

PROFESSIONAL CLASSICAL MUSICIANS WITH ADHD:

A QUALITATIVE STUDY

by

JOY HOFFMAN

(Under the Direction of Amy Pollard)

ABSTRACT

The primary purpose of this document is to promote awareness of the phenomenon of professional classical musicians with ADHD. This is a topic that researchers have not previously studied in depth. This document contains anecdotes from the workplace, practical compensation techniques, and honest insights about the struggles and triumphs of the working musician with ADHD. Those who are a part of this unique population will likely resonate with the experiences of likeminded musicians and acknowledge, maybe for the first time, that they are not alone.

The mainstream professional classical musician community will also benefit from this document. These musicians without ADHD will learn to notice and understand their colleagues who process information differently. Whether or not their counterparts with ADHD disclose a diagnosis, this understanding should promote empathy when working with such musicians who may need an extra moment to find a measure number in an orchestral rehearsal or need more frequent breaks in a chamber rehearsal.

Finally, this document will help further the research of high-functioning adults with ADHD. “Too often people with lived experience hear about ADHD in relation to

deficits, functional impairments and associations with substance misuse...or other disadvantages on almost every level of life...Perhaps other researchers should...document attributes that can promote or sustain well-being and flourishing in ADHD life.”¹

INDEX WORDS: Professional Classical Musician, Freelance Classical Musician, ADHD, ADD, High-functioning Adults with ADHD, Professionally Successful Adults with ADHD, Reframing ADHD

¹ Jane Ann Sedgwick, Andrew Merwood, and Philip Asherson,, “The positive aspects of attention deficit hyperactivity disorder: a qualitative investigation of successful adults with ADHD,” *ADHD Attention Deficit and Hyperactivity Disorders*, no.3 (2019): 250, <https://doi.org/10.1007/s12402-018-0277-6> (accessed July 15, 2020).

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A Dissertation Submitted to the Graduate Faculty of The University of Georgia in Partial
Fulfillment of the Requirements for the Degree

DOCTOR OF MUSICAL ARTS

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DEDICATION

To my husband Matt, my parents, my aunt Pam, and my dearest friends.

Thank you for your constant love,

tenacious support,

and unwavering belief in me.

Soli Deo Gloria.

ACKNOWLEDGEMENTS

I am greatly indebted to the eight participants who engaged in informative, thoughtful, and vulnerable interviews. Your experiences have brought my research to life.

Thank you to Dr. Farley and Dr. Frigo for your dedication and wisdom while serving on my committee. Thank you, Dad, for your thorough proofreading during the final stages of preparing this document. Finally, I would like to acknowledge my committee chair, bassoon professor and wonderful mentor, Dr. Amy Pollard. I have learned so much from you, and “because I knew you, I have been changed for good.”

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CHAPTER 1

INTRODUCTION

About six months before I began my D.M.A., my therapist guided me through a checklist in the DSM-V Handbook, confirming that I exhibit almost all the characteristics of an adult with Attention Deficit Hyperactive Disorder.² Reflecting on my life up until that point, I realized that nothing would have indicated to my parents, teachers, and guidance counselors that my brain had atypical wiring. Overall, I behaved appropriately, earned good grades, and worked diligently. I began playing the bassoon at eleven years old, I have completed two degrees in bassoon performance with a third almost finished, and I have established a professional freelance career in music.

I felt equal parts relief and frustration by this discovery. The relief came from having a logical explanation of my disorganization, difficulty finishing tasks, and selective attention to detail. Though these issues did not impede my early academic and musical success, they caused a lot of internal turmoil and anxiety in my life. My frustration, then, stemmed from wondering why this revelation did not surface until my late twenties.

A relevant example is the time I wanted to submit a recording for a bassoon competition at the start of my master's degree. As soon as the repertoire was posted I ordered the music with great excitement and momentum. Yet when the music arrived, I

² American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th edition, *Neurodevelopmental disorders*, <https://doi-org.proxy-remote.galib.uga.edu/10.1176/appi.books.9780890425596.dsm01>.

never developed a productive schedule for practicing, recording, and submitting the materials on time. Intimidation over the difficulty of the music led to my procrastination from practicing. More pressing deadlines arose and I quite passively gave up on the competition altogether.

This was not the only opportunity that I lost due to a vicious cycle of insecurity, procrastination, and general lack of planning. I have cowered away from auditions and other competitions as well, and these memories are marked by great shame. Though I would never look back and blame ADHD for any of my failures, I am thankful to now have this lens through which I can reframe and appreciate how my brain processes information.

Statement of Purpose

The primary purpose of this document is to promote awareness of the phenomenon of professional classical musicians with ADHD. This is a topic that researchers have not previously studied in depth. This document contains anecdotes from the workplace, practical compensation techniques, and honest insights about the struggles and triumphs of the working musician with ADHD. Those who are a part of this unique population will likely resonate with the experiences of likeminded musicians and acknowledge, maybe for the first time, that they are not alone.

The mainstream professional classical musician community will also benefit from this document. These musicians without ADHD will learn to notice and understand their colleagues who process information differently. Whether or not their counterparts with ADHD disclose a diagnosis, this understanding should promote empathy when working

with such musicians who may need an extra moment to find a measure number in an orchestral rehearsal or need more frequent breaks in a chamber rehearsal.

Finally, this document will help further the research of high-functioning adults with ADHD. “Too often people with lived experience hear about ADHD in relation to deficits, functional impairments and associations with substance misuse...or other disadvantages on almost every level of life... Perhaps other researchers should...document attributes that can promote or sustain well-being and flourishing in ADHD life.”³

Definition of Terms

ADD: Attention Deficit Disorder, the term used until 1994 to show the presentation of inattention ⁴

ADHD: Attention-Deficit/Hyperactive Disorder, the term used since 1994 to label anyone with attention deficit disorder, regardless of hyperactivity symptoms⁵

High functioning ADHD: “adults who meet diagnostic criteria for ADHD, but are still able to function relatively well.”⁶

Hyperfocus: an extended period of intense fixation on an activity⁷

³ Jane Ann Sedgwick, Andrew Merwood, and Philip Asherson, “The positive aspects of attention deficit hyperactivity disorder: a qualitative investigation of successful adults with ADHD,” *ADHD Attention Deficit and Hyperactivity Disorders*, no.3 (2019): 250, accessed July 15, 2020, <https://doi.org/10.1007/s12402-018-0277-6>.

⁴ “About ADHD-Overview,” Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), accessed August 31, 2020, <https://chadd.org/about-adhd/overview>.

⁵ Ibid.

⁶ Sedgwick et al, 241.

⁷ Royce Flippin, “Hyperfocus: The ADHD Phenomenon of Intense Fixation Attitude,” ADDITUDE accessed July 6, 2020, <https://www.additudemag.com/understanding-adhd-hyperfocus/>

Delimitations

For this study, each participant self-identified as a professional classical musician with a diagnosis of ADHD made by a therapist or healthcare provider. Though open to all instruments and voice types, only instrumentalists participated in the study.

Organization

The introductory chapter begins with an anecdote from the researcher as well as a statement of purpose, definition of terms, and delimitations for the research. The second chapter includes literature review on the demands of a career in classical music and a brief overview of ADHD in professionally successful adults. Chapter three addresses the methodology used in this study and chapter four summarizes the interviews with the eight participants. Chapter five offers a discussion of the interviews. Chapter six presents concluding thoughts and implications for future research.

CHAPTER II

LITERATURE REVIEW

Demands of a Career in Classical Music

Professional classical musicians know that a life in music demands the utmost discipline. In her book, *Beyond Talent*, professional consultant Dr. Angela Myles Beeching shares six qualities necessary for a successful musical career. They include talent, hard work, a winning attitude, sales skills, a support system, and a strategy to reach long and short-term goals.⁸

Talent and hard work are obvious components, and it is not a novel concept to consider the number of music performance majors graduating each year compared to the number of professional positions available at any given time.⁹ When examining the most recent data just from the instruments represented by the participants in this study, it is especially apparent that there are far more qualified musicians than seats in professional ensembles.¹⁰ With that in mind, many classical musicians, including those in this study, have pursued freelance careers. As Dr. Ramon Ricker, Professor Emeritus of Saxophone at Eastman School of Music, explains,

...musicians, in general, are very entrepreneurial. We have to be, because very few of us can rely on just one type of activity to put enough bread on the table. We may play in an orchestra, but we also might teach at home or at a local school or university...Some of us play freelance gigs, or compose, arrange, and publish music. And other may have 'day gigs' (read: side businesses) outside of music...¹¹

⁸ Angela Beeching, *Beyond Talent*, 2nd ed. (New York: Oxford University Press, 2010), 8.

