



**Attending to Children, Attending to God:
Children with ADHD and Christian Spirituality**

Joyce Ann Mercer
Virginia Theological Seminary
JMercer@vts.edu

Christian philosopher Simone Weil famously defined prayer as “absolutely unmixed attention to God.” Theologians from the fourth century desert fathers and mothers to more recent writers like Thomas Merton and present-day Christian advocates of “mindfulness” similarly speak of spirituality in terms of attention to God. Meanwhile, in the United States each year 7% of children between the ages of six and seventeen years old are diagnosed with Attention Deficit Hyperactivity Disorder (CDC, 2007), a condition characterized by impulsivity, problems with

focus, and/or hyperactivity, any of which appear to undermine the possibilities of a spiritual life defined primarily in terms of attention.

What does ADHD mean for the spirituality of children? Current advances in genetics, psychotherapy, and neuroscience offer possibilities for better understanding ADHD and aiding those whose lives are affected by it. And yet in spite of the pervasiveness of ADHD among children and its wide-reaching effects in their lives, with only a few notable exceptions (Gerber, 2007; Hathaway & Barkley, 2003), there is surprisingly little attention given to the impact of ADHD on the spiritual lives of children and families. This article focuses on intersections between current clinical understandings of ADHD, and contemporary perspectives on Christian children's spirituality. My interest in exploring this intersection emerges from my location as a Christian practical theologian, a clinical social worker, and the mother of a child with ADHD. Although ADHD is a condition affecting children, adolescents, and adults, in this article I will focus only upon children.

Children, Spirituality and Attention

Recent studies of children's spirituality utilize the language of consciousness and awareness to name what has been called "attention" in the literature of Christian spirituality. A prominent example comes from studies of children's spirituality in Britain, out of which David Hay and Rebecca Nye defined children's spirituality as "relational consciousness" (Hay & Nye, 2006). Scholars long have focused on a child's experience in relationships as the nexus of ritualization and faith development in infancy and childhood (Erikson, 1977; Fowler, 1981). Such understandings of children's spirituality name it primarily as a generic and innate capacity

through which humans construct an understanding of their place in the universe in relation to others, and their imaginative faculties for constructing narratives of meaning (Coles, 1990)—or what Peter Benson and colleagues deem “the intrinsic human capacity for self-transcendence, in which the self is embedded in something greater than the self, including the sacred” (Benson, Roehlkepartain, & Rude, 2003).

These understandings of spirituality vary in the degree to which consciousness, awareness, or noticing matters. Most emphasize relationships and “raw experience” as the form of encounter with transcendence that children, even prior to the birth of language, can access, whether or not there is evidence of any consciousness of that encounter as such. They frame spiritual development as the process of growth in consciousness of one’s relatedness to others, the world and the sacred, which takes place over time along with increasing consciousness of one’s self. Such frameworks for thinking about children’s spirituality have arisen, by and large, out of secular contexts of educational research (in the U.K., related to public school religious education) and studies of child health and well-being. They therefore do not necessarily relate this focus of consciousness of transcendence to God per se. But what Hay and Nye, Coles, and others speak of more generically through language like relational consciousness parallels what Christians refer to in the specificity of a religious understanding as “attending to God.”

As noted above, much of the discourse within Christian spirituality frames the spiritual life in terms of God-consciousness or attention: across various expressions of Christian theology and spirituality, the notion of attention occupies a privileged place. For Christians, the unsurpassable subject of human attention is God, made known most fully in Jesus, and sustained

through the Spirit's performance of Divine reconciliation, love and justice in the life of the faith community and at work in the world. Throughout time, then, Christians have placed value on various spiritual practices that foster the focusing of attention upon God. It makes sense, therefore, that Christians would work to form children in spiritual practices oriented around attention to God. In such a perspective, children's spirituality within the context of Christian faith refers to children's experiences of everyday life and "relational consciousness" which are given particular shape and meaning through the narratives, symbols, practices, and communal memory of the Jesus story.

Sandra Schneider's concise reference to Christian spirituality as "Christian religious experience as such" (Schneiders, 1986) comes to mind. Children are not born practicing spirituality in a Christian-thematic, however. To have "Christian religious experience as such," children must be formed into this particularity. Spiritual formation, as Elizabeth Liebert puts it, "refers to whatever processes the community of faith uses to initiate and deepen the faith and Christian life of its members" (Liebert, 2004). Spiritual formation of children through the symbols and narratives of the Christian story allows them to construct a worldview by which they can experience ordinary human life in terms of the particular perspectives and meanings of Christian faith (Mercer, 2005). In many Christian faith communities and families, this formation takes the shape of some combination of intentional or explicit and implicit teaching of primary Christian stories, ritual, and symbols. It happens through processes of socialization, education, modeling, and mentoring with "guided participation in practices" (Rogoff, 1990) that are key to Christian identity and life, all of which comprise ways of directing a child's attention to God.

Attending to God with Attention Deficits

How is the spiritual formation of a child affected by difficulties with attention? Ten year-old Christopher *used* to go to church with his family, participating in the age-graded Sunday school classes and in the worship service of their large mainline urban Protestant congregation each week. Beginning with his baptism as an infant, his family brought him there each week, understanding their participation in the congregation as an important aspect of their baptismal vow to bring up their child in the way of Jesus. It was never easy—Christopher was a fussy baby, unlike some of the congregation’s littlest ones who seemed to alternate sleep in their parents arms with smile-inducing cooing noises when awake during worship. But Christopher’s parents, active in the church before his birth, were committed to the congregation’s mission and to their son’s formation in faith, and so they struggled through the difficulties of bringing a squirming, irritable infant and, later, toddler and young child to church.

