TIME BLIND OR TIME PROOF?

ADHD & Alternative Temporalities

By Chloe Violette Theodora Clair

Time blindness is a common symptom ascribed to individuals experiencing ADHD or the spectrum of ADHD symptoms. However, it is most often characterized as a deficit to functioning properly, whether this is in the workplace, schools, or relationships. Like much of the information surrounding neurodiversity, "time blindness" is a gross oversimplification of people with ADHD's felt experience of time. For individuals with ADHD, measuring changes in attention and shifts in chronoception (the perception of time) can be achieved through an analysis of art practice. This paper looks critically at the role that time plays in the lives of neurodiverse and neurotypical people alike.

> "The tradition of the oppressed teaches us that the 'state of emergency' with which we live is not the exception but the rule."
> — Walter Benjamin, *Illuminations*

I. Introduction

ADHD is most often apparent before the age of twelve, with individuals experiencing symptoms sometimes as early as three years old. An individual can be diagnosed with a primarily inattentive subtype of ADHD, which is associated with the classic example of having a hard time holding a thought or sentence or completing tasks. The hyperactive subtype corresponds more closely with fidgeting, feeling unable to sit still, or interrupting others with speech or movement.[1] Possessing both of these traits—or the combined type—is the most common presentation of ADHD. Still, its appearance is extremely subjective and can be affected by other factors. For example, a study recently found that higher quality home environments, such as those with more structure and integrated family activities, are associated with less pronounced ADHD symptoms.[2] Symptoms also tend to show up differently in accordance with gender identity, potentially reflecting the role social conventions play in influencing bodily and verbal affects. For example, a study showed that men with ADHD were more often incarcerated than women with ADHD, possibly due to hyperactive symptoms translating into aggressiveness under socially gendered norms of expression.[3] However, this study fails to account for gender non-conforming individuals and possible confounding

1 "Attention-Deficit/Hyperactivity Disorder (ADHD) in Children," Mayo Clinic, March 7, 2025, https://www.mayoclinic.org/diseases-conditions/adhd/symptoms-causes/syc-20350889.

2 A. Mulligan et al., "Home Environment: Association with Hyperactivity/Impulsivity in Children with ADHD and Their Non-ADHD Siblings," *Child: Care, Health and Development* 39, no. 2 (2011), https://doi.org/10.1111/j.1365-2214.2011.01345.x.

3 Julia J. Rucklidge, "Gender Differences in Attention-Deficit/Hyperactivity Disorder," *Psychiatric Clinics of North America* 33, no. 2 (2010), https://doi.org/10.1016/j.psc.2010.01.006.

variables such as class, as well as the fact that men are more likely to be referred for ADHD treatment than women.[4,5] Access to adequate healthcare—which is often tied to socioeconomic status—plays a crucial role in whether an individual receives an ADHD diagnosis and the accommodations that follow.

Discourse surrounding ADHD tends to highlight its physical basis—that the diagnosis corresponds to differences in brain structure, function, and neurotransmitter activity. These differences are often linked to genetic and epigenetic factors, which change the way neurotransmitters such as dopamine and norepinephrine are regulated in the brain.[6] However, this description is only one aspect of what it means to receive an ADHD diagnosis. Focusing on differences in physical brain function rather than felt experience too often leads to the overgeneralization of ADHD and enhances the difficulty of qualifying for and receiving proper care.

II. Pathologization of ADHD and its consequences

Neurological discourse often stigmatizes and pathologizes individuals with ADHD. These discourses can influence how individuals with ADHD understand and perceive themselves. For example, due to differences in executive functioning capacity, individuals with ADHD are characterized as having more difficulties with working memory, affect, emotional regulation, internal dialogue, and the ability to set goals and efficiently work towards them.[7] While neurobiology influences these traits for individuals with ADHD, too heavy of an emphasis on neurobiological factors affecting behavior and perception neglects the other psychological, environmental, and cultural factors that can influence how neurotypical and neurodivergent individuals experience the world. When their executive functioning capacity is pitted against that of the neurotypical, individuals with ADHD "break the scale," according to scholars. Even though their brains may physically operate differently, their brains are labeled as inherently "defective." These notions of "normal" functioning make shame extremely intertwined with the lived experience of ADHD, highlighting the role that scholarly discourse paradoxically plays in affirming low self-worth and low goal-setting in these individuals. In turn, children and adolescents with ADHD report reduced global, academic, and social self-esteem compared to their neurotypical peers.[8] Additionally, a further reduction in self-esteem occurs as these individuals age, most likely due to elevated societal expectations of normativity and comparison to peer performance as they enter adulthood and the workforce.[9]

Neurological discourse also treats ADHD as a solely neurobiological condition that must be "fixed." This leaves treatment largely in the hands of a psychiatrist—a medical doctor who focuses on the biological origins of symptoms—rather than a psychodynamic therapist or psychoanalyst, who approaches behavior in relation to a person's social-emotional world. Hence, consuming regular stimulant medication tends to be one of the most common treatment pathways taken by individuals or their caregivers. While stimulant medication can be a "quick fix" for issues with focusing and completing tasks, it comes nowhere near addressing the full spectrum of ADHD symptoms. Common stimulants like Adderall are often prescribed early as a catch-all "solution" because they address the most "problematic" of symptoms, or the symptoms that most violate established norms of productive behavior within schools and workplaces.[10] Often, psychodynamic therapy is not sought out at all in circumstances of ADHD, and if it is, requests on behalf of patients or their caregivers are simple: "How can we fix this?"[11]

Scholar and clinical psychologist Francine Conway argues that a psychodynamic approach to addressing an ADHD diagnosis is necessary as it impacts both the conscious and unconscious functioning of an individual. An expansion of clinical inquiry that emphasizes the psychological dynamics of and social responses towards

4 The intersection between gender identity and the expression of diagnostic symptoms for ADHD remains understudied, but falls outside of the current scope of this paper.

