope that this will help to strengthen new neural networks in the brain (Cormier, 2017, p. 107). In ACSBA, the idea is to externalize aspects of capitalism that have been internalized. In contrast with traditional NT, the ACSBA is less interested in exploring a client's problems and more interested in defining the clients' social context and strengths.

This ACSBA works under the assumption that the surging rates of ADHD in Gen Z today have less to do with individual problems and more to do with the norms and expectations of capitalist society. Furthermore, an ACSBA encourages the awareness of an individual's health rather than dysfunction, turning away from limiting labels and toward strengths and wholeness (Hammond, 2010). Guiding clients towards these realizations may generate more self-compassion and self-appreciation, potentially improving practitioners' effectiveness. An ACSBA is twofold: first, it should foster a self-awareness in Gen Z clients, which allows them to recognize their own strengths related to their ADHD, and second, it allows Gen Z clients to redefine limiting narratives about themselves that may be the result of the values and demands of a capitalist system.

When?

As mentioned earlier, an ACSBA should only be used when a client has provided consent and is open to working from a CST perspective. It should never be imposed on a client who is not ready or able to process anticapitalist concepts. Additionally, an ACSBA is only appropriate when a client is regulated and within the window of tolerance to best address anticapitalist and strength-based themes. Black (2021) explained how most individuals, and especially those who have experienced trauma, cannot benefit from NT techniques when they are not within the window of tolerance, or therapeutic window. As there is a growing body of research linking

trauma to ADHD, it is essential that an ACSBA is trauma informed and used only when a client is able to self-regulate (Moffitt et al., 2015).

Where?

An ACSBA approach should be used within the safety and confidentiality of an established client, counsellor relationship, during in-person or virtual sessions. It can be used both in sessions and outside of sessions in the form of client homework or psychoeducation (Alfonso, 2023). There are many other ways that clinicians can apply a ACSBA to Gen Z and one of them is lending their expertise from an ACSBA to online dialogue. Canadian Psychologists have an ethical imperative to act responsibly within the society they work in. To me, this means we must be aware of the unique qualities and needs of members of Gen Z and find ways to work competently, responsibly, and respectfully with them (Canadian Psychological Association, 2017). Practitioners should also work to improve their abilities to provide services online as Gen Z users are more likely to use telehealth platforms than previous generations (Henry & Timm-Davis, 2023).

Why?

Why should practitioners use an ACSBA when working with Gen Z clients with ADHD? Based on the literature reviewed here and my lived experience, I believe our capitalist system may induce inappropriate expectations and environmental demands that accentuate ADHD symptoms, low self-esteem, and feeling unsafe. Some key examples of capitalist society expectations include being forced to labour and pay into a profit driven, top-down system to survive, being expected to learn in conventional education systems without adequate break, and a health care system that has constructed the ADHD diagnosis based on a biomedical model. The first line treatment of the ADHD diagnosis in the capitalist system is medication which, while

useful for many, often overlooks underlying issues such as stress, trauma, low socioeconomic status, a lack of safety, poor nutrition, and attention management technologies. In contrast, an ACSBA starts with these social issues and client strengths to determine the best course of action for the individual.

The environmental demands in a capitalist system serve to maintain and exacerbate the over-diagnosis of ADHD and over-pathologizing symptoms of inattention or impulsivity which, in many cases, are natural responses to one's environment. I would argue that a capitalist society values diagnosis because it provides a culturally accepted label for a problem. By diagnosing, we may run the risk of inadvertently supporting a disability-based, pharmaceutical profit-driven systems, without addressing the environmental contributors behind one's inability to pay attention. In contrast, a strength-based approach steers us away from pathologizing and towards the root causes interfering with the well-being of a human. A strength-based approach is less interested in diagnostic criteria or culturally accepted ways of defining symptoms of inattention and more interested in a client's environmental demands and the natural strengths they have despite it.