They thought this might get easier as Christopher got older. Instead, they found themselves constantly exhausted by their son’s constant physical activity and increasingly oppositional behavior. When Christopher was six years old and in the first grade, his public school teacher recommended that he be evaluated, because although he obviously was bright, he seemed unable to focus or sit still long enough to complete tasks in the classroom. The same was true at church. Christopher was diagnosed with ADHD and a learning disability. His pediatrician prescribed a daily stimulant medication. Initially his family chose not to tell anyone at their church about Christopher’s ADHD, feeling concerned that he might be labeled and that they would be negatively judged as parents.

What was it like for *Christopher* when he was at church? Last Sunday was typical. His problems with church started at home when Christopher's parents let him know that it was time to wake up. Getting up in the morning was difficult enough during the week for him, but Sunday mornings seemed even harder with the absence of other preceding, similar days patterning a routine to follow. His parents called up the stairs for him to get dressed for church. He probably did not hear them the first time they do so—or at least it did not register with him that they made a request of him.

After multiple requests, Christopher finally went back to his room with every intention of following their instructions. But on the way there, after petting the dog and noticing the comic book lying open next to the bed, he became distracted. He forgot all about getting dressed, turning instead to read the comic book. "Christopher! Pay attention! We need to go soon!" his father called up to him. Christopher knew that. He meant to pay attention. He could not seem to find the right clothes to put on, which usually put Christopher and everyone else in the household in a bad mood because they were perpetually late getting to church. He began thinking about the movie he saw yesterday and was unaware of the elapse of time. Reminded again by an irritated call from his mother in the kitchen about the task at hand, Christopher realized that he needed to put on his shoes to comply with her request, but he was unable to locate them. By the time his parents issued multiple demands for him to complete the task of getting dressed, and Christopher painfully managed to do so, everyone's emotions were negatively charged—all associated with the activity of going to church.

Once at the church, for Christopher Sunday school was so hard—too much sitting still made him feel like he was about to burst inside. It was not a matter of disinterest: Christopher loved contributing his ideas, and was quite interested in some of the class topics. Throughout his elementary school years, in fact, Christopher thought about God a lot. He wondered about “big questions” like why human beings are here, and whether Jesus knew that he was God.

Christopher had a strong sense of justice and care for “underdogs,” he cared about ways of taking care of the Earth like recycling, he liked the Christmas pageant and the Psalm Sunday processional, and he wanted to know more about God. He imagined vividly the stories he heard from the Bible, even if he sometimes had trouble recalling those stories to adults.

When he tried to be part of the activities and discussions in the church school, though, others often treated him like his comments were a little strange. Teachers continually reminded him not to blurt out his ideas—and he meant to wait but somehow he could not hold it in. But usually if he *could* wait for his turn to talk, by the time the Sunday school teacher called on him he could not remember what he meant to say. It was a little better for him when there was an activity involving drawing or art. Even then it could be hard for him to organize his materials and stay on task.

Inside the sanctuary for worship, Christopher generally felt restless, and inevitably he would disturb people around him when his bouncing leg contacted the wood of the pew—an accident, and he usually did not even notice the reactions of people around him. But his parents noticed, and occasionally when he saw people looking at him as if he had *planned* to be disruptive he felt embarrassed. Times when everyone prayed were the hardest. Christopher

wanted to pray too. He tried to talk to God, and to listen, but usually his own thoughts were too noisy. Congregational prayers seemed to him to go on forever. Some parts of the worship caught his attention, like the bright stoles of the clergy, and the sounds and movement of the hand bell choir or the movement and energy surrounding the baptism of a baby. But on an average Sunday, the other parts of the service seemed to wash over him unnoticed, like miles and miles of roadside terrain on a monotonous car trip where nothing in particular stands out enough to be the focus of attention.

Taking ADHD to Church

When Christopher and other children with ADHD go to church, all of the difficulties of ADHD go with them. Children suffering from ADHD lead distracted lives. They struggle to achieve the kinds of self-regulation that make possible their consistently constructive participation in faith communities. Some deal with constant physical restlessness and racing thoughts; others experience a lack of focus and sluggish thinking. Children with ADHD have difficulties getting organized, or making and carrying out a plan of action. A sense of chaos swirls around them. Their impulsivity and slightly-off-the-mark patterns of social interaction make peer relationships challenging.

Some children with ADHD feel deeply the mismatch between their own way of being and the normative practices and expectations of their churches for attending to God, many of which require significant periods of participating in a structure of activities, if not sitting still, in situations such as worship that are too much the same and not sufficiently stimulating (in their experience of it) to hold these children's attention. In church education settings, teachers may

experience children with ADHD as disruptive, argumentative, or disengaged. There is also a high likelihood in at least some US religious contexts that such teachers will view these children through the lens of moral indictment as children who, inadequately disciplined, are willfully unruly and “bad.”

Admittedly, the mismatch between children with ADHD and church worship or educational settings can be heightened in those Christian contexts placing a premium on cognitive appropriations of faith, and in congregations that emphasize being quiet and keeping still in worship. Certainly my perspective on these issues is shaped by my own current participation in largely Anglo-American, Presbyterian and Episcopal Church contexts that undervalue movement and spontaneity, and tend toward adult-oriented wordiness. These contexts exacerbate the difficulties faced by children with ADHD. But even those congregational contexts involving more physical movement and novelty can be quite difficult for children with ADHD, for whom the problems concern not only what is happening in the external environment but also involve internal dynamics within the child her/himself. Therefore, while not all contemporary Christian faith communities in the U.S. fall prey to the problems I describe in exactly the same way, concerns about engaging children in worship and Christian formation experiences, and the particular difficulties of children with ADHD in attending to God, also may be found among persons in a full range of faith traditions and worship styles.