⁹ Ramon Ricker, *Lessons From A Street-wise Professor: What You Won't Learn at Most Music Schools* (New York: Soundown, Inc., 2011), xii.

¹⁰ See Appendix A

¹¹ Ricker, 15.

Part of the discipline necessary for building a freelance career includes reliability in working with potential employers: “One of the most central ingredients for building an active freelance career is clear, prompt, and professional communication. At a time when rapid electronic communication is the norm, contractors and clients alike will expect a fairly quick turn-around for email correspondence. Simply put, stay on top of email and phone messages.”¹²

In the orchestral setting, musicians are expected to arrive promptly to rehearsals and performances, with proper preparation of music. The Augusta Symphony Musician Policies and Procedures 2020-2021 states: “Each musician agrees to arrive at the rehearsal/concert venue at least ten minutes prior to every rehearsal and fifteen minutes prior to every performance...Any musicians arriving to a service after the specified starting time...will be charged a late fee.”¹³ Regarding preparation, “Musician agrees to prepare for all services. Failure to prepare will constitute a violation of the per-service agreement and the Symphony shall have the right to cancel this agreement without liability and without notice.”¹⁴

In *Beyond Talent*, Beeching addresses not only qualities necessary for a successful career in music, but she also addresses common challenges that arise for professional musicians. She discusses such issues as performance anxiety, time management, and interpersonal dynamics in chamber ensembles. Regarding performance anxiety, she notes, “Every musician experiences performance anxiety to some degree.

¹² New England Conservatory. “The Portfolio Career: Tips for Giggling and Freelancing,” NEC Entrepreneurial Musicianship, accessed September 4, 2020, https://necmusic.edu/sites/default/files/2018-08/CustomEM_Tips%20for%20Freelancing.pdf.

¹³ Augusta Symphony, *Augusta Symphony Musician Policies and Procedures, 2020-2021*.

¹⁴ Ibid.

But the *way* each person experiences it is unique. The extent to which anxiety interferes with a performer's abilities is as individual as the combination and range of symptoms experienced.”¹⁵

With time management, Beeching acknowledges the challenges of a balanced lifestyle. “...if you're practicing six hours a day but neglecting exercise, friends, and your nutrition, things aren't in balance. Likewise, if you're taking care of all the basics but never seem to find the time to practice or to work on managing your career, you'll have very few opportunities to perform, and your longer-term goals won't be achieved.”¹⁶

Beeching also explains some of the difficulties of playing in a chamber ensemble. “For some members, the ensemble may be top priority; for others, it may just be another casual gig. In order to adhere to a rehearsal and performance schedule, each group member needs to make a commitment to the ensemble. So, it's crucial that groups discuss goals and expectations.”¹⁷

For anyone who diligently endures the training and pressures of working as a professional musician, the feat is commendable. For those with any underlying mental disorders like ADHD, the already arduous path is paved with additional hurdles.

Brief overview of ADHD

According to the Statistical Manual of Mental Disorders, Attention-deficit/hyperactivity disorder features “a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.”¹⁸ The

¹⁵ Beeching, 232.

¹⁶ Ibid., 276.

¹⁷ Ibid, 43.

¹⁸ American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th edition, *Neurodevelopmental disorders*, <https://doi.org/10.1176/appi.books.9780890425596.dsm01>.

diagnostic criteria are provided below in addition to the common medications used to treat ADHD.

Attention-Deficit/Hyperactivity Disorder

Attention-Deficit/Hyperactivity Disorder

Diagnostic Criteria

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. **Inattention:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
 - **Note:** The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.
 - a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
 - b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
 - c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
 - d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
 - e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized

work; has poor time management; fails to meet deadlines).

- f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
 - g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
 - h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
 - i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).
2. **Hyperactivity and impulsivity:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
- a. **Note:** The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.
 - a. Often fidgets with or taps hands or feet or squirms in seat.
 - b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
 - c. Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)
 - d. Often unable to play or engage in leisure activities quietly.
 - e. Is often “on the go,” acting as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
 - f. Often talks excessively.

- g. Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
 - h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
 - i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).
- B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.
- C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).
- D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

Figure 1: Criteria for Diagnosing ADHD¹⁹

¹⁹ American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th edition, *Neurodevelopmental disorders*, <https://doi.org/10.1176/appi.books.9780890425596.dsm01>.



Medications Used in the Treatment of ADHD
Approved by the US FDA



Methylphenidate-based Stimulants

Follow the link on the medication name for its medication guide and generic information if available.

Delivery	Brand Name	Duration	Form	Available Dosage Strengths	Concerns & Side Effects
Immediate release	Focalin® <i>(generic available)</i>	3–5 hours	tablet	2.5 mg 5 mg 10 mg	Common side effects include: <ul style="list-style-type: none"> • headache • decreased appetite • stomach ache • nervousness • trouble sleeping • nausea • reduced spontaneity
	Methylin® Oral Solution <i>(generic available)</i>	3–5 hours	liquid	5 mg/5ml 10 mg/5ml	
	Methylin® Chewable	3–5 hours	chewable tablet	2.5 mg 5 mg 10 mg	
	Ritalin® <i>(generic available)</i>	3–5 hours	tablet	5 mg 10 mg 20 mg	
Sustained release	Ritalin-SR®	7–8 hours	tablet	20 mg	Other side effects may include: <ul style="list-style-type: none"> • slowing of growth (height and weight) in children • eyesight changes or blurred vision • painful and prolonged erections
Extended release	Adhansia XR™	12+ hours	capsule	25 mg 35 mg 45 mg 55 mg 70 mg 85 mg	Heart-related problems: <ul style="list-style-type: none"> • sudden death in patients who have heart problems or heart defects • stroke and heart attack in adults • increased blood pressure and heart rate Mental (psychiatric) problems: <ul style="list-style-type: none"> • new or worse behavior and thought problems • new or worse bipolar illness • new or worse aggressive behavior or hostility • new psychotic symptoms (such as hearing voices, believing things that are not true, suspiciousness) or new manic symptoms Circulation problems in fingers and toes
	Aptensio XR™ <i>(generic available)</i>	7–8 hours	capsule	10 mg 15 mg 20 mg 30 mg 40 mg 50 mg 60 mg	
	Concerta® <i>(generic available)</i>	10–12 hours	tablet	18 mg 27 mg 36 mg 54 mg	
	Cotempla™XR-ODT	8–12 hours	tablet	8.6 mg 17.3 mg 25.9 mg	
	Daytrana®	10–12 hours (9 hours applied + up to three hours after)	transdermal patch	10 mg 15 mg 20mg 30mg	
	Focalin XR® <i>(generic available)</i>	12 hours	capsule	5 mg 10 mg 15 mg 20 mg 25 mg 30 mg 35 mg 40 mg	
	Jornay PM™	12+ hours	capsule	20 mg 60 mg 40 mg 80 mg 100 mg	



Medications Used in the Treatment of ADHD Approved by the US FDA



Delivery	Brand Name	Duration	Form	Available Dosage Strengths	Concerns & Side Effects
Extended release	Adderall XR® (generic available)	8–12 hours	capsule	5 mg 10 mg 15 mg 20 mg 25 mg 30 mg	<p>Other side effects may include:</p> <ul style="list-style-type: none"> slowing of growth (height and weight) in children eyesight changes or blurred vision impotence or sexual problems <p>Heart-related problems:</p> <ul style="list-style-type: none"> sudden death in patients who have heart problems or heart defects stroke and heart attack in adults increased blood pressure and heart rate <p>Mental (psychiatric) problems:</p> <ul style="list-style-type: none"> new or worse behavior and thought problems new or worse bipolar illness new or worse aggressive behavior or hostility new psychotic symptoms (such as hearing voices, believing things that are not true, suspiciousness) or new manic symptoms
	Adzenys ER		liquid	3.1 mg/2.5 ml 6.3 mg/5 ml 9.4 mg/7.5 ml 12.5 mg/10 ml 15.7 mg/12.5 ml 18.8 mg/15 ml	
	Adzenys XR-ODT™	9–10 hours—children 11 hours—adults	tablet	3.1 mg 6.3 mg 9.4 mg 12.5 mg 15.7 mg 18.8 mg	
	Dexedrine® (generic available)	6–9 hours	capsule	5 mg 10 mg 15 mg	
	Desoxyn®	4–8 hours	tablet	5 mg	
	Dyanavel® XR	8–12 hours	liquid	2.5 mg/1 ml 5 mg/2 ml 7.5 mg/3 ml 10 mg/4 ml 12.5 mg/5 ml 15 mg/6 ml 17.5 mg/7 ml 20 mg/8 ml	
	Mydayis™	16 hours	capsule	12.5 mg 25 mg 37.5 mg 50 mg	
	Vyvanse®	10–12 hours	capsule	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg 70 mg	
	Vyvanse®	8–12 hours	chewable tablet	10 mg 20 mg 30 mg 40 mg 50 mg 60 mg	

Figure 2: List of Common ADHD Medications ²⁰

²⁰ CHADD, “Medications Used in the Treatment of ADHD”, accessed November 1, 2020, <https://chadd.org/for-parents/medications-used-in-the-treatment-of-adhd/>.