An ACSBA is different than other strength-based approaches because it attunes to a client's strengths in context of their socioeconomic environment, using social awareness as a therapeutic tool for self-compassion and rewriting their narratives. Other strength-based approaches may highlight strengths specific to succeeding in a capitalist system, whereas an anti-capitalist approach is particularly empathetic to the challenges imposed by neoliberal values which make life harder for those with attention problems. Frazer-Carroll (2023) argued that mental health diagnoses are capitalist constructs and the way we label them is influenced by systems of power. An ACSBA involves identifying and defining those systems of power and

demands of a capitalist system to help a client redefine their narrative with more self-compassion and self-empathy.

Given my training and practice in Narrative Therapy, I have seen how humans can both heal and thrive when they are able to externalize their problems and celebrate their strengths despite life's challenges. Like CST, an ACSBA helps guide clients towards wellness through empowering them to transcend the systemic labels imposed by a capitalist system (Creswell & Poth, 2017, p. 74). Generation Z has been exposed to more stress, poor mental health, and capital driven attention management technologies (e.g., TikTok) than any other generation (American Psychiatric Association, 2018; Lyons et al., 2023). I would argue that Gen Z has experienced the negative effects of capitalism more than previous generations and ADHD may be a symptom of that. I believe helping previously pathologized Gen Z clients externalize their focus problems, see their own strengths, and develop self-empathy in context of a capitalist system has tremendous therapeutic value.

How?

Based on CST and the literature reviewed in Chapter Two, the following is a set of hypothetical recommendations for how counselling therapists and psychologists might consider applying a ACSBA to their counselling practice with Gen Z clients with ADHD.

1. **Be ADHD Aware!** Provide opportunities for movement, breaks, and multitasking in therapy sessions. Hyperactive-impulsive ADHD involves an inability to sit still, fidgeting, impatience, and impulsivity (American Psychiatric Association, 2022). Clients with unmedicated ADHD often need to move, fidget, and take more breaks than those who medicated ADHD clients or non-ADHD clients. Many unmedicated ADHD clients may find playing with fidgets, drawing, or some kind of activity may actually help them

focus in conversation because it allows them to be more natural than trying to sit still.

Provide opportunities for intentional fidgeting and movement and integrate more breaks.

2. **Start with Strengths:** Ask Gen Z clients with ADHD about creativity, divergent thinking, unique skills, and activities that induce hyperfocus as they might provide insight into their strengths. You may want to provide research from Chapter Two that highlights ADHD strengths. Starting with strengths may help improve rapport. Remember, many people with ADHD may have low self-esteem, believe their ADHD as their fault, and have developed strategies to mask or compensate for their difficulties (Schrevel et al., 2016; Young et al., 2020). For this reason, it may be difficult for some clients to self-identify their strengths but be persistent! Strength-based practice involves truly believing that all humans have potential, and it is their unique strengths and capabilities that will determine their healing narrative, not their limitations (Hammond, 2010).
3. **Implicit and Explicit Anti-Capitalism:** Start with implicit anti-capitalism which integrates your own anti-capitalism as a therapeutic tool for empathy and unconditional positive regard. Since capitalism can be a politically triggering word for some, find ways to talk about it without saying capitalism. You may seek to explore the client's socioeconomic background first. You might ask about school, work stress, and when their symptoms are most problematic and why. If appropriate, you may explicitly discuss anti-capitalism by exploring the ways in which a capitalist system affects their self-image, their survival, and their ADHD. Think of your client's anti-capitalism as their own therapeutic resource for self-empathy, social awareness, and self-compassion. For more context on anti-capitalism and mental health, check out the 'It's Not Just in Your Head' podcast (Tate et al., 2023).