The Contested Status of ADHD

At the present time ADHD is the focus of considerable controversy in the U.S. Despite multiple manifestations of real difficulties and impairment in children’s lives, some critics doubt

the existence or validity of ADHD. Precisely because so many of the features of ADHD described in the preceding story of Christopher also tend to be typical to some extent of children and childhood more generally, in recent years a vocal group of “ADHD doubters” has arisen, its proponents questioning the validity of ADHD as an authentic psychiatric condition and as a serious disability requiring medication or special services (cf. Timimi and Leo, 2009; DeGrandpre, 1999; Diller, 1998). Elizabeth England Kennedy, writing on media representations of Attention Deficit Disorder, comments that prejudice and suspicion of persons with various disabilities is hardly a new phenomenon, but while media depictions of many other types of disabilities have improved across the years, “Media portrayals of ADD reveal negative cultural stereotypes and cultural skepticism about the validity of ADD as a legitimate disability” (England Kennedy, 2008, p. 102).

ADHD has been blamed on everything from television- and media overexposure, the failure of working mothers to adequately meet the attachment needs of preschool children, and success-crazed parents seeking ways to give their children an upper hand in the competitive American educational marketplace. In the context of this popular discourse on ADHD as a fiction, then, parents of children with ADHD may well find themselves questioning how to best make sense of their children’s conditions. Even after a diagnosis of ADHD, parents who observe their children capable of focusing well on certain activities--video games or cartoons—while being inattentive in relation to chores, school or at church, well may find themselves questioning the reality of this condition if not their own sanity.

Critics of the mental health and pharmaceutical industry see recent increases in the prevalence of ADHD among U.S. children as a collusion between medical-pharmaceutical industry's profit motives on the one hand, and what they read as the desires of parents and school officials to address children's behavior problems in the easiest possible manner, i.e., with medication, on the other hand (Leo and Lacasse, 2009; Timimi and Leo, 2009, pp. 1-17). Even among those who affirm the validity of ADHD as a legitimate diagnosis of a serious mental health condition are those who argue about medication's long term benefits, its potential dangers, and the possibilities of long-term, harmful effects on children. Concerned persons on both sides of the question (i.e., those who dismiss and those who accept ADHD as a legitimate mental health diagnosis) wonder about how environmental toxins may relate to increasing problems of impulse control and behavior regulation in children.

Still others raise concerns about the social and psychological impacts of labeling children with a disability or disorder--the features of which appear suspiciously parallel to the kinds of attention and cognition invited by overuse of contemporary media such as video gaming and text messaging (DeGrandpre, 1999). At the level of health care, social, and educational policies, controversies over whether ADHD constitutes a disability hold significant implications for the level of services and resources available to children and families: in the U.S., families and children may receive supports and financial assistance (e.g., special education resources or health insurance payments) for assistance with conditions classified as medical, while such supports generally are withheld from children showing the same problems but whose difficulties can be classified under some other rubric. Critical educators and physicians ask whether boys' (normal)

behavior is being pathologized by giving it a mental health label by parents and educators seeking a “quick fix solution” to a larger problem with cultural constructions of boyhood in contemporary U.S. society (Timimi, 2009 p. 150-151). From yet another angle altogether, further controversies over ADHD’s status involve whether the disorder might be *under-diagnosed* in certain populations, resulting in unjust and unequal access to medical or educational intervention across social class differences and among children of color (Hart and Benassarya, 2009).

In short, wide differences in understandings about ADHD exist among those concerned about children who display the problems associated with it. There is no question that cultural and social forces play a definitive role in attitudes about acceptable behavior of children, and about “good enough parenting.” Such forces undoubtedly impact the occurrence of ADHD in children, and in particular in its skyrocketing rates of diagnosis and treatment in the U.S. And they deserve critique: I share the concern that media-saturated and hurried lives, tendencies to medicalize what is inconvenient, and interests of American consumerism in selling solutions to all our difficulties, do shape the lives of children problematically, and probably do contribute to escalated levels of diagnosis and pharmaceutical treatment in the U.S.

At the same time, however, the decision to refuse any recognition of the interaction between such cultural forces, the contemporary environments and contexts in which families struggle, and the human brain, is to lapse into nostalgic regression. It ignores the multi-causal nature of most human behavior. And it treats human biology (and scientific epistemologies) as a phenomenon that somehow exists outside of culture, as a kind of base line existence to which culture is secondarily introduced as a corrupting “add on.” In this way of thinking, a problem is

either attributable to a biological etiology which can then be explained scientifically, or it is attributable to other causes such as declining cultural norms, poor parenting, and bad moral standards. Like toddlers and their food, there is to be no mixing.

With Barbara Rogoff (2003), I want to affirm that human beings always live as biological, social, cultural (and spiritual) beings: we never experience life outside of cultural reality just as we never experience it apart from our embodiment. Therefore our biological make-up always already interacts with the cultures and social realities in which we are formed. Accordingly, as I consider in combination new studies on the brain and the mind, and contemporary analyses of cultural and social dynamics shaping human personhood, I understand ADHD as a condition involving specific impairments in brain functions, which of course interact with socio-cultural realities along with genetic and environmental components. As Joel Nigg (Nigg, 2006) and other researchers argue persuasively, ADHD is a condition involving *multiple* causal pathways, and it manifests itself in a number of different ways in the individuals affected by it. I am sympathetic to (and have myself advocated for) constructivist- and narrative- oriented critiques concerning the social forces and power relations at work in diagnostic labeling of persons with mental illness. As I argue elsewhere, the powerful convergence between postmodern cultural forms and changing ideas of childhood has material consequences in the lives of children that are significant and real (Mercer, 2005 and 2008). There surely are parents who seek medications to avoid hard work in parenting, just as there are undoubtedly social forces at work encouraging the medicalization and pathologizing of the very kinds of behaviors other times and cultures have understood as normal for children. And living in a continually distracted,

multitasking culture undoubtedly has a shaping influence on human brains and minds, and therefore upon personhood.