5 Rucklidge, "Gender Differences."

6 "Inside the ADHD Brain: Structure, Function, and Chemistry," ADDA, April 23, 2026, https://add.org/adhd-brain/.

7 Francine Conway, *Cultivating Compassion: A Psychodynamic Understanding of Attention Deficit Hyperactivity Disorder* (Rowman & Littlefield, 2017), 10.

8 Aksel Bjørø Pedersen et al., "Self-Esteem in Adults with ADHD Using the Rosenberg Self-Esteem Scale: A Systematic Review," *Journal of Attention Disorders* 28, no. 7 (2024), https://doi.org/10.1177/10870547241237245.

9 Pedersen et al., "Self-Esteem in Adults with ADHD."

10 Conway, *Cultivating Compassion*, 3.

11 Conway, *Cultivating Compassion*, 1.

ADHD must take place. Further, this clinical inquiry could reveal how neurological factors influence behavior, alter the course of interpersonal interactions, and contribute to one's internal sense of self.[12]

Within a capitalist society that uses academic and occupational success as a marker for the value of an individual, it is no wonder that individuals with ADHD are reduced to how their executive functioning capabilities differ from those of neurotypicals. Although other facets of being exist, they are discounted because they are not presented in a way that aligns with the economic and, subsequently, social hierarchy established by Western meritocracy. Strengths that are not directly related to task completion, performance, and achievement are not seen as strengths but rather as symbols of a lack of employability, intellect, and even maturity. According to the Attention Deficit Disorder Association, one in three people with ADHD will be unemployed at a given time and are 60 percent more likely to be fired from their place of work due to stigma and a lack of accommodations.[13]

These forms of stigma translate to reduced opportunities and poorer societal treatment, contributing to the notion that neurodivergent people must be "dealt with" in contemporary, ableist society via modes of social isolation. Not only are disabled individuals of all kinds grouped into generalized special education classrooms that are underresourced, but as adults, they are not provided with the accommodations or the opportunities necessary to exist as equals in the workplace. This reduces the perceived personhood of the disabled individual, making them a sum of their "defective" parts rather than a person recognized for their wholeness. In Foucault's *Madness and Civilization*, he traces the origin of modern psychiatry to its violent historical roots, where any individual considered mentally disabled or "mad" was sent away to mental institutions on the alleged "ship of fools." Within these institutions, they did not receive care, often worsening their condition as a whole and leading to an early death that could have been prevented.[14] Those deemed "worthy" of this fate were considered as "less than," which often meant they faced poverty, did not adhere to norms of gender and sexuality, were individuals of color, or were accused of committing crimes.[15] Unfortunately, these notions persist in modern culture. The mental institution, or the "castle of our conscience," then serves a dual function—to make an example out of those who fall outside of norms and to prevent the "spread" of normless ways of being. Normless ways of being acknowledge a truth that goes beyond the knowledge of the ruling class, and could very well undermine its power.[16]

The state exerts objectifying control over individuals by determining not only how, but whether, they are visible within dominant systems of recognition. Therefore, the Western cultural anxiety surrounding disabilities is a way of avoiding confronting the absurdity of its own regime, which gives authority to only some subjectivities and condemns the existence of all others. Western culture continuously asserts the superiority of the experiences of the white, cis, and able-bodied man.[17]

In the context of disability, this regime of truth can be closely linked to the incessant pathologizing of neurodiverse conditions because they are neurobiological and therefore appeal to the authority possessed by logic in medical discourse. An example of this lies within a study done in 2017 in which individuals of all ages with ADHD were shown to have smaller brain sizes on average than those without ADHD, providing direct physiological proof of illness that could confirm, for some, that their kids who get in trouble for misbehaving in early education are doing so for a reason.[18] This establishes a new, *pharmaceutical self*, as anthropologist Joseph Dumit would explain, as individuals learn to operate within a self that is inextricably linked to the diagnosis they have been given.[19] Essentially, when a child or adult with ADHD is shown "proof" that they have a smaller brain than their peers, agency is taken away from that person to defend a different truth and avoid negative pathologization. Everything that an individual with ADHD might do and feel becomes incorporated with the smaller brain presented in a side-by-side comparison of a neurodivergent and neurotypical brain. Dumit explains