Dr. Eckert Altenmüller, who holds a master's degree in flute performance in addition to MD and PhD degrees in Neurology and Neurophysiology, believes that the term "attention deficit" is an imprecise term because "the disorder is not thought to involve a lack of attention. Rather there appears to be difficulty in regulating attention, so that attention is simultaneously given to too many stimuli."²¹

Executive Function

To better understand ADHD, it is important to introduce the concept of executive function in the brain. ADHD expert Dr. Russell Barkley explains, "Executive function is the cognitive process that organizes thoughts and activities, prioritizes tasks, manages time efficiently, and makes decisions. Executive function skills are the skills that help us establish structures and strategies for managing projects and determine the actions required to move each project forward."²²

Dr. Altenmüller describes the effects of ADHD as "disturbances" in the brain's executive functions.²³ The specific executive functions impacted are "the ability to organize thinking, the ability to shift thought patterns, short-term memory, the ability to distinguish between emotional and logical responses, the ability to make a reasoned decision, and the ability to set a goal and plan how to approach that goal."²⁴

²¹ Eckart Altenmüller, "Musical learning in individuals with disabilities," in *Neurosciences in Music Pedagogy*, edited by W. Grugh & F. Rauscher (New York: Nova Science Publishers, Inc, 2007), 247, ResearchGate.

²² ADHD Editorial Board, Russell Barkley, "What Is Executive Function? 7 Deficits Tied to ADHD," ADDitude, accessed November 5, 2020, <https://www.additudemag.com/7-executive-function-deficits-linked-to-adhd/>.

²³ Altenmüller, 247.

²⁴ Ibid, 248.

Challenges for Adults with ADHD in the Workplace

The challenges adults with ADHD face in the workplace stem from inherent weaknesses in these basic executive functions. “Employees may have difficulties with time management, organizing their schedule, keeping on top of their work load, following instructions and exhibit emotional liability.”²⁵ ADHD specialist Dr. Kathleen Nadeau elaborates on the executive function impairment:

Poor time management skills result in chronic lateness and missed deadlines; organizational problems lead to cluttered desks, misplaced paperwork, and difficulty in scheduling and prioritizing tasks. Difficulties with self-regulation and need for structure often make it difficult for the adult who has ADHD to work well independently and to complete complex, multistep tasks. The adult who seeks consultation regarding ADHD is likely to report that life’s demands feel overwhelming and that the daily life feels out of control.²⁶

In “Professionally Successful Adults with Attention-deficit/hyperactivity Disorder,” Dr. Andre Palmini explains that a major symptom in this population is procrastination:

“...patients have a reasonably clear idea of their duties and of arrangements with others. However, their acts suggest otherwise, as if they were not ‘anchored’ in the future consequence of such acts...In the lack of anchoring, that is, of a brain representation of future scenarios, it is easy to deviate from the trajectory that would lead to the desired consequence.”²⁷

This is especially frustrating because “the tendency to procrastinate...is not related with the intellectual abilities to actually perform the task. There is, indeed, a very ‘painful’

²⁵ Marios Adamou, et al, “Occupational issues of adults with ADHD,” *BMC Psychiatry*, 13:59, (2013): 3, accessed April 15, 2019, <https://doi-org.proxy-remote.galib.uga.edu/10.1186/1471-244X-13-59>.

²⁶ Kathleen Nadeau, “Career Choices and Workplace Challenges for Individuals With ADHD,” *Journal of Clinical Psychology* 61, no.5 (2005): 550, accessed April 16, 2019, <https://doi.org/10.1002/jclp.20119>.

²⁷ Andre Palmini, "Professionally Successful Adults with Attention-deficit/hyperactivity Disorder (ADHD): Compensation Strategies and Subjective Effects of Pharmacological Treatment," *Dementia & Neuropsychologia*. 2, no. 1(March 2008): 66-67, accessed July 8, 2020, <https://doi.org/10.1590/S1980-57642009DN20100013>.

discrepancy in which on the one hand the person is capable of performing the task, but on the other simply cannot engage to do what has to be done.”²⁸

High-Achieving Adults with ADHD

Intelligent and successful adults with ADHD symptoms sometime struggle to get a diagnosis. Clinical psychologist Dr. Thomas Brown explains that high IQ adults with ADHD have often “been told by educators and clinicians that their superior intelligence precludes their having ADHD.”²⁹ Impairments might not have become apparent “until the adult began university studies or employment where he or she was challenged by increased demands for EF [executive functions].”³⁰

Despite the impairment in executive function, adults with ADHD can certainly achieve workplace success. Palmini addresses various compensation strategies to address common struggles that adults with ADHD face at work, both practical and effort-related. For example, someone that procrastinates often develops the ability to exert a “last minute push,” and someone who struggles with finishing tasks can exercise “active effortful vigilance.”³¹

The article “The Positive Aspects of Attention Deficit Hyperactivity Disorder: A Qualitative Investigation of Successful Adults with ADHD” explains that successful adults with ADHD have unique character traits that successful adults without ADHD do not have.³² One trait is called cognitive dynamism, described by “spontaneous and non-

²⁸ Andre Palmini, 67.

²⁹ Thomas E. Brown., Philipp C. Reichel, and Donald M. Quinlan, “Executive Function Impairments in High IQ Adults with ADHD,” *Journal of Attention Disorders* 13, no. 2 (September 2009): 161, accessed May 1, 2019, <https://journals-sagepub-com.proxy-remote.galib.uga.edu/doi/pdf/10.1177/1087054708326113>.

³⁰ Ibid, 6.

³¹ Andre Palmini, 65.

³² Jane Sedgwick, Andrew Merwood, and Philip Asherson, "The Positive Aspects of Attention Deficit Hyperactivity Disorder: A Qualitative Investigation of Successful Adults with ADHD," *ADHD Attention*

sequential thought processes, flashes of images, as well as episodes of intense mental focus.”³³ The other unique trait is abundant energy, which people positively associate with their ADHD.³⁴

Model of Success

In “Identifying Alterable Patterns in Employment Success for Highly Successful Adults with Learning Disabilities,” Gerber, Ginsberg, and Reiff studied interviews of 71 successful adults with learning disabilities.³⁵ Gerber later shared the results to *ADHD Report* to include adults with ADHD and/or learning disabilities.³⁶ They concluded that the source of success in adults with ADHD and learning disabilities (LD) is control, which is “making conscious and well-grounded decisions to take charge of one’s life.”³⁷

This control occurs both internally and externally, as Gerber explained in his “Model for Employment Success for Adults with LD and ADHD.”³⁸ The internal manifestations include desire, goal orientation, and reframing. The external manifestations include persistence, goodness of fit, learned creativity, and social ecologies.

Linking Successful Adults with ADHD with the Demands of a Career in Classical Music

Gerber’s “Model for Employment Success for Adults with LD and ADHD”

Deficit and Hyperactivity Disorders 11, no. 3 (2019): 241, accessed July 3, 2020, <https://doi.org/10.1007/s12402-018-0277-6>.

³³ Sedwick et al, 244.

³⁴ Ibid., 245.

³⁵ Paul J Gerber., Rick Ginsberg, and Henry B. Reiff, “Identifying Alterable Patterns in Employment Success for Highly Successful Adults with Learning Disabilities,” *Journal of Learning Disabilities* 25, no. 8 (October 1992): 475–87, accessed April 15, 2019, <https://doi.org/10.1177/002221949202500802>.

³⁶ Paul J. Gerber, “Employment of adults with learning disabilities and ADHD: Reasons for success and implications for resilience,” *The ADHD Report*, 9, no.4 (2001): 1-5, accessed April 8, 2019, <https://doi.org/10.1521/adhd.9.4.1.19067>.

³⁷ Ibid., 2.