At the same time, however, I also recognize the potential for such arguments to trivialize the very real suffering and lived experiences of persons with ADHD, and to blame children, parents, or fragmented and distracted postmodern culture for the occurrence of this condition while failing to recognize or help to obviate the chaos and suffering in the lives of those most directly affected by it. These arguments also ignore the clear evidence that ADHD symptoms involve impaired functioning in the brain's frontal region, which can be amplified by problematic environmental features like too much media stimulation, but cannot be "cured" by simply turning off the video games. It is possible to become so entangled in these controversies that one can no longer speak or act meaningfully in regard to children, disability, mental illness, or the condition known as ADHD. If we do so, we risk being like the religious leaders who would rather argue over who is at fault for a man's blindness than heal him (John 9: 1-34).

In regard to ADHD, therefore, I am adopting a stance that is in line with the "strategic essentialism" I engage elsewhere in my approach to children (Mercer, 2005). Strategic essentialism (Spivak, 1987) is a device adopted by some postcolonial and postmodern feminist thinkers in situations where one accepts the risks of engaging temporarily in potentially reductive "essentializing" of persons in terms of certain names or definitive qualities, in order to accomplish some other desired good. In this case, there are two important risks. The first concerns the way in which medicalization and a discussion about ADHD as a psychiatric condition, disability, or disorder, can easily pathologize children themselves. By its very name,

ADHD addresses “deficits,” which can lead away from the kind of asset-oriented approach to children and spirituality that are more helpful. The second danger concerns the risk of a form of “ableism” which, in its idea that being “physically, psychologically, and cognitively the ‘same’ as the majority of the population” (Heydon & Iannacci, 2008) is more desirable, can erase difference and the particular gifts of those different from the majority.

I accept these risks temporarily due to theological, social and political circumstances in which it matters to speak meaningfully about and advocate for children struggling with attention issues. For purposes of this article, then, I bracket the further discussion of issues in the psychiatric labeling of children, and the social construction of mental illness, to discuss ADHD in conversation with other clinicians, theologians, and researchers. I therefore address ADHD as a legitimate, “real” phenomenon of bio-psycho-social and spiritual experience, and as a disability that creates life-challenges and difficulties for affected persons, whether those difficulties are located in the person’s difference from the norms of the majority, or in contexts and environments limited by their inability to engage difference and multiplicity.

ADHD as “More Than One Thing”

Attention deficit hyperactivity disorder (ADHD) is the name given to a condition most often identified during the elementary school years of childhood. As described in the *DSM IV-TR* (the most recent version of the manual used by clinicians which specifies diagnostic criteria for various psychiatric disorders, at this time of this writing) it involves “a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than typically

observed in individuals at a comparable level of development”(American Psychiatric Association. Task Force on DSM-IV TR, 2000).

The DSM-IV TR identifies three subtypes of ADHD. Attention Deficit Hyperactivity Disorder-Predominantly Inattentive type refers to a form of ADHD in which persons experience serious and significant problems with attention, but show little evidence of the hyperactivity characterizing the popular stereotype of children with ADHD. They have difficulty getting a task underway. When they do start some task or activity, they find it difficult to complete the entire task, and are constantly losing and forgetting everything from their lunches and shoes to their homework. ADHD featuring hyperactivity and impulsivity, by contrast, is not principally about problems getting started, but problems stopping. This subtype emphasizes impulsivity. It involves excessive physical movement, noise making, and restlessness, and/or the inability to delay responses, to be patient, and to take consequences into consideration before acting. The third subtype, ADHD-Combined type features symptoms of both of the other two subtypes in combination.

ADHD affects 4.5 million children in the US, or around 7% of the US population between the ages of 3 and 17. The incidence of ADHD is more frequent in boys than girls (11% of boys in this age group are diagnosed with ADHD, compared to 4% of girls), but this may be due to under-diagnosis among girls (Nadeau, Littman, & Quinn, 2005), who are less likely than boys to manifest their ADHD in externalizing symptoms. The rate of ADHD’s prevalence is on the rise, with an approximate 3% increase in new diagnoses per year seen in the period between 1997-2006 (CDC, 2007).

ADHD symptoms behaviorally demonstrate impairments in the brain's executive functioning; in turn, brain studies of persons with ADHD show impairments in the areas of the brain where these functions are situated (Castellanos, 1996, pp. 607-616). Brain imaging studies offer evidence that ADHD involves "abnormalities or developmental delays in brain functioning" (Barkley, 2006), with PET scans showing reduced levels of brain metabolic activity especially in frontal lobe, basal ganglia and striatal regions of the brain, and MRI studies revealing differences in the size of right frontal and striatal structures of the brains of children with ADHD. In addition, an hereditary basis of ADHD has been established and researchers are working to identify specific genes involved (Barkley, 2006; Brown, 2005; Nigg, 2006).

A variety of other conditions tend to occur along with ADHD in some children diagnosed with it, including mood disorders such as anxiety or depression, behavioral conditions such as oppositional defiant disorder, and various learning disabilities. As teachers and parents frequently observe, children with ADHD frequently struggle with "more than one thing" at a time. Learning disabilities are among the most frequently co-occurring conditions in children with ADHD, so it is not surprising that Christopher, above, was found to have one. ADHD is not itself a learning disability, but it certainly affects learning. For Christopher, having a learning disability amplified the level of impairment caused by his ADHD especially in the school setting. At church, only his family knew that he "had issues with learning," since they were concerned that Christopher not be further stigmatized or treated as lacking in intelligence. But clearly the compound factors of ADHD, temperament and personality issues of oppositional behavior, family stress, and a

learning disability, could also have a profound impact on Christopher's spirituality and his functioning within his faith community.