12 Conway, *Cultivating Compassion*, 3.
13 "Impact of ADHD at Work," ADDA, July 24, 2023, https://add.org/impact-of-adhd-at-work/.
14 Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (Vintage, 1988), 7.
15 Foucault, *Madness and Civilization*, 8.
16 Foucault, *Madness and Civilization*, 11.
17 Michel Foucault, *Discipline and Punish: The Birth of the Prison* (Pantheon Books, 1977), 30.
18 Alison Poulton, "Imaging Study Confirms Differences in ADHD Brains," *The Conversation*, February 19, 2017, https://theconversation.com/imaging-study-confirms-differences-in-adhd-brains-73117.
19 Joseph Dumit, "Is It Me or My Brain? Depression and Neuroscientific Facts," *Journal of Medical Humanities* 24, no. 1-2 (2003), https://doi.org/10.1023/a:1021353631347.

that brain images were originally established as a way to "have madness be markedly different from us, who are thereby normals," but in an age of diagnosis, they enforce the idea that the brain is the self that cannot be fought, and vice versa.[20]

Dumit references the perspective of Tracy Thompson, who tells of her reckoning with depression, "[My brain] produced behavior, the sum total of which was somehow me. If I wanted to say simply that my brain was sick, I could stop there and disavow responsibility for that sickness—but if I did that, I would be giving up my idea of autonomy in the world. I would be simply a product of some chemical abnormality."[21] Referring constantly to neurobiological facts of brain function actually reduces the complexity of experience because it insists on those facts as a constant point of reference for internal experiences, reducing the validity of other sensations and truths. For example, ADHD-based care can be denied if one's grades in college are not low enough, but this may ignore one's struggle with emotional regulation, self-esteem, and anxiety issues. Furthermore, the false duality enforced by comparing one's experience to an image of their brain causes a constant deferral of expertise: "One is thrust into circumstances not of one's choosing, but within which one must cope by depending on self-monitoring necessarily supplemented by others who also understand one's pharmaceutical self."[22] The experience of being disabled alienates the mind from the body in pervasive ways that serve society in that the self no longer looks to the self for answers, and no longer feels capable of knowing anything, let alone their own experience: "Models serve social relations as much or more than social relations follow models."[23]

This reduction in agency, and the constant allegiance to a general politics of truth that does not take disabled bodies into consideration and rather pathologises and isolates them contributes further to the discourse that those with ADHD are non-functional rather than differently functional, and invaluable in the possibility that lies within their neurodiversity. This is consistent with the staggeringly high prevalence of comorbidity in those with ADHD, with a national 2022 parent survey revealing that approximately 78 percent of children with an ADHD diagnosis had at least one other condition.[24] Additionally, the Child Mind Institute determined in 2024 that kids with ADHD are two to three times more likely to abuse a substance later in life.[25] This is due to a multitude of factors, with anticipated difficulties in school or the workplace and struggles with belongingness at the forefront. This echoes the sentiment that looking at ADHD as a psychodynamic condition is increasingly necessary. By thinking critically about the norms that society places on those with ADHD, an approach can be taken toward understanding how both disabled and able-bodied folks live restricted by established regimes of truth.

III. Re-conceptualizing time perception

Among these regimes of truth is the construct of time. Society instructs individuals to see time as a backdrop that organises them in space and tethers them to order. Although time is just a word for a concept, it is treated as a universal roadmap for orienting attention and the self in line with Western society. Having ADHD reevaluates one's relationship with time closely, leaving those who have ADHD to feel that they are abnormal and must impose this structure on themselves, although it is not integrated with their felt reality. Neurotypical medical discourse characterizes temporal shifts undergone in those experiencing ADHD as the symptom of time blindness or "time perception deficit," reinforcing the notion that those with ADHD have an "incorrect" or improper relationship with time.[26] Discourse surrounding time blindness is inherently pathologizing because it carries with it the negative connotations ascribed to the word symptom, often invalidating the subjectivity of the experience of time for all people. Operating under the pretense that disabled individuals must find ways to better adhere to systems rather

20 Dumit, "Is It Me or My Brain?"
21 Dumit, "Is It Me or My Brain?"
22 Dumit, "Is It Me or My Brain?"
23 Dumit, "Is It Me or My Brain?"
24 "Data and Statistics on ADHD," CDC, November 19, 2024, https://www.cdc.gov/adhd/data/index.html.
25 Christina Frank, "ADHD and Substance Abuse," Child Mind Institute, July 28, 2022, https://childmind.org/article/adhd-and-substance-abuse/.
26 Vahid Nejati and Aida Peyvandi, "The Impact of Time Perception Remediation on Cold and Hot Executive Functions and Behavioral Symptoms in Children with ADHD," *Child Neuropsychology* 30, no. 4 (2024), https://doi.org/10.1080/09297049.2023.2252962.

than challenging the inherent biases of these systems themselves forms a dualistic notion of time, which makes one's orientation to it determined as either correct or incorrect. Interrogating the Western de facto that time is a forward-moving, fast-moving, largely inflexible, and external construct can make it feel possible to influence "[time's] course and even its quality."[27] Although taking this into account could produce a more meaningful or positive ontogeny for those living with and without neurodivergence, a perception of time that differs from the linear, five-day workweek is only discussed as a symptom rather than a super-ability. In the same way that only seeing ADHD as a neurobiological condition reduces experiences of it, seeing the relationship that neurodiverse individuals cultivate with time as merely "time blindness" reduces the expansiveness of time as a perceived phenomenon. For the neurodiverse and the neurotypical alike, "The temporal point of reference has thus changed from natural rhythms to the precision of the atomic clock, with a significant impact on our relationship to time."[28]