³⁸ Ibid., 3.

complement Beeching's six qualities for a successful music career because "It can be argued that many of the components of the model are generic to becoming successful in employment."³⁹

Desire/Winning Attitude

In order for an adult with ADHD to achieve professional success, desire is critical. "Desire is important because of the variety of hurdles that an adult with LD and/or ADHD confronts throughout the day, each day of his/her life." This is similar to the winning attitude Beeching discusses: "You are motivated, focused and resilient; you can handle rejection."⁴⁰

Goal Orientation/Strategy

Gerber noted that the participants in his study who achieved success in the workplace planned and directed their internal desires: "...[they] consciously set goals for themselves. They were anxious about failure so they set goals (usually explicit ones) to diminish the chances of a fiasco."⁴¹ Beeching corroborates this by explaining, "Goals are dreams with deadlines. Planning ahead drives you toward your goal. Without long-term goals and the concrete plans to achieve these, we are at the mercy of all the distractions and immediate concerns of life around us."⁴²

Persistence/Hard Work

Persistence is crucial for the adult with ADHD in order to stay in control of his or her life and achieve professional success: "The interviewees repeatedly told us that they had to be willing to do whatever was necessary in order to accomplish something and this

³⁹ Gerber, 3.

⁴⁰ Beeching, 8.

⁴¹ Gerber, 3.

⁴² Beeching, 19.

often meant working harder than anyone else they knew.”⁴³ Author Barry Green, former Principal Bassist of the Cincinnati Symphony shares a similar quote, “When you very much want to accomplish something, your ambition will call forth the strength and commitment to do *whatever is necessary to realize your goal.*”⁴⁴

Goodness of Fit/Talent

Adults with ADHD have become professionally successful through working “in environments in which they could succeed, where their skills and abilities could be optimized.”⁴⁵ Finding enjoyable work is important, as “the high success group displayed a strong passion for their work.”⁴⁶ Though talent is the first of Beeching’s six qualities necessary for a successful career in music, it takes nuanced effort to find the best way to leverage it. Dr. Ricker compares this process to working with Legos. “In music and in life, the knowledge and skills, both musical and non-musical, which you have acquired thus far are like Legos. You put them together to create and build a career. You build ‘you.’”⁴⁷

Learned Creativity/Sales Skills

Learned creativity is important for the successful individual with ADHD. It is “the various strategies, techniques, and other mechanisms devised by the successful adults to enhance their ability to perform well.”⁴⁸ They have learned to “manipulate the system to avoid exposing their weaknesses” and have often “used modern

⁴³ Gerber, Ginsberg, and. Reiff, 482.

⁴⁴ Barry Green, *The Mastery of Music: Ten Pathways to True Artistry* (New York: Broadway Books, 2003), 68.

⁴⁵ Gerber, Ginsberg, and. Reiff, 482.

⁴⁶ Ibid.

⁴⁷ Ricker, 1.

⁴⁸ Gerber, Ginsberg, and Reiff, 483.

conveniences/technology as a means of adapting to their environment.”⁴⁹ Professional musicians must have strategies to perform their best not only when playing their instruments but when interacting with colleagues and future employers. Beeching describes this as having sales skills: “You communicate and present yourself well; your enthusiasm is contagious. You can articulate your strengths to prospective collaborators, clients and employers.”⁵⁰

Social Ecologies/Support System

Social ecologies are “the social systems that one develops when one is LD and/or ADHD because it is impossible to do everything by oneself. Thus, one needs to surround oneself with supportive and helpful people...Social ecologies can be formal (colleagues and coworkers) or informal (spouse or neighbor).”⁵¹ This is also important for professional musicians. “You have emotional support and encouragement from a group of friends and mentors. And your goals and plans do not cause conflict in your close relationships.”⁵²

Reframing

The internal manifestation of reframing is a unique element to the professionally successful adult with ADHD. “Reframing refers to relating or reinterpreting an LD and/or ADHD experience in a positive or productive manner. Moreover, the process of reframing is celebrating strengths and knowing full well of one’s weaknesses.”⁵³ The stages of reframing include recognizing one’s ADHD, understanding how it manifests

⁴⁹ Ibid.

⁵⁰ Beeching, 8.

⁵¹ Gerber, 4.

⁵² Beeching, 8.

⁵³ Gerber, Ginsberg,,and Reiff, 481.

itself in his or her life, accepting the disorder, and taking action towards his or her goals.⁵⁴

Summary

This chapter has introduced both the demands of a professional classical musician and a brief overview of ADHD in adults. At a cursory glance, the attention to detail necessary to succeed as a professional classical musician may seem incompatible with the workplace struggles of an adult with ADHD. However, the participants in this study will reconcile this through exhibiting Beeching's six qualities of success within the context of Gerber's "Model for Employment Success for Adults with LD and ADHD."

⁵⁴ Gerber, 3.

CHAPTER III

METHODOLOGY

For this qualitative study, the researcher used Interpretative Phenomenological Analysis (IPA). This method seeks “to explore in detail how participants are making sense of their personal and social world...the research exercise is a dynamic process with an active role for the researcher in that process.”⁵⁵

The researcher first secured permission to conduct the study through the Institutional Research Board at the University of Georgia. She found participants through purposeful sampling by contacting several fellow professional classical musicians that she knew with ADHD. They each received a recruiting letter via email inviting them to participate in a study about their experiences as a professional classical musician with ADHD. If they agreed to participate, they received a pre-interview questionnaire, a copy of the interview questions, a unofficial list of common struggles of working adults with ADHD, and a Human Subjects Consent Letter to review. Several of the participants referenced colleagues they knew with ADHD who might be interested in the study. The researcher contacted these other musicians and interviewed a total of eight participants. They each received a \$15 Starbucks gift card as a gesture of gratitude for their time.

⁵⁵Jonathan A. Smith and Mike Osborn, “Interpretative phenomenological analysis,” in *Qualitative psychology: A practical guide to research methods*, 2nd ed., edited by J. A. Smith, (Sage Publications, Inc, 2007), 53, Google E-Book.

The researcher crafted the interview questions based on the demands of professional classical musicians and asked how having ADHD has affected their experiences. These questions centered around common settings in which professional musicians work: practicing, rehearsing, performing, auditioning/interviewing, and teaching. A miscellaneous portion gave the participants an opportunity to share other details about their experiences and offer suggestions for potential compensations to the ADHD musician's working environment. Refer to the figures below for the interview questions and an unofficial list of common struggles of working adults with ADHD, given to each participant to review:

Interview Questions

Practicing:

- Please describe one of your typical practice sessions. (location, length of time, structure, etc.)
- Do you find that ADHD symptoms affect your ability to accomplish your practice goals?
 - If so, how? What hinders or distracts you?
 - What strategies do you use to compensate for your ADHD symptoms?

Rehearsing/Performing:

- Describe your process/routine for arriving to a rehearsal or performance. (How early do you arrive before the downbeat? Do you warm-up onstage/offstage? Interact with colleagues?)
- Do you think your routine is influenced by your ADHD?

- Generally, how would you describe your relationships with your colleagues and conductors? (Amicable? Tense?) Do you think your ADHD has affected your relationship with your colleagues and conductors?
- Do you find that ADHD symptoms affect your job efficacy during a rehearsal?
 - If so, how? What hinders or distracts you?
 - What strategies do you use to help compensate for your ADHD symptoms?
- Do your ADHD symptoms tend to affect you more during a performance or during a rehearsal?
- Are your ADHD symptoms better, worse, or the same when playing in a large ensemble, versus an un-conducted chamber ensemble or solo recital?

Auditioning/Interviewing:

- Describe your process/routine for showing up to an audition or interview. (How early do you arrive? Do you interact with other auditionees/applicants?)
- Do you find your ADHD symptoms affect you during the audition or interview itself?
 - If so, how? What hinders or distracts you?
 - What strategies do you use to help compensate your ADHD symptoms?

Teaching: (as applicable)

- Do you find that your ADHD symptoms affect your teaching efficacy while working with your students?
 - If so, how? What hinders you while teaching?
 - What strategies do you use to compensate for your ADHD symptoms?

Miscellaneous:

- If you indicated in the pre-interview questionnaire that you are willing to share about your diagnosis, please share the circumstances that led to your diagnosis.

(ex. who noticed the symptoms? Was it you, a family member, teacher etc.?) Do you recall any feelings surrounding the diagnosis?

- Can you recall a specific example when you felt like having ADHD was an asset to your career?
- Can you recall a specific example when you felt having ADHD was a hindrance to your career?
- In what genre (practicing, rehearsing, performing, auditioning/interviewing, teaching) do you feel you function at your highest level? In what genre is it hardest for you to function at your highest level?
- Is there anything you wish professional classical musicians without ADHD could understand about your experience?
- Are there any changes you think could/should be made to your working environment (ensemble rehearsals, the classroom, audition/ interview settings) to be more to be more accessible to classical musicians with ADHD? If so, what do you recommend?