Attention and the Human Brain

Attention behaviorally refers to the capacity to train one's thoughts, perceptions, desires, and emotions in sustained relation to a given focus of concern. In human experience, attention is a path of awareness and means of knowing, informed not only by cognitive processes and neurochemistry but also by cultural norms and a habitus of practices that give particular shape to the objects and directions of persons' focus. The experience of "paying attention" shows up externally in the form of certain actions culturally and socially shaped, and enacted through the body. Internally, within the brain, attention manifests itself in the form of increased activity in certain areas of the brain, especially in relation to levels of neurotransmitters such as dopamine and norepinephrine. The right pre-frontal cortex, and connectors to adjacent areas are the primary locations in the brain implicated in ADHD, understood to be the seat of a critical set of mental processes termed "executive functioning."

The term executive functioning is an umbrella category for an important set of cognitive processes that participate in directing a person's attention. The executive functions are the cognitive management system for the brain. These functions issue in skills related to self-control and social/emotional intelligence, including motivation, time management, task initiation and follow through, organization, impulse control, regulating emotions, and response inhibition. Emotional regulation includes the ability to manage emotions and react emotionally in appropriate measure to the circumstances at hand. Another capacity under the direction of the

brain's executive functioning is known as set shifting—the ability to “shift gears when needed”—or cognitive flexibility that allows shifts in activities or responses to situations depending on the circumstances. Task initiation and goal directed persistence likewise are skills located in these brain processes that allow a person to get started and keep going in purposive behaviors.

Executive functions also have a role in social relationships, especially regarding behaviors governed by impulse control, which not only involves selecting appropriate actions (e.g., a child's expressing anger with words rather than acting out anger by striking another child), but also acting in well-timed ways (e.g., waiting for a pause in a conversation rather than interrupting). Executive functioning of the brain allows a person to self-monitor so that they do the right thing at the right time (Barkley, 2006). In other words, executive functioning is of a rather high level of significance in how a person gets along across a variety of domains of daily life. And these functions work differently in children with ADHD.

How does this relate to the phenomenon of attention? Attending is a complex capacity lodged in the brain's executive functioning that involves multiple aspects. For a child to “pay attention to” a feature of their external environment or to a thought or idea from within, the brain must be sufficiently *alert* to the possibility of something happening, to be prepared for the chance that a stimulus worth attending to might come her way. The child must *select* that feature out of the larger flow of possibilities for focus, while also disregarding or *filtering out* other elements that might interfere with focus upon the selected object of attention. This includes the ability to “pull back from” or stop a prepared, impulsive, or usual response to an event in light of

changing circumstances or a considered judgment of alternatives--a mental process known as *inhibiting* that is considered a key to the difficulties experienced by those with ADHD.

In terms of task performance, attention also requires a mental process known as *vigilance*, or the sustaining of effort and response to a task across a length of time. Put differently, this is the ability to persist in goal directed behavior in the absence of an immediate intrinsic reward from the task itself. Consider for example a child helping to cook a recipe that involves multiple steps before such efforts results in chocolate chip cookies. Persistence of effort or vigilance is a mental process by which a child keeps at the task even when the goal or reward (warm chocolate chip cookies) is separated by a significant time interval from the activities that must be done to reach that goal (measuring, mixing, shaping the dough). Vigilance thus connects to the ability to value and choose to wait for an event in future time, as opposed to choosing the most immediate source of positive reinforcement, and it is a component mental process to attention.

Attention also requires the activity of the *working memory*, an important mental function by which a person is able to hold in mind a representation of an event that will later be used to direct behavior. For example, a child looking for a particular book while putting a large stack of books onto a shelf, must be able to keep a mental representation of the particular book “filed away” in the working memory, while looking at, physically manipulating, and making a decision about all the books in the stack. Mental arithmetic relies on the working memory to hold numbers in mind while performing mathematical operations. Barkley (2006, p. 326) theorizes

that “retention of a sequence of events in working memory appears to provide the basis for the human *sense of time*, or, more properly, the human capacity to manage behavior related to time.”

It's About Time

What all these executive functions related to attention have in common, contends Barkley, is their connection to *time*. That is, each of the mental processes described above involves a person's ability to act in present time in ways related to future time. In the process of response inhibition, for example, a person has the ability to think before acting: they allow some element of the future (concern about how one's behavior might impact a situation) to affect action in the present. Vigilance involves completing a task toward a future goal in spite of other competing demands that interrupt in the present. Task initiation involves motivation to start a task without undue procrastination. People with ADHD have difficulty with all three of these elements of attention.

In Barkley's theoretical model of ADHD, time literally is of the essence, as he contends that people with ADHD “literally have a myopia (nearsightedness) to the future.... *A blindness to time is the ultimate yet nearly invisible disability afflicting those with ADHD...Understanding time and how one comes to organize behavior within it and toward it, then, is a major key to the mystery of understanding ADHD...*” (Barkley, 2006). Concretely, this means that children with ADHD appear inattentive to directions, take longer to initiate an activity, have difficulty with transitions, and have trouble getting themselves organized, in part due to their problems sensing how much time is passing or estimating the amount of time needed to accomplish an activity. In the earlier story of Christopher's efforts to get ready for church, he did not realize how much

time had elapsed between his mother's request for him to get dressed, and his completion of that task. Drawn to various other distractions on the way to his closet, and lacking reliability in executive functions that constrain thoughts and responses for the sake of a goal, he simply did not get around to initiating the requested action in a reasonable (to his parents) amount of time. Barkley (2006, p. 331) continues,

These executive functions permit outer behavior to be guided by forms of inner action... They also give rise to a new form of sustained responding (attention), apart from that form controlled by the immediate prevailing contingencies; this new sustained responding arises out of such internally guided forms of behavior directed toward a goal.