By looking at the felt experience of time, the ways in which Western, capitalist society actually invents symptoms by creating norms out of dynamic concepts could be illuminated. Social time, or normative time, is similar to capital in that it is an abstract object in which a profound meaning is projected, in that all other objects, identities, bodies, feelings, and lifestyles must cater to it: "Temporality is not, as Kant argues in his account of pure intuition, only explanatory of some of the most fundamental a priori features of human existence (such as the ability to experience duration, succession, and coexistence); rather it is present in all our dealings with ourselves, others, and objects, and as historical beings with particular practices and vocabularies we relate to time in culturally and historically specific ways."[29] Unpacking time calls for subverting a technology that is built into the lives of people to define the value of their work and the value of their minds and bodies, making society's modern obsession with time a silent but pervasive form of commodity fetishism, a term posed by Karl Marx to describe things ascribed inherent power, rather than being recognized as having value derived from the labor and social relations that brought them into existence.[30]

Less is known about the potential for neurodivergence to shift, reorganize, and offer new perspectives on the rigid identity of time. Understanding how time is fundamentally intertwined with perception will not only validate the lived realities of individuals with ADHD but will open the possibility for neurodiverse and neurotypical individuals alike to build different relationships with time—ones which do not reinforce a false objectivity. *Frontiers in Psychology*, a peer-reviewed journal that is the most cited in its field, has deduced from a range of research inquiries that "time perception may be one of the new cognitive markers for the diagnosis and treatment of psychiatric disorders," with there being little known regarding temporal abnormalities in people suffering from these disorders: "research on [time's] relationship with other cognitive impairments is not deep enough."[31]

In individuals with substantiated neurobiological and psychological components to their condition, such as those who experience schizophrenia or hallucinations, marked distortions of the perception of time were noticed.[32] If time perception is taken into account in the context of conditions deemed to be only neurobiological, such as ADHD, what could be learned about time perception as it relates to this condition in its wholeness, as an intersectional, psychosocial reality?

Psychodynamic methods are often not taken into account in the context of ADHD because of its false conception as a condition with onset that precedes the first twelve years of life, making research on matters of the mind stratified by that which falls under the realm of psychiatry and that which is psychoanalytic. It is thought that if children as young as three years old can be diagnosed with ADHD, they have not lived enough life, and therefore cannot provide enough psychoanalytic material for ADHD to be considered by doctors and within

27 Stefan Tanaka, *History Without Chronology* (Lever Press, 2019), 28, https://doi.org/10.3998/mpub.11418981.

28 Helga Schmid, "The Embodiment of Time," in *Digital Bodies: Creativity and Technology in the Arts and Humanities*, ed. Susan Broadhurst and Sara Price (Palgrave Macmillan UK, 2017), 97.

29 Espen Hammer, *Philosophy and Temporality from Kant to Critical Theory* (Cambridge University Press, 2011), 14.

30 Karl Marx, *Capital: A Critique of Political Economy*, vol. 1 (VM eBooks, 2016), 163.

31 Mingming Zhang et al., eds., "Time Perception and Time Experience in Psychiatric Disorders," *Frontiers in Psychiatry*, 2023, https://www.frontiersin.org/research-topics/40572/time-perception-and-time-experience-in-psychiatric-disorders/magazine.

32 Frederick Towne Melges and Carl Edward Fougerousse, "Time Sense, Emotions, and Acute Mental Illness," *Journal of Psychiatric Research* 4, no. 2 (1966), https://doi.org/10.1016/0022-3956(66)90025-2.

discourse as having psychoanalytic underpinnings. However, a study conducted across four population samples consistently showed the emergence of ADHD in adolescence, providing evidence that the late-onset of symptoms could actually be the "rule rather than the exception."[33]

By taking this into account, the potential for inquiry into the lives of those with ADHD becomes limitless. A study which looked at those who were diagnosed with ADHD later in life considered time through what is characterized clinically as a delayed circadian rhythm phase, or an "endogenous preference for later sleeping and waking times," which is prevalent in 75 percent of adults with ADHD who were diagnosed as children.[34]As an argument for the validity of a late-onset ADHD diagnosis, this study showed the correlation between adolescents who vary in internal circadian rhythms in comparison with their peers as resulting in an inability to adhere to the laws of social time.[35] This has an impact on performance in school and social settings, such as the "social jetlag" that results from variability in weekend and weekday sleep schedules and negatively impacts daytime functioning."[36] The relationship between a person's internal sense of time then, or their psychological time, is constantly being compared to an objective social time, determining these individuals as worthy of various pathologizing discourses on their ways of being merely because their experience of time is different, or viewed as deficient.