Figure 3: Interview Questions

Common Struggles of Working Adults with ADHD*

- attention:
 - the ability to determine what to focus on and then start focusing on that task
 - the ability to maintain that focus
 - the ability to stop focusing on the task when it is finished
- remembering all tools necessary for completing tasks
- organization
- time management
- doing work that requires sitting still
- filling out paperwork
- accomplishing long-term projects
- punctuality
- dependability
- low self-esteem
- social skills
- interpersonal difficulties

*an unofficial list created for participants to review before the interview

Figure 4: Common Struggles of Working Adults with ADHD

The researcher video-recorded the interviews over Zoom, and each interview lasted 45-90 minutes. The participants gave their verbal consent to the research at the beginning of the interview. Though the researcher read from the prepared questions, the interviews were semi-structured: “This form of interviewing allows the researcher and participant to engage in a dialogue whereby initial questions are modified in the light of the participants’ responses and the investigator is able to probe interesting and important areas which arise.”⁵⁶

The researcher then transcribed each interview. She emailed the transcript to each respective participant for approval, a practice called “interviewee transcript review” (ITR).⁵⁷ This gave the interviewee an opportunity to correct any transcription errors from the interview and “...reinforce[d] the relationship between the researcher and the interviewee.”⁵⁸

The researcher reviewed each transcript multiple times, highlighting the elements of the interview that were relevant to the participants’ careers as classical musicians and elements that reflected their experiences with ADHD. The researcher tracked Beech’s six qualities for a successful career in music (talent, hard work, winning attitude, sales skills, support system, strategy) in the context of the seven qualities of Gerber’s “Model for Employment Success for Adults with LD and ADHD” (desire, goal orientation, persistence, goodness of fit, learning creativity, social ecologies, and reframing). She

⁵⁶ Smith and Osborn, 57.

⁵⁷ Victoria Hagens, Mark J. Dobrow, and Roger Chafe, “Interview Transcript Review: assessing the impact on qualitative research,” *BMC Medical Research Methodology* 9, no.47 (2009), accessed November 7, 2020, <https://doi.org/10.1186/1471-2288-9-47>.

⁵⁸ Ibid., Table 4.

created summaries of each interview and based the discussion section in Chapter Five on these qualities.

In the summaries, each participant's name was replaced by a number to protect his or her identity, and the researcher referred to him or her only by gender and instrument. To further protect anonymity, she omitted names of institutions where they attended, teach, or have taught. The researcher also did not include the names of ensembles where the participants perform.

CHAPTER IV

INTERVIEW SUMMARIES

Participant One

Participant One is a female oboist. She holds bachelor's and master's degrees in music performance and is a doctoral candidate in music performance. She is a freelance musician and teacher. Participant One received an ADHD diagnosis as an adult and takes Adderall three times daily to treat her ADHD symptoms.

Practicing

Participant One practices in 45-minute increments. The first session includes fundamental work with long tones and scales at various speeds. If time allows, she will also practice minor scales and articulation exercises. She stretches between each exercise to prevent pain from tendinitis. Participant One spends any additional 45-minute sessions practicing repertoire, keeping track of tempo progress by writing down the metronome markings she covered that day.

Participant One has observed that if she sets specific practice goals, she can sit and practice far longer than 45-minutes at a time. Without structure though, she says that she is not able to accomplish much and finds herself “playing *at* the music.” She practices in her dining room and is often distracted by various stimuli, including cats chasing each other or someone walking to the kitchen. She nostalgically remembers the simplicity of music school where there were fewer interruptions and her primary job was to practice.

Now, especially since she has finished her DMA coursework, she must prioritize paying the bills. Because of this, she feels that “practicing never wins.”

In addition to freelancing and teaching privately, Participant One works as a cashier and teaches music at an El Sistema-inspired school.⁵⁹ She often sacrifices practicing in order to better prepare for the varying demands of working with underprivileged students. She will even provide snacks for them so that they can stay more alert during class, and she also must be ready to quickly adjust lesson plans based on their capacity for the day. The children sometimes have so little energy that they struggle to hold up their instruments to play. By the end of the day, Participant One is usually exhausted and overwhelmed by the feeling there is always something else she needs to accomplish besides practicing.

Rehearsing/performing

Participant One strives to arrive to a rehearsal 30-minutes early, though sometimes gets distracted before leaving. She will realize that she needs to fill up her water bottle, pack a snack, and then decide to grab a coffee on the way. This adds stress to finding a parking spot and having adequate time to warm up. Since she has only had her diagnosis for a year and a half, she is still learning to become aware of her symptoms. She uses mindfulness as a coping mechanism and is learning to plan ahead more. This includes practical changes like filling up her water bottle ahead of time and following through with a New Year’s resolution to be early for everything.

As an oboist, setting up onstage requires bringing reed tools. Since Participant One also doubles on the English horn, she has even more equipment to organize. She

⁵⁹ El-Sistema is a Venezuelan youth music network. For more information, see Eric Booth, *The Music Teaching Artist’s Bible*, 225.

finds that she spends a lot of time trying to decide what to keep at her seat and what to leave back stage. Figuring out these logistics adds more time to her pre-rehearsal routine, leaving even less time to warm up. She usually feels embarrassed that she has not practiced enough for the rehearsal and plays long tones and reviews difficult passages before the start of rehearsal.

Participant One recalled a time in college when she experienced tension with a conductor. She had not spent enough time preparing an oboe solo and felt like she was only playing the notes and “just kind of phoning it in.” When the conductor asked her to play with more feeling, she played it again extraordinarily well and he told her to play it like *that* every time. She realized that instead of paying close attention, she was just trying to get through rehearsal. “I hadn’t really invested to the point that I felt comfortable playing. And I think about listening to people who play just so musically all the time and I think to myself, I would have to invest something, and it’s just so hard to invest, when you’re just trying to make it work.”

During rehearsals for professional orchestras, Participant One is often distracted by anxiety caused by unpreparedness. She tries to mentally practice while the conductor is talking to a different section but then loses her spot. Sometimes she zones out and misses cues. However, she thinks her ADHD symptoms affect her most during performances. She remembered a recent performance where she shut down and stopped concentrating. “I just kind of panicked and stopped playing. Instead of risking a wrong note, I just froze. I was afraid I would screw up.”

Participant One finds ADHD symptoms less inhibiting when she performs without a conductor. When she plays in a woodwind quintet or plays baroque oboe in an

early-music ensemble, she feels that she has more ownership over what is happening and is forced to stay engaged. She feels that in a larger ensemble, she is more inclined to try to “get away with not concentrating.”

Auditioning/Interviewing

Participant One has not taken an orchestral audition before but has had success freelancing through word of mouth. Despite the struggles she described with concentration, people like working with her because she is easy to play with and a nice person. She knows when to leverage friendly conversation and when to stay out of the way and keep quiet.

During interviews, Participant One talks a lot and sometimes struggles to focus on the question she is supposed to answer. She knows she is intelligent and has good interpersonal skills though, which gives her confidence. She relies on her medication to help her function at the highest level.

Teaching

Participant One has experienced struggles in teaching efficacy due to ADHD symptoms. In private lessons, she usually runs over the allotted time. One factor includes getting sidetracked with unrelated conversations. She also runs long if she has not finished scraping on a reed that she is providing for a student, something she acknowledged should be done on her own time. However, she describes herself as a thorough and detail-oriented teacher and wants to help her students accomplish a lot in lessons.

As discussed previously, Participant One is distracted in the classroom because of the emotional stressors of teaching in the El Sistema-inspired school. She recently dealt

with losing two of her students from the program because of behavioral issues. Preparation is crucial for this environment because the students are constantly misbehaving, not sitting in their seats, etc. Participant One has discovered that writing the lesson plan on the board is helpful not only for her but also for the students to understand her expectations.

Miscellaneous

Participant One requested an ADHD evaluation from her psychiatrist. She had experienced years of struggling with productivity, dismissed by teachers and guidance counselors because she maintained a 4.0 grade point average. Even college counselors dismissed her as “high functioning.” When the psychiatrist tested Participant One, it was readily apparent to him that she has ADHD, inattentive type. She feels frustrated that it took thirty-three years for her to get the appropriate diagnosis, and that she missed the opportunity to receive accommodations from grade school through her doctoral program.