Time, he concludes, is the “central executive.”

Put differently, children with ADHD live almost exclusively in the present moment. Because of the way their mental processes work differently in relation to time, their capacities for framing action in relation to future orientations, or for reliably utilizing past experience as a guide to present action, are significantly muted in comparison to their being in the immediacy of lived experience. This difficulty judging the passage of time means, for example, that marking the trajectories that move conversations from one point to another is difficult at best—leading to frequent non sequiturs by children with ADHD who verbalize comments that no longer relate to what others are saying. It means that children with ADHD, lacking an accurate inner sense of the passage of time, can become “stuck” on a task, seemingly resistant to making a transition to another activity—in part because the internal ability to accurately mark the amount of time spent on that activity is impaired. Present time is all that is experienced. For children, the age-related

absence of fully internalized cultural norms concerning time and its meanings only adds an additional layer of difficulty to what Barkley names as blindness to time.

While this condition constitutes a significant disability for children (and adults!) who must negotiate the worlds of daily routine, schooling, and relationships with peers and adults, awareness of it may also provide some clues about the spirituality of children with ADHD and their particular contributions to faith communities.

Attention, Christian Spirituality, and Children

Among those scholars writing about children and ADHD, only a few concern themselves with religion. Hathaway and Barkley (Hathaway & Barkley, 2003) working from an emphasis on deficits in behavioral inhibition in children with ADHD, explore “problems in religious socialization, sustained concentration in religious settings, internalization of faith, stability of religious growth, and with religious alienation” (Hathaway and Barkley, 2003, p. 108). Regarding socialization, they note that the same executive functioning deficits (e.g., weakened inhibition of prepotent responses; regulation of emotion) that make it difficult for children to conform to typical U.S. secular educational contexts also function in religious contexts.

Hathaway and Barkley understand the problem of maintaining focus to be a two-fold issue. First is the matter of how to “focus on religious teaching or ritual [long enough] to obtain didactic benefit” (Hathaway and Barkley, 2003, p. 109) which requires executive functions of interference control to filter out distractions, and of perseverance. Second is the situation in which religious contexts offer children little that holds their attention, leading to context-inappropriate behaviors that precipitate conflict as parents try to keep their children within

acceptable norms for the setting. Over time, Hathaway and Barkley suggest, the religious setting itself becomes associated with these negative experiences and is aversive to the child.

They go on to frame the issue of “internalization of faith” in terms of a child’s ability to “consistently conform their conduct to rule-governed behavior patterns...[and] consistently maintain a spiritually disciplined life” (Hathaway and Barkley, 2003, p. 109). They suggest that children with ADHD would be less prone than other children to persist in the difficult work of “worldview formation” that requires integration of struggle and doubt, when doing so becomes difficult. “...Individuals who have weakened or impaired performance of the behavioral inhibition system can be expected to have more problems regulating current behavior in light of future spiritual realities....[such as] a distant hope in heaven” (Hathaway and Barkley, 2003, p. 110). Concomitantly, Hathaway and Barkley contend that the kind of spiritual growth expectable in children with ADHD might not be that of gradual deepening but of immediacy. They see such children as more likely to experience a “roller coaster spirituality of intense highs and lows” as a result of being more vulnerable to the influence of the immediate environment. Finally, they suggest that the various difficulties ADHD poses for childhood religiosity could result in alienation from religion. Their work concludes with concrete suggestions about accommodations churches can make to “assist the individual with ADHD in coping with their particular spiritual obstacles to faithful discipleship” (Hathaway and Barkley, 2003, p. 113).

While I suspect that the understanding of religiosity and religious education underlying Hathaway and Barkley’s article is itself a more rule-oriented, didactically centered one than my own, I find in Hathaway and Barkley’s analysis helpful suggestions for spiritual formation of

children with ADHD, tied to Barkley's model of ADHD's specific cognitive differences, to which I add some of my own: Children with ADHD need variety within clear structure, and a hefty turn to kinesthetic experience along with aesthetically interesting but uncluttered space, so that they can participate in worship meaningfully. They need extra support and understanding from adults who can help to facilitate connections with other children across the relational difficulties, so that they too can experience the spiritual graces of community. They need help organizing their belongings, so that lost or forgotten items do not prevent their participation in a learning experience or become an opportunity for shaming them.

But what if our efforts to help children "attend to God" were not restricted to adapting ADHD-affected children to religious contexts structured for a majority people without ADHD? What if we worked from the children's lives in search of clues for Christian spiritual practice, re-conceiving meanings of "attention to God" in terms of the experience of children with ADHD?

Attending to Children with ADHD: Clues for Christian Spiritual Practice

Thom Hartmann (Hartmann, 1997; 2003) offers a provocative metaphor for understanding ADHD in terms of differences rather than deficits. Imaging an earlier society in which some people were farmers and others hunters, Hartmann compares the different strengths of hunters to those of persons with ADHD: quick motion, being excited by and drawn to action and novelty, present-time orientation, the ability to respond well in situations of urgency, a creative imagination. In such a time, ADHD-related features would have been highly adaptive. The problem, says Hartmann, is not with the hunters, but rather with the fact that the world has moved in a direction that favors the skills and capacities of farmers. Farmers plant today,

anticipating a future harvest for which they have made plans. They engage in sustained effort toward a more distant reward. They are patient with the routine sameness of cultivating the fields. Hartmann holds that farmer-like mental capacities are well suited for a world where people engage in repetitive dull tasks and work in office cubicles. Hunters with their different ways are not a good fit in such a world.