4. **Psychoeducation:** Share research that may be a useful in highlighting strengths, improving self-awareness and self-esteem. For example, you may provide the article by Dein (2015) that considers ADHD as an evolutionary adaption. You may also highlight that humans need to feel safe and secure in order to focus normally (Hari, 2023; Maté, 2011). This may help to foster greater self-awareness and self-compassion around their ADHD diagnosis. It may also be useful to provide psychoeducation around attention management technologies/surveillance capitalism and how they may be causing more harm to their ability focus (Lyons et al., 2023). To better understand surveillance capitalism and other forces impeding one's ability to focus, I recommend clinicians read 'Stolen Focus' by Johann Hari (2023).
5. **Cognitive Behavioural Therapy (CBT) and Narrative Therapy Approaches:** CBT has been shown to be the most successful therapeutic approach for treating ADHD (Nimmo-Smith et al., 2020). CBT is a collaborative process that focuses on enhancing self-mediation and self-control strategies through cognitive awareness (Kolar et al., 2008). Clinicians should seek training specific to using CBT with clients with ADHD. There are several externalizing NT techniques that might be useful to use with an ACSBA. In one technique, clients might create a statement of position map where they name and label their ADHD and map it to the systems that they exist in. This may help to externalize both their ADHD and the demands of living in a capitalist system. Other techniques include naming, drawing, or writing about their internalized problems. This can be encouraged through inviting them to write their life story or write letters to younger versions of themselves (Pennock & Alberts, 2021). Try to encourage your client to re-write their narrative integrating systemic themes.

- 6. Other non-medical approaches:** in addition to psychotherapy, there may be value in directing clients towards holistic treatment models that address exercise, diet, and nutrition specific to ADHD. Given the literature reviewed, there is evidence that physical exercise, dietary changes, and taking omega-3 and other supplements may improve ADHD symptoms. Some studies reviewed here could be provided as psychoeducation. However, it would be wise to refer clients to their family doctor or a dietician for this. Additionally, neuropsychologists may have individualized recommendations for cognitive compensatory strategies and other approaches that help maximize individuals' functioning in their environments, while providing a sense of empowerment and realistic goals.

Discussion

As discussed in the limitations section in Chapter Two, there are many limitations in the research reviewed and therefore my proposed ACSBA approach should be considered as merely hypothetical until it has been tested and more thoroughly researched. Nevertheless, some main takeaways from the research include how alienation, capitalism, surveillance capitalism (focus management technologies), misinformation about ADHD, misdiagnosis of psychostimulants, and the socioeconomic climate in which Gen Z is developing all contribute to a system in which ADHD rates will continue to soar. My response to this dilemma is to take a counter-cultural approach in treatment which highlights an individual's strengths and challenging aspects of their social environments and works to deemphasize their internalized problems relating to ADHD. It may also include non-medical treatment approaches if psychostimulants are not well-suited to a client's needs.

According to the syllabus provided with the CPC 695: Counselling Psychology Research Project course, City University in Canada is committed to social justice, access, and inclusion. Throughout our studies in the Master of Counselling Program, I have been invited to reflect on how my privilege has shaped the focus and development of my research question and how my understanding of anti-oppressive research has evolved over the course of my studies and what my emerging understanding of ethical research is in the context of social justice. This research topic has been particularly relevant to these questions.

I have noted my privilege as a Canadian settler and often thought about how privileged I am to have been born into systems that have facilitated a path in which I was able to qualify for and afford an education that will facilitate my career in counselling psychology. Throughout this program and with this research, I have often wondered what anti-oppressive practice really looks, especially in context of surviving a capitalist system. My ultimate ethical dilemma has been that so many people who really need mental health support, may never be able to pay someone \$200+ for one hour of counselling therapy. I have yet to determine how I will address this dilemma in my own practice while experiencing successes in a capitalist system (i.e., earning a sufficient income) that allow me to support my family. I hope to find funding sources that will allow me to support lower income populations however, the system does not seem to make this particularly easy.