Despite her struggles, ADHD has proved an asset to Participant One’s career because of her varied Curriculum vitae. She has worked in various capacities in her music career. She does not just try something and quit but stays with a job for at least two years. Having ADHD has contributed to her desire to try new things. However, she feels ADHD has hindered her career as she explains, “I never have it together. No matter what I do, there’s always something I overlooked. It just really permeates my existence.”

Practicing is the hardest genre for Participant One to function at her highest level. It is difficult for her to sit down and get her instrument out of the case. She recognizes that this affects all other aspects of playing. She functions highest in teaching because of

her years of experience. “Some things I just do out of habit, so there’s some automatic structure there.”

Participant One wishes that classical musicians without ADHD could understand that she is not lazy, an insecurity that she admitted she might project onto other people. She hopes that people without ADHD could understand the level of effort it takes, even to show up [to a rehearsal].

Participant Two

Participant Two is a female double bassist. She received her undergraduate degree in music performance and is a freelance musician and teacher. She was diagnosed with ADHD as a child and takes Ritalin daily to treat her ADHD symptoms.

Practicing

Participant Two practices for twenty to thirty minutes at a time. She warms up for about two minutes and then moves on to repertoire. She will turn a passage into an etude in order to hyperfocus on technique. Once she has command of the technical challenges, she incorporates musical nuances into the passage. Sometimes she is distracted by her young daughter coming into the room, but her biggest struggle is to take her bass out of the case and begin practicing.

Rehearsal and Performance

When driving to a rehearsal or performance, Participant Two arrives anywhere from 20-60 minutes early. This is dependent on the location of the venue and whether she needs to practice before the rehearsal. She intentionally builds in extra time in case she procrastinates and gets distracted.

Generally, Participant Two has amicable relationships with her conductors. She recently toured with a choir, and the conductor appreciated her flexible attitude. She found herself stimulated by the environment of a tour because she was doing something new that she found interesting.

ADHD symptoms often affect Participant Two in rehearsals. She sometimes forgets where to come in after counting measures of rests because she gets distracted by the musical lines of other sections. She has learned to compensate for this tendency by memorizing the music that she hears in the rests, and then she relies more on listening for her cue than watching for it in her music. If this intuitive method still does not work, she writes “COUNT” in her part.

Another helpful compensation that Participant Two has made in orchestral playing is to share a stand with a section-mate. She explained that most bass players prefer having their own stands so that they can see better, but “I’d rather have somebody there who’s looking at the same thing I’m looking at-that way I can feed off of them with transitions and keep up when things change in rehearsals.”

A stand-partner also provides an outlet for enduring long rehearsals. Participant Two commented that she enjoys quietly making jokes to the person next to her, often about the rushing and out-of-tune violins. This opportunity to momentarily lose focus relieves the pressure of having to stay alert the entire time and helps her overall rehearsal efficacy.

Participant Two struggles with ADHD symptoms more in rehearsals than in concerts. This is especially true when a conductor does not lead rehearsals efficiently because she knows, “if I miss something, I’ll get another chance.” In concerts, she does

not usually struggle with focus. She takes an extra Ritalin before a performance, especially if she has to drive a long distance to get there.

Participant Two's ADHD symptoms are worse in an orchestral setting because she can "hide" behind the other instruments, as her part is not usually exposed. She also lets her focus lapse when a conductor stops to work with other sections. She finds it easier to stay engaged as a soloist or in a small ensemble because she plays an independent line and cannot rely on reinforcement from the other musicians.

Auditioning/Interviewing

Participant Two arrives for auditions several hours early to allow enough time to find the location and to bring her bass and stool inside. She warms up, practices minimally, and relies on having a lot of downtime before the audition in order to stay calm.

She recalled an audition where she was performing a Bach excerpt. Although she had the music in front of her, she unintentionally started playing from memory. At one point, she lost her spot and had to stop playing. She attributed this to a loss of focus to her brain operating on "auto-pilot."

Like many musicians (with or without ADHD), Participant Two uses beta blockers before an audition. However, as previously mentioned, having downtime helps her the most to stay calm and focused on the day of an audition. "...Being able to let my mind wander and tune out and let my ADHD do its thing. Then that way, I can hyperfocus if I need to. If I don't have time to let my brain wander, then that's when things get stressful."

Teaching

Having ADHD affects the way Participant Two approaches teaching her private students. When she has a lot of students, it is difficult for her to remember who is working on which etude. She once kept a notebook to keep track of her students' assignments but found that she could not maintain it.

Though she teaches for a Suzuki-based college preparatory program, her teaching style does not reflect the organized and methodical Suzuki structure. She explained that lessons are very freeform. She has a student start playing and then she will "go after the shiny bits" (the problems that stick out). Though she has tried going into lessons with a plan of what she wants to accomplish with her student, she has learned that she is far more effective as a teacher to address issues as they come. This reactive method of teaching reflects not only how she was taught as a student, but also understanding the nature of her ADHD:

I think whenever I try to get hyperfocused and organized about how to teach, it feels like I'm trying to put a round peg in a square hole. It's just not how my brain can do things. It's out of my comfort zone, and so for me, when I'm teaching, my being comfortable and my students being comfortable tends to produce the best results, right? If I feel like my student is struggling to understand something and I'm not communicating effectively with them, then we're just spinning our wheels in the mud...and I feel like that's wasted time. I'd much rather have things be spontaneous but more effective.

Currently, Participant Two has one private student. An accommodation that has helped her is having the student's parents in the room during the lesson. The parents take notes for the child, and Participant Two is able to have them write down assignments and reminders. That way, she does not have to remember those details and does not take up lesson time to remember what the student last played.

Participant Two also teaches music for babies and toddlers through a program called *Musikgarten*. It comes with a pre-printed curriculum, so she does not need very much preparation time. Each weekly lesson includes an ordered list of songs, but she has the freedom to choose how much time to spend on each activity and when to incorporate various instruments. “You have to read the energy level when you’re working with toddlers. Are they super wound up? Do you need to help them calm down?” Participant Two enjoys “being able to adapt on the fly to whatever the kids are doing. Music for babies and toddlers, by design, it’s not very structured.”

Miscellaneous

Participant Two used to have impulsive outbursts at school and would get in trouble for not staying quiet in class. Her second-grade teacher wrote a note home, “begging” Participant Two’s parents to have her tested for ADHD. After she was diagnosed, she started taking Ritalin, and has continued to take it daily, with the exception of a brief period in high school. She explained that the stimulation of playing in three different youth orchestras kept her so busy that she did not need medication in order to focus.

Participant Two identified that her current situation of staying at home with her daughter does not provide the stimulation that she craves to stay productive, and she is often bored. However, she has a non-music job sewing costumes for an opera company that gives her an opportunity to work on a specific task. “I get really hyperfocused on a new project and I don’t really stop until it’s done... With a concert, when you’re playing music, objectively, subjectively, it’s never done. That concert could have gone better. But

when you give me something to make...the zipper is now in that pair of pants: they're in, they're correct, they zip, and it's wonderful."

In general, the ability to hyperfocus in certain situations has proven an asset in Participant Two's musical career. However, she has felt hindered by her inability to sustain focus long enough to prepare for a major orchestral audition. She realizes that she would have to practice for months in advance, which does not suit her lifestyle. "I can't really think well more than three or four weeks out...I bullet-journal now, which helps, but the hardest part for me with bullet-journaling is keeping with the future logs."⁶⁰

Participant Two wishes that musicians without ADHD could understand her struggle to focus in the practice room. She recalled filling out jury sheets in music school at the end of the semester, where she had to provide her average hours of weekly practice. Based on her level of performance, her professor was shocked when he saw how few hours she recorded. "You sound fine, we're not upset with your playing, but why are you brutally honest about how little you practice?" Since then, she generally does not like to discuss her practice habits to avoid potential judgment for being a "slacker."

Participant Three

Participant Three is a male bassoonist. He has a bachelor's degree in music education from a state university and a master's degree in music performance from a music conservatory. He is a freelance musician and teacher. Participant Three received an ADHD diagnosis as an adult and currently takes Vyvanse before auditions to treat his ADHD symptoms.

⁶⁰A bullet journal is a notebook used to organize pertinent information all in one place. It serves as a calendar to note daily, weekly, monthly, and long-term tasks. The user sets up and personalizes the journal based on specific goals and habits that he or she wishes to track. For more information, see <https://bulletjournal.com/>.

Practicing

Participant Three practices in his home office. Though his work schedule changes throughout the week, he tries to arrange it so that he can practice in the morning, when his focus is optimal. In an ideal practice session, he begins with scales, a scale etude, and then focuses on technical practice. If he finds his focus is especially keen that day, he will play long tones for a few minutes before moving on to music he is preparing for auditions and gigs.