IV. Methods

The psychoanalytic assessment of children and adults alike with ADHD allows symptoms to be seen as "manifest phenomena" rather than just a purely descriptive, neurobiological condition, "[ADHD] can be understood in psychoanalytic terms as a disturbance in ego functioning, namely in the synthetic, integrative function."[37] This adds to the varying appearance of ADHD across gender, class, and age lines. Psychotherapist Karen Gilmore sees the nature of ADHD as closely intertwined with conditions of nurture, "The impact of this disturbance on development and its reverberation with dynamics, both intra-psychic and familial, create complex and highly individualized clinical presentations that evolve as development proceeds."[38]

Hence, this study looks at time using psychoanalytic frameworks of attachment, belonging, the processing of emotions, memory, anxiety, depression, and Heidegger's *Geist* or "spirit" which he articulates as an individual's meaning in relation to the *Dasein* or "being there."[39]

Alternate temporalities become especially apparent to those with ADHD when their attention is administered in different ways. It is speculated that directed attention is engaged when a neurodivergent person is not stimulated for the duration of the task, shifting their sense of time into a state in which it is felt to a greater extent.[40] On the contrary, unstructured activities that use automatic attention shift the perception of time to be less felt.[41] These activities, where "time blindness" is thought to occur, soothe and allow for the positive sensation of hyperfocus in those with ADHD.[42] Engaging in activities that shift the mind into automatic attention can be a highly personalized, self-administered form of therapy that regulates attention and allows for time hyperawareness to

33 Jessica R. Lunsford-Avery and Scott H. Kollins, "Editorial Perspective: Delayed Circadian Rhythm Phase: A Cause of Late-Onset Attention-Deficit/Hyperactivity Disorder among Adolescents?" *Journal of Child Psychology and Psychiatry* 59, no. 12 (2018), https://doi.org/10.1111/jcpp.12956.

34 Lunsford-Avery and Kollins, "Editorial Perspective."

35 Lunsford-Avery and Kollins, "Editorial Perspective."

36 Lunsford-Avery and Kollins, "Editorial Perspective."

37 Karen Gilmore, "Diagnosis, Dynamics, and Development: Considerations in the Psychoanalytic Assessment of Children with AD/HD," *Psychoanalytic Inquiry* 22, no. 3 (2002), https://doi.org/10.1080/07351692209348993.

38 Gilmore, "Diagnosis, Dynamics, and Development."

39 Sam Richards, "Spirit (Geist)," in *The Cambridge Heidegger Lexicon*, ed. Mark A. Wrathall (Cambridge University Press, 2021), https://doi.org/10.1017/9780511843778.190.

40 Walter Roberts et al., "Separating Automatic and Intentional Inhibitory Mechanisms of Attention in Adults with Attention-Deficit/Hyperactivity Disorder," *Journal of Abnormal Psychology* 120, no. 1 (2011), https://doi.org/10.1037/a0021408.

41 Roberts et al., "Separating Automatic and Intentional Inhibitory Mechanisms."

42 "What Is Time Blindness? And Why Does It Happen?" Cleveland Clinic, May 2, 2023, https://health.clevelandclinic.org/time-blindness.

dissipate. For example, therapists, parents, and educators in the learning disability sector are increasingly looking to making art as an unstructured, psychotherapeutic outlet for conditions of many kinds.[43]

This study looked at how ten adults with ADHD who already engage in creative work, or their own self-administered art therapy, engage with, experience, and feel time. These adults answered questions about their relationship with their art practice, an activity where one's experience of time is often altered due to a shift in the directing of attention. This study uses Daseinsanalysis, embedded in phenomenological anthropology, to describe a way of understanding someone's condition through coming into contact with their world, in order to understand the meaning they assign to existential concepts such as time, place, and being.[44] Daseinsanalysis is a framework that sees human beings as inherently temporal, with a coming towards oneself that happens in tandem with projecting toward the future, the "being-toward-death" which, when acknowledged, gives meaning and intentionality to present moments, "in anticipation, I project towards the future, but what comes out of the future is my past, my personal and cultural baggage, what Heidegger calls my "having-been-ness."[45] However, Daseinsanalysis stresses that one is not condemned to their past but is always in conversation with it because of how individuals make personal meaning from experience. By seeing the meaning of being, or of existential concepts as simply facets of how one designs their world in accordance with how they feel rather than external conditions, one is capable of taking agency in defining who they are through action, or what Heidegger terms "resoluteness."[46]

This approach is ideal for taking into account the varying dimensions of ADHD and time perception, in which time is both felt internally and attributed with personal agency, via psychological time, and negotiated externally, diminishing feelings of personal agency, in the form of social time. Through Daseinsanalysis, the question of time blindness can be addressed using an anthropological approach because it connects an individual's outer world with their inner world. Rather than considering a criterion of Freudian terms or DSM-defined symptomology, Daseinsanalysis begs the question, "What makes it possible for facts to be facts in all regions of the patient's experience?"[47]

V. Felt-experience of ADHD and time blindness

This study identifies how individuals with ADHD relate to and experience time in ways that contradict and rearrange neurotypical discourses. First, participants articulated a felt experience of time that had to be restricted in order to maintain congruency with social time. In the alienating context of everyday society, "being here" or being "in time" is an act of resistance similar to the creating or viewing of artwork, in which meanings are not asserted by another external force but rather felt as a result of a moment in which an individual's mind and body become tethered again. This can also be articulated through the terms of experience, in which sensuous connections to form and meaning become possible once being here becomes possible, allowing for a subjective world to exist.[48] This subjective world threatens the authority of time and capital, and individuals learn to adhere to and even desire a dismemberment of their minds from their bodies—a state in which presence becomes profoundly impossible. Hence, shame is bestowed upon individuals, neurotypical and neurodiverse, who grow up being instructed against existing in states that are unintelligible to society, despite the capacity for joy they manifest.