There are real limits to this metaphor: while it is interesting and novel to imagine historically what might have been adaptive about ADHD symptoms in another time, people who live with ADHD rarely experience the condition as advantageous. Hartmann's metaphor can come across sounding like a denial-infested, smiley, "let's look on the bright side" search for a silver lining. One need not deny the struggles and challenges in dealing with ADHD to take an asset-oriented stance to persons who deal with it, however. I therefore want to invite re-thinking the spirituality of children with ADHD in terms of assets rather than deficits, not by thinking about how "wonderful" it is to have ADHD (from all estimations, it is not wonderful), but by considering what children with ADHD call forth in the church that the church needs in order to be faithful. Attending to children with ADHD, five primary clues arise for a more expansive spirituality to be embraced by faith communities.

First, children with ADHD invite the church to embrace a spirituality that involves movement, action, and surprise. The issue with children who have ADHD is *not* that they can *never* select anything for focused attention. It is rather that the alerting and arousal processes of their brains do not get called into action in relation to routine occurrences that do not interest them. If something captures their interest, children with ADHD will mobilize resources to focus

within limits and will do so—which explains why these children cannot seem to pay attention to a parent’s instructions about a chore, but give rapt attention to a video game (Nigg, 2006).

Parents talk about (also called nagging) the same household tasks they want the child to do, over and over. Video games, however, involve novel stimulation of high interest combined with the anticipation of the pleasure of play.

Children with ADHD call the church to be more aesthetically rich, more surprising, and more playful. They ask God’s people to leave room for knowing God through activity, movement, dance and music, and not just through words. They invite an understanding of spiritual rhythms that includes unexpected drumbeats and unusually colorful vocal tones, amidst the patterns of prayer, the settled routines of the liturgical seasons and lectionary, and the structured ways we gather together. This is not an argument for “making church more entertaining.” Instead, I hear the gift to the church found within the experiences of children with ADHD as an invitation to discover and retrieve the active spirituality of the Christian tradition too often subordinated, at least in many of its mainline Protestant forms, under too much “seat time.” Attending to God may not look the same as practiced by children with ADHD, and the church needs to balance making room for their differences with helping them live well with those of other people in the faith community.

Children with ADHD invite the church to reclaim a richly aesthetic, embodied, and sensual experience of God and of worship. Embracing a broader understanding of attention to the Holy than listening to words—attention that includes musical and image-oriented forms of engagement--already stand in the foreground for an entire generation of young adults raised with

digital media. Such an embrace need not erase illumination of the mind, important for children with ADHD and for others. But it brings as well the possibility of illumination of the heart that comes from giving into the senses, being caught up in the images of stained glass or the rhythms and sounds of a hymn. Instead of seeing these experiences as standing just outside of the spoken parts of worship, aesthetic attention to God is a primary means of worship. All of us could benefit from such retrievals of aesthetics not simply for variety's sake but because such alternative forms of attending to God constitute distinct, and often neglected, forms of knowing that are different and potentially richer than only "thinking with words."

Second, children with ADHD call the church to recover its mission to act in present-time and respond to the "urgent now." Children with ADHD want to do something. They want it to happen now. The present-time orientation of children with ADHD takes shape as differences in the workings of the brain's executive functioning that allow others to plan for the future, organize, or make use of past experience for a future oriented goal. Children with ADHD, residing in the perpetual present, are alert to the moment. As such, they call forth the church's spirituality of immediate action. In ecclesial contexts where committees may substitute talking about prayer instead of talking with God, or talking about feeding and healing instead of engaging in these ministries with people in need, a spirituality of immediacy and action offers a necessary counterpoint to a spirituality of constant deferral. This kind of spirituality also can be seen when contemplation is wedded to engagement in the world, and where contemplative prayer and action for justice stand deeply entwined.

Third, children with ADHD point the church to a more wholistic spirituality that embraces the entirety of human experience, and not just the parts that are lovely, pleasurable, or conforming to standards of niceness. Children with ADHD can be very difficult to live with and to love unconditionally. The differences in mental processes that sometimes make these children difficult to befriend, parent, teach, or share a worship space with, challenge the church to a spirituality of robust fortitude in the face of difficult circumstances for the sake of love (Gerber, 2007). This calls forth recognition of human experiences of frustration, discomfort, pain, alienation, and suffering as places where spirituality can be birthed.

Is there a form of spirituality or contemplative practice arising from the suffering of ADHD? Lisa Gerber writes with understanding about the difficult struggles involved in parenting children with ADHD. Her excellent work exploring Christian virtues necessary for parenting children with ADHD spell out the crisis conditions under which parenting a child with ADHD often takes place. She helpfully lifts up three Christian virtues resident in the faith tradition that can operate as sustaining and guiding norms for parental practice: “sure provision,” Simeonic patience, and “domestic courage” (Gerber, 2007).

But what about the suffering of the children themselves, the ones who have ADHD? As I attend to such children—my own and other people’s children—one of the most overwhelming frustrations and heartbreaking situations that presents itself among children living with ADHD is loneliness. Problems in the executive functions of response inhibition, emotional regulation, and impulsivity show up in the form of socially awkward interpersonal encounters, resulting in the incredible social isolation, bullying, and rejection that children with ADHD too often experience

from their peers. Children who lack the executive skills for reciprocal social interactions, who have trouble reading social cues and maintaining relationships, as is often the case for children with ADHD, nevertheless have the same needs and desires for human contact and friendship that other children possess. Children with ADHD often lack friends.