ADHD symptoms like procrastination affect Participant Three in his struggle to sit down and start to practice. Once he starts, he often finds himself distracted by his reeds: “I’ll just completely get side tracked and I’ll go from a practice session to a reed session. That happens a lot.” It is a challenging balance though, because “when I’m trying to get really finite with the practicing, and I’m trying to get those extra fine details, I can’t get them if I don’t have a reed that works.”

Participant Three has started exercising more regularly to address his ADHD symptoms. He finds it helpful with managing stress; it is an activity where he feels in control and can focus for an hour on something other than the demands of the day. He normally works out at the end of the day to release stress and to ensure that practicing always gets the priority. “If I work out in the morning and replace the practice time with a workout, I probably won’t get to practice later.”

Rehearsing/Performing

Participant Three aims to arrive to orchestral rehearsals about 30 minutes before the downbeat, though sometimes it will be only 15-20 minutes. He might be ready to leave on time but then cannot find his keys, for example. During the day, his schedule

switches between two music teaching jobs as well as working at Whole Foods. He risks running late for his first commitment of the day due to difficulties leaving the house but does not struggle with punctuality traveling from job to job.

ADHD symptoms have not negatively affected Participant Three in his relationships with colleagues and conductors, as he shows up on time with his parts prepared. He occasionally finds himself distracted in a rehearsal when the conductor focuses on a section where he does not play. He either pulls out his phone or works on reeds, tends to get a bit off track, and then has to quickly refocus when it is time to play again. His ADHD symptoms are worse in a larger ensemble because “you can get away with a little more...your parts aren’t going to be as involved sometimes.” He finds that it is difficult to stay engaged when there are many measures of rest. In one of his early professional gigs, he did not trust himself to listen for his entrance, so he counted 178 measures of rest every time to ensure he did not mess up.

Participant Three struggles more with ADHD symptoms during performances than in rehearsals. He recounted a story of playing Bruckner’s Eighth Symphony during his master’s degree, before he was diagnosed with ADHD. Eight measures before a solo, his mind wandered to a Facebook post that a friend had shared and he messed up the part. He wondered why he lost focus, and especially on something completely unrelated to the task at hand. He later noticed a relationship between high-pressure situations and his propensity towards distraction.

Auditioning/Interviewing

On the day of an audition, Participant Three arrives about an hour early. He takes a Vyvanse to help him focus and a beta-blocker to ease performance anxiety. He warms

up with long tones, slow practice of the excerpts, and then starts each of the excerpts to make sure he can begin them well. As part of his audition preparation, he used to perform power poses, the practice of standing in a confident and powerful position in anticipation of a stressful situation.⁶¹ Now he enjoys having down time and listening to music before playing a few more notes and walking on stage.

ADHD symptoms affect Participant Three during the actual audition. He finds that he loses focus when the audition is going well because he starts analyzing and self-sabotaging. Though not unique only to musicians with ADHD, this harmful train of thought causes him to lose focus from thoughts of phrasing and singing a line to thoughts of “oh this is going really well, don’t mess it up, keep on going, don’t mess it up.”

Participant Three compensates by creating a strategy going to an audition. He thinks of certain key words before playing each excerpt, to get in the right frame of mind. He also considers technical aspects before an excerpt, such as, “don’t use too much air, don’t tongue too hard.” This self-direction channels his focus on one aspect of the excerpt to help him better execute it.

Teaching

Participant Three serves as an adjunct music teacher at a small private school. He describes himself as a “Swiss-army knife,” because he is able to teach in whatever capacity the band director needs: private lessons, coaching small ensembles, leading sectionals, etc. He also co-teaches a woodwinds class for a non-profit music organization.

Since teaching requires focusing on many stimuli at one time, he finds that he “steamrolls” to compensate. Unless he has specifically given the students an opportunity

⁶¹ For more information, see https://www.ted.com/talks/amy_cuddy_your_body_language_may_shape_who_you_are?language=en

to ask questions, he strives to maintain momentum to accomplish his lesson plans. This is because his tendency to get off topic when a student raises his/her hand with a semi-relevant question: “I’ll get sidetracked very easily, spiral it out of control, and I’ll kind of get off from where I wanted to go with the lesson.” Participant Three does not write out lesson plans but has a general plan of what he wants to work on with his students. On days that he is “winging it,” he feels he has a higher probability of getting sidetracked and that the lesson does not go as well.

Miscellaneous

Participant Three’s diagnosis story centers around the Bruckner performance during his master’s degree when he lost focus during his solo. That same weekend, he also had an audition where he “went blank” on stage after feeling great while warming up. He described one more example that happened around the same time, when he forgot his music for a gig where he was singing with a choir. He had made an intentional mental game plan to take his music downstairs, place it in a specific spot, use the bathroom, pick up the music from the same spot, and then go back upstairs. When he came back upstairs and had not remembered to pick up his music, he described feeling shame. He told himself, “You must have something physically wrong with you for you to forget that because you literally said, ‘You’re putting this folder down.’”

Participant Three began wondering if he might have ADHD and looked up symptoms. He saw a therapist who agreed with his assessment but directed him to a psychiatrist through an on-campus hospital for confirmation. The psychiatrist prescribed Vyvanse, which has helped Participant Three immensely. “When I started taking meds,

all of a sudden, I started advancing [in auditions], doing really well with it. It's like, 'Oh! Is this how normal people function?'"

He believes that the only reason he pursued a music career is because of his ADHD. It was the one subject in school where he stayed consistently interested, focused and found success. He identified himself as smart but did not get good grades in math, for example, because he did not feel like doing the work. He would get behind because he did not focus well in class.

When Participant Three began his undergraduate degree, he felt uncertain whether or not to major in music, but his undergraduate bassoon professor encouraged him to try it for a while and switch if he did not like it. "So I did music and kept on loving it more every day."

Despite his talent and affection for music, he feels having ADHD has put him at a disadvantage. He has had to compensate for his focus struggles by trying to achieve as much in a one-hour practice session as others do in a three or four-hour time span. Though he could take a Vyvanse and sit for three hours straight, he does not feel that is the healthiest approach for him.

Participant Three naturally functions at his best playing solo pieces in recitals. He also has the capacity for extremely effective practicing, though it does not happen all the time. "When I am focused...I can really come up with a game plan, figure out how to fix it, get it really clean. Just kind of depends on when I can focus or not. When I'm practicing, I'm good at it. What I'm not good at is getting into the practice room, physically getting there."

Like many bassoonists, he struggles to simultaneously balance reed work with practicing. The ADHD component allows him to hyperfocus while scraping on and adjusting a reed. Sometimes he fixates on the process though and takes off too much cane in one sitting, compromising the overall efficacy of the reed. On the contrary, if he has made several good reeds and can practice without making any adjustments, it is challenging for him to continuously make and scrape other reeds.

Participant Three wishes that professional classical musicians without ADHD would understand his level of dedication. He has felt guilt that he does not practice as much as other musicians. “When I got there [to conservatory], I felt a lot of judgment. Maybe that was just myself, but maybe also... that was the vibe they were just giving off, like I wasn’t in those practice rooms all the time.”

Participant Three would like to promote awareness about ADHD in the performing music community so that anyone who struggles with sustained focus can get appropriate help. He did not find out that he had ADHD until his master’s degree and knows that his situation could have been different. “If I would have known that, even in undergrad or high school, I would have saved myself a lot of stress, a lot anxiety, a lot of beating myself up over not getting stuff done and not accomplishing things.”

Participant Four

Participant Four is a female cellist. She earned her bachelor’s, master’s, and doctorate in music performance. She is a tenured associate professor at a state university, as well as a freelance musician. Participant Four was diagnosed with ADHD as a child but did not acknowledge the need for compensations until she was an adult. She does not

take medication specifically for ADHD, but the Zoloft⁶² that she takes for anxiety has helped alleviate her ADHD symptoms.

Practicing

As a tenured college professor, Participant Four has a busy teaching schedule and has to fit in short practice sessions throughout the day. She thrives on structure and routine but finds that difficult with teaching private students, attending meetings, lecturing, etc. Her overall goal is practice two hours a day, but she misses the time she had as a music student when she was able to practice four to six hours a day.

Her first practice session of the day includes an exercise she calls “finding my sound.” She prioritizes this because she knows her tone is the first element of cello playing that suffers when she does not have enough time to practice. She also plays through “excessive amounts of scales” and then runs through a list of items to practice.

“I write a list of all the things that I have to learn. I have a to-do list when it comes to practice. I have things at the top, things that are urgent, that are coming up next week. Then things that are really important, then things that are kind of on the back burner.” She also has other exercises that she runs through every day in addition to practicing her students’ music so that she can demonstrate effectively. She has found that she must keep her sessions fast-paced and varied in order for her to follow through with practicing.