There is significant privilege in this field and while we can acknowledge the privilege it is to be paid to sit in our chairs as mental health clinicians, I believe it is important to go a step deeper and critique the systems that necessitate our work and perhaps maintain the status quo. By critiquing capitalism and the environments that contribute to human suffering, I believe we can normalize conversations that can lead to systemic change if enough people stand up against

oppressive systems. So, my personal motive with this research has been twofold. First, I wanted to develop treatment recommendations that can provide necessary support and healing for Gen Z ADHD clients. Second, I want to normalize anti-oppressive conversations specific to capitalism, a topic that can often be taboo. As I have stated, it is imperative to work within the scope of one's professional and ethical standards while working from an ACSBA which comes from anti-oppressive research and aligns with the principals in the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2017).

Conclusion

This capstone research project sought to explore literature from neoliberal environments in which Gen Z youth are frequently diagnosed with ADHD. I tried to make the case that there is therapeutic value in taking socioeconomically attuned and strength-based approaches, particularly when working with Gen Z clients with ADHD. Using a critical theoretical lens, I presented literature that was predominantly theoretical in nature and therefore, only useful for formulating an untested hypothesis. Nevertheless, I proposed a set of hypothetical anti-capitalist strength-based recommendations for clinicians working with Gen Zers with ADHD.

In chapter one, I introduced my research question, my connection to it, its contribution to the field, the projects methodology and how I would approach it from critical systems theoretical lens. I described my purpose statements which were first, to articulate and advance a hypothesis that ADHD is produced, maintained, and/or exacerbated by current ADHD conceptualizations and intervention strategies that are by products of a capitalist society. My other purpose was to articulate hypothetical considerations ways in which an anti-capitalist strength-based approach might be beneficial in working with at least some Gen Z clients with ADHD. At the end of chapter one, I provided a list of important definitions to reference throughout chapter two.

In chapter two, the literature review, I highlighted some potential links between capitalism and mental health, disability, and ADHD. I presented some of the literature on ongoing debates around ADHD, which I argued may reflect problems potentially stemming from capitalism. I unpacked literature specific to Gen Z ADHD, mental health, education, social media, and politics suggesting that Gen Z is a highly stressed generation, particularly vulnerable to the dangers of attention management technologies and is potentially more connected to anti-capitalist ideologies than other generations.

In the latter half of the literature review, I offered a description of what the anti-capitalist lens looks like in theory, followed by literature describing a more positive view of ADHD and strength-based approaches to treating it. Lastly, I described some holistic and non-medical treatment approaches for ADHD. The literature review concluded with a discussion that highlighted several limitations to my research. In chapter three, I spelled out my hypothesis, emphasising that it was not proven or tested, merely based on theoretical literature. I further discussed my findings from the literature followed by a description of the ways in which an ACSBA could potentially be applied in counselling for some Gen Z clients.

There is much to consider with this capstone research project. In summary, if we looked at the strengths instead of behavioural problems in our Gen Z clients with ADHD and truly valued their mental health over their contributions to a capitalist system (and our own successes in capitalist systems), I believe we could have excellent therapeutic outcomes. An ACSBA could potentially work to expose the environmental factors that may be causing more harm than necessary while fostering an improved sense of self through strength-based narratives in Gen Z clients with ADHD. By helping Gen Z ADHD clients see the ways in which a capitalist system over-pathologizes, maintains, and exacerbates problem-based conceptions of their ADHD,

clinicians may ostensibly provide opportunities for them to explore and celebrate their strengths, ideally leading to an improved quality of life.

The importance of accepting and valuing human diversity and complexity in context of an ever-competitive society is not a new concept. In 1854, Thoreau suggested that we should not be in such desperate haste to keep pace with our companions when the music we hear is different from that of the dominant culture around us. I hope my work has highlighted the value that the ADHD mind brings to society, even as just a reminder for all of us, but particularly for mental health clinicians to stop and reflect on individual human strengths and inherent value despite the incessant pressures of capitalist systems which alienate us from ourselves and one another. Let us all step to the music which we hear, however measured or far away.

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