In discussions surrounding time blindness, interviewees revealed a hyper-awareness of time and its passing. Besides the clear contradiction this poses with the idea of being blind to time, it also puts into question the notion posed by doctors such as Russell Barkley that those with ADHD only live in the moment, and are "led by their noses," which Barkley acts out by grabbing himself by the nose on the podium with which he speaks,

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43 Zahavit Paz, "How Art Therapy Helps People with ADHD, Learning Disabilities and Autism," LDRFA, July 17, 2020, https://www.ldrfa.org/how-art-therapy-helps-people-with-adhd-learning-disabilities-and-autism/.

44 Erik Craig, "The History of Daseinsanalysis," in *The Wiley World Handbook of Existential Therapy*, ed. Emmy Van Deurzen et al. (John Wiley & Sons, 2019), https://doi.org/10.1002/9781119167198.ch1.

45 Richards, "Spirit (Geist)."

46 Richards, "Spirit (Geist)."

47 Ludwig Binswanger, *Being-in-the-World: Selected Papers of Ludwig Binswanger* (Souvenir Press, 1975), 31.

48 Walter Benjamin, *The Work of Art in the Age of Mechanical Reproduction* (Penguin, 2008).

into the present because it will always be more stimulating than their knowledge index of past or future.[49] A twenty-one-year-old student shared, "I don't think I live in the moment. I think I'm always in a million different places. I think that's the biggest thing that ADHD does: I'm never fully here. I'm always reflecting on times that have passed, and I'm always thinking about what will happen in the future." For participants like this one, what constituted the past, present, and future, or Heidegger's "unity," was deflated almost entirely of possibility into an ontology of pure anxiety.[50]

Participants expressed heightened anxiety around time, including a constant fear of being late. One participant shared that they "aspire to presence," with a tendency to rush through activities that they enjoy for fear that they are somehow wasting time, missing time, or neglecting other, better uses of their time. Often, this leads to the necessity to engage in activities to "process emotions at [one's] own pace" because of the disruption in feelings and sensations that is inherent to fixating on the clock. In the case of art, there is a reflexivity that can take place in the mind of someone with ADHD who is able to create and experience their own world-design, or the subjective construction and interpretation of their reality as it is "thrown" into external conditions.[51] That which the neurotypical could express as an incorporated relationship with time seems to be distorted when navigating ADHD symptoms, into what can be articulated in terms of joy, or "being here," and mourning, or "losing here."

Five participants shared that they arrive at scheduled activities and events "chronically early" because the anxiety of knowing that they are viewing time differently from others makes them unable to think about anything else. This coincides with distressing cognitive distortions that time is moving faster than they could ever get a handle on, with nine out of the tenparticipants interviewed sharing that they always feel that they are rushing, even if for no logical reason, "I'll be in class, I'll be sitting there, and I'll be checking the time, and in my head, I'll also be like: What am I rushing around about? Like, where do I need to be after well, in cases where I don't have anything to do after class anyway, where am I rushing to be?" Quite possibly, the mind is rushing to be anywhere other than its natural inclination—its felt reality, its sphere of sensory comfort.

These realms of comfort may look differently than that of the neurotypical: repetitive actions, hyperfocus on specific tasks, and often the continuous changing of artistic mediums within their art practice in order to stay engaged and joyful: "Some things that have helped have just been exploring new art mediums, like I've started doing watercolor, and I'm also doing oil paint, like jumping between instruments is really fun for me too," says a recent graduate. As focus and movement shift, time assumes different qualities. Seen fluidly, it becomes a versatile tool—one that can unlock aspects of one's present and latent self. One participant remarked that how she feels is very intertwined with how time feels: "When time feels short and constricted, I feel anxious and scattered, and when time feels abundant and adequate, I feel focused and content." She, along with others, expressed feeling restricted by time until they were able to begin engaging with their art practice, during which they felt time was virtually absent, as they were released from the anxiety of noting its constant passing. After they finished, many characterized time as feeling lighter, using words such as "soft" and "friendly" to describe it. Could the relationship between self and movement, mind and activity, be a way to fully occupy time and detach from the feeling of it as a fleeting, ephemeral entity? Definitions of "correct" ways to focus, complete tasks, and manage time have become biomedicalized, leading to a policing of the ebbs and flows that not only exist innately within humans, but make them resilient. Kimerer LaMothe writes about the act of dancing as resistance to the oppressive capacity of biomedicalization, for it allows individuals to enter a state of "bodily becoming," which subverts the mind-body disconnection imposed by modernity by forcing a conscious participation in "the rhythm of creating and becoming relational patterns of sensation and response."[52] By looking at time as a force of normative power that is exercised over all people, the intricacies of its psychological impact can be further understood.

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49 Russell Barkley, "Barkley: ADHD Is Time Blindness," posted by Peter 'ADDspeaker' Vang, August 6, 2017, YouTube, 7 min., 38 sec, https://youtu.be/fVqFElTrgLw?si=uFI_pH4gTxDfvWgW.

50 Simon Critchley, "Heidegger's Being and Time, Part 8: Temporality," *The Guardian*, July 27, 2009, https://www.theguardian.com/commentisfree/belief/2009/jul/27/heidegger-being-time-philosophy.