Can the church forge its communal spiritual life out of an experience of lack and deprivation? Barbara Holmes (2004) uses the term “crisis contemplation” to name spirituality born of the horrors of slavery as she explores the kinds of contemplative practices emerging out of slave experiences of the Middle Passage, the auction block, and hush arbors that are part of black church spiritual heritage (Holmes, 2004). While I certainly would not compare the situation of children with ADHD to the institution of slavery, I appreciate Holmes as a wise guide and resource for thinking about spirituality amidst struggle as I re-imagine spirituality from the perspectives of children with ADHD. Holmes’ notion of “crisis contemplation” suggests that the human impulse to reach for God is so completely woven into the fabric of human experience that even times of crisis and unspeakable suffering issue in new forms of spiritual life.

Perhaps for some children, the “crisis contemplation” that takes form in the loneliness of ADHD is the bodily experience of crying. Crying is a child’s form of lament, when no words will do, or when words are not yet available. Akin to the moan in African American lament (Holmes, 2004; Noel 2009), crying aloud when one is alone is an embodied gesture that implies the possibility that *someone* hears the cry and receives the tears. This shedding of tears can be salve, an embodied release of a sense of abjection, offered out of a child’s “relational

consciousness” (Hay and Nye, 2006) or from the “capacity for self-transcendence, in which the self is embedded in something greater than the self, including the sacred” (Benson et. al. 2003). The call to the church from children with ADHD that comes out of their experiences of suffering, struggle, and loneliness, is for a spirituality of presence with all of children, including and especially the ones who are difficult, oppositional, intrusive, and lonely.

Fourth, children with ADHD remind the church that human life is always situated in cultural communities. This communal and cultural context of children’s lives raises for the church two important questions. The first concerns community: What does it mean to balance the different capacities for attention to God that are present in any worshipping community? Children with ADHD present educators and pastors in the church with the opportunity to recognize that even apart from ADHD, Christians exhibit a wide range of attention differences that affect faith formation, patterns of spiritual practice, and types of participation. The communal basis of human experience means, further, that to care well for children with ADHD necessitates support for those who constitute their closest community: generally, their family members and teachers, who may struggle in silence.

The second question concerns the relationship between the church and the cultural context in which it is embedded: How can churches bring theology to bear on elements of their cultural contexts that produce harm, to invite social transformation? Churches have a responsibility to critique elements of culture that do not contribute to the well-being and thriving of children. To the extent that living in a culture of distraction amplifies many of the problems

experienced by children with attention deficit issues, the church must advocate for cultural and social change based on its theological understandings of abundant life.

Finally, children with ADHD invite the church to embrace a spirituality of interruption and inattention, knowing that God can be found not only in the carefully planned programs and scripted orders of worship, but also in the unexpected insertion of a noise, a speaking voice, a movement that interrupts. Such a spirituality acknowledges the spontaneous activity of the Spirit when people “aren’t even looking”, i.e., are not particularly attentive to God. This too is part of our faith heritage. Matthew 25:31-40 describes followers of Jesus exercising neighbor love, unaware of and inattentive to the ways their actions of care to fellow humans embodied attention to Jesus who said, “Truly I tell you, as you did it to one of the least of these who are members of my family, you did it to me.” And in Christianity’s Jewish roots, the celebration of Purim a meal takes place amidst the reading of the story of Esther, sounds of noisemakers, and people milling around. The story is one of genocide. And the drinking of wine by the adults figures prominently, rabbis explain, because the aim is for *attention to fail*: one has not experienced Purim until reaching the point where they cannot distinguish between the blessing of heroes and the cursing of villains in the story. Perhaps children with ADHD function as prophets, calling us to humility with reminders that our efforts to be attentive to God do not define the boundaries of God’s presence or work in our lives.

What about interruptions? Henri Nouwen tells a story of a Notre Dame professor, trying valiantly to get work done amidst constant interruptions: “My whole life I have been complaining that my work was constantly interrupted, until I discovered that my interruptions

were my work” (Nouwen, 1975, p. 52). Children with ADHD often interrupt. The mental process by which a person stops a response or behavior works less efficiently and less consistently, manifesting itself in impulsive speaking and acting. The call to the churches is for a spirituality that welcomes differences in attention and interruptions as opportunities to encounter God and participate in God’s love, justice and reconciliation.

ADHD’s Challenges and Possibilities

ADHD presents distinctive challenges to the church’s ability to nurture faith in children, and for children’s participation in their communities of faith, especially in contexts where spiritual life and practices continue to be framed in terms of attention to God. ADHD compromises the way children suffering from it are able give their attention. This condition interferes with the child’s ability to experience and mark time as others without ADHD can. Differences in executive functioning make them more subject to the immediacy of their environments, drawing their attention to persistently focus on the present tense context of immediate experience. ADHD brings with it a host of other complexities that include difficulties living within rule-governed structures. Children with ADHD often have unmoderated emotional responses. Nearly every sphere of life, from social relations and learning to leisure participation, is affected by the ADHD-child’s difficulties with self-regulation.

But ADHD also presents distinctive possibilities for enlivening Christian spirituality and expanding its contours. Considered from the vantage point of assets, the differences of children with ADHD invite the church to a more expansive spirituality. Such spirituality encompasses movement, action and surprise. It is present-centered attention and immediacy of response to

urgent need. It calls forth persistent presence with people who are difficult to stay with, and the embrace of “crisis contemplation” practices such as children’s crying that can “imply” and reach toward the consoling presence of an unseen God from the depths of loneliness. It reminds the church of its responsibility to critique problematic aspects of culture and society, and to work for transformation by inviting people into an alternative way of life. It foregrounds the church’s need to be “interruptible” if it is to remain open and faithful. In this article I have suggested the need to consider the effects of ADHD on children’s spirituality, but also the opportunities for the churches to broaden what might be included in Christian spiritual practices of attending to God.

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