51 Binswanger, *Being-in-the-World*, 116.

52 Kimerer LaMothe, "Kimerer LaMothe on Why We Dance," *Columbia University Press Blog*, March 26, 2015, https://cupblog.org/2015/03/26/kimerer-lamothe-on-why-we-dance/.

Anxiety around time can be translated into that of the lost object, which, unlike in traditional psychoanalysis, where it becomes absorbed into other desires, is viewed by Daseinanalysis as not an object but a living relationship with loss, in that the site of losing is indistinguishable from the self. The self's ontology, then, is intrinsically intertwined with its own fragility: the limits, the brokenness that lies as a constant possibility. Many of the individuals with ADHD that were interviewed for this paper seemed to be suspended in states of mourning, in which moments of time were recorded in artwork and writing as relics to solidify the validity of the moment and the reality of the feelings embodied within them: "I like when you sit down and you're just writing and like doing everything you can to capture what you're currently feeling and thinking and where you're currently at, like you are pausing time for a moment because you're living fully or as much as you can." Recording time, then, is a personal coming-to-terms with the speed at which it seems to be passing. Witnessing the felt experience of time in those with ADHD, as witnessing a grieving process, makes it all the more clear why comorbidities such as depression and anxiety are so high. Daseinsanalysis stresses that often grief shatters existing worlds but creates possibilities for new ones, ones where time can be reassessed as an object with less or wavering significance, instead of a concept that anchors the ego in abandoned states of perpetual "having-been-ness."[53] Clock time reaffirms a shift away from intuitive states, fostering a sense of obligation, guilt, and anxiety about the future—driven by the belief that there will never be enough hours in the day to be or accomplish enough.

VI. Creating worlds

A woman in her early thirties explained why she became more aware of her symptoms once she entered the highly structured expectations of school, "I think a lot of my symptoms probably went undetected because I was homeschooled, and it wasn't even like homeschooling. It was like unschooling. So there was no working within any school district or set curriculum, and I kind of just followed whatever was interesting." After being diagnosed with ADHD, she acquired the consistent habit of limiting herself when she did things she truly enjoyed, so when she would engage in hyperfocus, it would almost always be at night, when she had "no limitations on whatever [she] was interested in." The sentiment of only feeling free from the limits of time at night, and nighttime being a temporal and spatial realm of self-actualization for those with ADHD, was ubiquitous among those interviewed. The woman in her thirties expressed that instituting daytime limits permeates many facets of her life. For example, she explained a process in which she taught herself time, turning on timers to measure everyday tasks so that she could better manage scheduling and timed tests required for her academic degree. Once the demands of responsibility cease, she is permitted to enter her "world," or the felt experience of her existence. Almost every participant interviewed shared sentiments surrounding the entering and creating of a kind of "world," or as one musician in his fifties shared, having "the need to control so that I can absorb [music] into my solitary space . . . even though it's a group space and I'm working with other musicians—they come into the cocoon." He goes on to explain that in the context of his business as well, it's a similar situation: "I bring all the workers into the cocoon."

However, being around other people sometimes distorted people's worlds as well. One adult shared that in her shared room with low light, it was often only the circadian rhythms of her roommate that indicated to her when to have meals and go to bed, making her perception of time highly intertwined with an alertness of the movements and routines of others, rather than coordinating her life with her own internal sense of being, "I feel more aware of time when I'm watching other people, like I'm watching time be processed through other people, and then I can kind of move along to that." "Being here," then, often translates to an anxiety that "here" is not the right place to be, or rather, not where everyone else is.

In describing their relationship to time, participants also emphasized anxiety and mourning. Daseinsanalysis uses psychoanalysis to affirm states of being rather than pathologize them into types, "rather than naming manic depression and schizophrenia disease entities, they are better described in [Binswanger's] view as 'styles' or 'modes' that capture and structure the rhythm and modulation of an experience."[54] By existing outside of the frameworks posed by time, rhythms specified to bodily and mental realities can further be uncovered by

53 Richards, "Spirit (Geist)."

54 Binswanger, *Being-in-the-World*, 178.

individuals themselves and enacted in their worlds. Discourse often uses temporal frameworks to distinguish between disabilities as a way to appeal to the authority of logic, in the case of terms such as "chronic," "acquired," "developmental," and "relapse."[55] While for some, these terms may provide helpful stability, they also tend to abstract and untether the disabled individual from their own felt experience of time, and most notably, their futures. The temporal phenomenon of "crip time" (a slang term that is normalized within communities designated for disabled folks) makes it necessary to understand time as not only a force that bolsters disability criteria but a site of resistance to the normative construct of social time. Within disabled minds and bodies, often, "Adhering to crip time . . . might mean recognizing that people will arrive at various intervals, and designing [events] accordingly; and it might also mean recognizing that [people] are processing language at various rates and adjusting the pace of a conversation. It is this notion of flexibility (not just 'extra' time) that matters."[56] Normative expectations of proper pacing and scheduling invalidate the spatial and temporal juncture created by experiences of disability, or in the case of ADHD, neurodiversity.

In Alison Kafer's *Feminist, Queer, Crip*, she expresses a curative time that has taken over the understanding of disability in context, in which futurity is used to cast people "out of time" or frame experiences of illness as "obstacles to the arc of progress."[57] Questions to individuals are asked in the context of when they will improve or how much longer they will have to live in their current state, rather than what their present moment feels like, and how disability might reframe the everyday rhythms of living with and through their bodies and minds. This takes agency away from those living with disabilities, whose sense of self, rooted in Heidegger's "unity" of past, present, and future, is fused into a state of waiting, in which what has not yet been is the only plane for possibility.[58]

Grieving the past may entail a more meaningful ontology than being absent from the present and in a perpetual state of disembodiment. By looking at time itself as a body, it can begin to guide individuals away from the somatic changes entailed by time, such as aging or illness, and into a queering of time as a process that moves through these changes. Kafer asks: How can queer temporality—which challenges normative temporalities of living, getting married, having kids, and dying—provide insight into disability-related experiences of temporality, in which time often stops, slows, and begins again?[59]

Finally, participants spoke of creating new worlds through art. These worlds were intertwined with the creation of a new subjectivity or sense of self. In a state in which the senses can be entered wholly, detached from external assertions of self such as time, the self becomes a site of play—capable of reinvention, of constantly making and remaking itself. Cutting off joy and self-imposing structure is a routine built into the lives of those with ADHD due to the guilt imposed by a society operated by and for the neurotypical, in which bodies are objects owned rather than inhabited, felt, and listened to: "I don't have time blindness but time freeness. Free-ness from my own expectations of myself. Freedom to play," said one participant. The ontogeny of guilt created surrounding time-blindness positions those with ADHD as somehow existing in opposition to time. This dismisses the value inherent within being "in time" or in a state of constant becoming: "Humans evolved as creatures with a unique ability to notice, recreate, and become relational patterns of movement."[60] Perhaps it is in working with art and material conditions, then, that the neurodiverse have an opportunity to experience themselves within a world that rarely reflects them.

VII. Uchronia

Heidegger's being-toward-death is a pillar of his existentialist phenomenology because it is a universal truth of being: time is moving in a direction that more or less points toward death. He argues that it is in confronting the truth of death that the meaning of life and the decisions one makes are reified. Through this, the drive to mourn

55 Alison Kafer, *Feminist, Queer, Crip* (Indiana University Press, 2013), 28.
56 Margaret Price, *Mad at School: Rhetorics of Mental Disability and Academic Life* (University of Michigan Press, 2011), 63.
57 Kafer, *Feminist, Queer, Crip*, 28.
58 Richards, "Spirit (Geist)."
59 Kafer, *Feminist, Queer, Crip*, 27.
60 LaMothe, "Kimerer LaMothe on Why We Dance."

lost time can be fully confronted by the drive to occupy time intentionally. This confrontation, or Heidegger's "resoluteness," then becomes possible only through encountering the self on a plane of authenticity, in which the self and the intimate reality of its finitude are entered wholly.[61] The ability to do this is abstracted by external conditions that shift, hide, and control one's internal ontology. Rather than seeing the body and mind as facing one large finitude (death), society quantifies time and space relationships, convincing the self that they are an object in that there are limits to being that they must regularly obey. Time then becomes something to conquer or win at instead of feeling because it defines who one is able to be. It is in constantly mourning selves through the filter cast by social conventions that life is cast into a net of general meaning, preventing individuals from deriving personal meaning and enacting change more regularly, as a practice of being "in time." In Byung-Chul Han's *The Burnout Society*, he contrasts Hannah Arendt by suggesting that the *vita contemplativa* (contemplative life) should take precedence over the *vita activa* (active life), explaining that "the *vita contemplativa* [contemplative life] connects to the experience of being [*Seinserfahrung*] in which what is beautiful and perfect does not change or pass—a state that eludes all human intervention." He poses the idea that it is an inability to honestly contemplate anything that results in a cycle of unintentional, nervous, and fleeting life.[62]

Constructs of time coerce individuals away from the significance inherent to experience, to play, to becoming. This paper, however, does not seek to undermine the importance of time in all of its meanings but rather to offer perspective, options, and insight into how liberating humans from time liberates them more generally. Uchronia, or "not time," was first posed as a fictional concept, but is now being used by biologists and sociologists to theorize alternatives to the current, fast-paced continuum. It overlaps concepts of utopia in that it envisions something currently unknown, with some suggesting following a system of biorhythmics as opposed to numeric, clock time, in which the body itself is the *Zeitgeber* (time giver or time cue).[63] More than any specific solution to the "problem" of time, seeing time as capable of critique reduces the pressure and responsibility placed on bodies and minds. The ways in which mentally and physically disabled folks are cast out of narratives of futurity and utopian society speak to the fears present society has of linking the mind and the body back together again, and what implications that could have on power structures. Not only do disabled individuals have a place in utopia, but their lives present models for them. Although by necessity, non-able-bodied people live despite dominant narratives, in ways shunned to corners and kept hidden from normative society. Time blindness, then, is a "symptom" which reminds the world of possibility, of the current existence of realized and unrealized utopias.

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61 Richards, "Spirit (Geist)."
62 Byung-Chul Han, *The Burnout Society* (Stanford University Press, 2015), 14.
63 Helga Nowotny, *Time: The Modern and Postmodern Experience* (John Wiley & Sons, 2015), 136.

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