At home, Participant Four likes to practice fundamentals in front of the television, with subtitles on and the sound off. She is able to listen to her sound, and it serves as an incentive to go through exercises and scales before she begins practicing repertoire. She

⁶² Zoloft is an antidepressant used to treat anxiety, depression, and other chemical imbalances. For more information, see <https://www.drugs.com/zoloft.html>.

turns off the television to practice repertoire and does not struggle to concentrate because it is more interesting to her.

Though she can sometimes hyperfocus while practicing, Participant Four normally finds herself distracted by everything. She has compensated by making all of her prioritized lists of music to practice. She has to over-prepare otherwise “I’ll just let myself forget everything. I think that some people think some of the things that I do are excessive-but they’re all things that I have done to make myself a person that functions.”

She has also found that performing cross-lateral exercises helps her focus. She uses a program called *Brain Gym*, which uses physical exercise activities to enrich both the body and mind. The exercises have far reaching benefits from posture and balance to increased focus and organization in daily tasks.⁶³

Rehearsing and Performing

After years of running late to rehearsals, Participant Four always tries to arrive extremely early now. “I have so many times greatly underestimated the amount of time it would take me to get to a rehearsal...when I feel that tendency of, ‘I don’t have to go yet, I’ll be way too early,’ I realize ‘No! That means I have to go now!’” She usually warms up before she arrives but if she has to warm up on stage, she practices fundamentals of long tones, scales, and vibrato exercises. She mostly keeps to herself and avoids the “showy warm-ups” that she often hears around her.

Before understanding her ADHD, Participant Four had a tenuous relationship with the members of a string quartet she played with at the time. She had a difficult time focusing during long rehearsals, whereas they could concentrate for hours at a time. She

⁶³ For more information, see <https://breakthroughsinternational.org/programs/the-brain-gym-program/>.

would beg for a break since they usually rehearsed for about ten hours a day total. They took her lack of concentration as an affront and accused her of lacking energy and engagement during rehearsals. In reality, she was bored, needed breaks, and a faster paced rehearsal environment to stay focused. If someone had said, “Let’s go back to the same bar,” she would forget where they were and need the measure number repeated. Another member would retort, “We rehearsed it 15 times!” They were offended by her poor memory and did not understand the difficulty she had focusing on what they were doing.

The experience with her quartet taught Participant Four a great deal about how to prepare for rehearsals. She describes her process as “over-preparation” of her part as well as the score. This helps her understand how the parts interact and to anticipate intonation issues. “My music brain allows me to scan a full score, and I can see how it all fits together. It’s like a really cool puzzle, a fun game, a video game, and I know instantly how I’m going to win!”

The ADHD symptoms that affect Participant Four during rehearsals dissipate during a concert. “Performance is the best! I’m super energetic and that’s where I work off my hyper-activity.” She feels like time slows down and enjoys the “hyper-arousal state” of everything happening around her. She does not struggle to focus while she performs and said that even an audience member with a coughing fit would not distract her.

Auditioning/Interviewing

Participant Four had a memorable interview experience for a college teaching position. She heard her phone ring and realized she had four missed calls from the

university, which was in a different time zone. She had expected to have the phone interview two hours later and had miscalculated the time difference. Mortified, she called back and made an excuse about her phone not working properly, conducting herself as if nothing had happened. “I was like, I cannot admit that I spaced about the time zones! I was sitting on the floor, tears streaming down my face, but I was using my professional voice...But somehow I managed to compose myself and I was so professional. I was on top of the world and I answered all the questions. It was great. Afterward, I hung up the phone and cried all day.”

She received an invitation the next day for an on-campus interview and made sure to arrive on time. That interview was for her current position where she teaches as a tenured associate professor.

Teaching

Participant Four has an organized system for teaching her cello students. She has a large binder with a tab for each student and writes down detailed notes about everything they worked on in a lesson and assignments for the following lesson. She finds her ADHD symptoms affect her teaching if the student is not engaged. “If they don’t give me anything back, I’m just instantly bored and it’s hard for me not to check my watch every five seconds. It has to be really engaging, like they have to give me something to work with.”

Participant Four enjoys working with students who talk and have things to say. This is because she enjoys talking and sharing metaphors to teach her students about fundamental concepts. “I’m always looking for kinesthetic analogies about how it’s

supposed to feel...most of my teaching is about that and using quite simple and logic-based ways to get concepts that are so misunderstood.”

Participant Four also teaches two classes, including aural skills and string methods for music education majors. She is direct with her students on the first day of class about having ADHD and asks her students to make accommodations for her. “It is my pleasure and privilege to do whatever needs to be done for you to be safe and comfortable and work in the way you need to in this class. I’m going to ask YOU for an accommodation, which is that I cannot deal with people talking in class, I just find it so distracting. I just can’t do it.”

Miscellaneous

Participant Four was diagnosed with ADHD as a child but did not truly acknowledge and address it until her late twenties and early thirties. Her parents had dismissed the diagnosis because they felt like nothing was wrong: “She just has a faster brain than most people!” However, she would get in trouble at school for not paying attention. She could get away with the behavior because she was smart but regrets that she never received help with organization and structure.

After her quartet disbanded, Participant Four wanted to find out why she struggled so much with getting through rehearsals. She read excerpts of the book *Driven to Distraction* and found that she related to so many ADHD symptoms discussed in the book.⁶⁴ She was relieved to finally better understand how her brain is wired. “It doesn’t mean that you’re deficient or not smart. Just maybe you need to structure your rehearsals

⁶⁴ Edward M. Hallowell and John J. Ratey, *Driven to Distraction* (New York: Anchor Books, 2011).

a little bit differently so you can go run around outside screaming for a while to work off whatever is going on. Maybe you need to do some exercises.”

Participant Four sees her ADHD as an asset. It is part of her identity and aside from struggling with organization, she would not want to be without it. “I think that it makes me creative as a teacher, as an interpreter, I think it helps me express myself...when you have those periods of hyperfocus and you can just shut out everything...it’s wonderful. I wouldn’t actually want to not have ADHD.”

As mentioned earlier, ADHD negatively affected Participant Four in her relationship with her quartet colleagues. She also described herself as unreliable. “I would say that is the thing I like least about myself. I know for a fact it has led people not to ask me to do stuff. I know for a fact that I have made people really mad with just forgetting stuff and not showing up.”

She wishes that classical musicians without ADHD would understand that most people with ADHD really are trying to do their job well. “Maybe the things they don’t like about us, we don’t like them either.” Annoying and forgetful habits are not an intentional affront to colleagues.

Regarding accommodations to the working environment, Participant Four thinks it is important to structure chamber rehearsals with clear goals and expectations. This prevents “amorphous” rehearsals that can last for hours without clear direction. Ideally, someone would break down the rehearsal into thirty-minute increments with specific tasks to accomplish. At the end, the ensemble would decide on the goals for the next rehearsal so that everyone can prepare accordingly.

Participant Five

Participant Five is a female bassoonist. She holds bachelor's and master's degrees in music performance as well as a master's degree in accounting. She is a full-time accountant, full-time member of a regional orchestra, freelance musician, and teacher. Participant Five received an ADHD diagnosis as an adult and does not take ADHD medication.

Practicing

Participant Five has a dedicated room in her home for practicing. It contains only music-related items to minimize potential distractions. Instead of using an application on her phone, she uses a physical tuner and metronome and leaves her phone outside of the room.

Participant Five normally practices for about 45-minutes at a time. She begins with scales, etudes, and then moves on to whatever repertoire she is preparing at the time. At this stage in her career, she rarely practices more than three sessions in a day. If she does not leave everything out of the room that could distract her, she struggles to accomplish her practice goals. She acknowledges that her attention span is not very long. "I find if I need to go more than 45-minutes to an hour, good luck...I just can't hold that focus, such an intense amount of focus, for that long of time."

If Participant Five notices that she is particularly distracted before a practice session, she meditates briefly or stretches using yoga poses. She occasionally puts on her headphones and listens to Eminem's *Lose Yourself*. She has listened to the song so many times... "to clear everything and give myself a clean slate to work with."

Rehearsing and Performing

Participant Five usually arrives to rehearsal 30-45 minutes early. She typically doubles on contrabassoon and needs extra time to set up both instruments. She prefers to warm up on stage because seeing the performance hall helps her focus. People come up and talk to her more if she is backstage, which she finds distracting.

Participant Five likes to interact with her colleagues before a rehearsal, which she describes as her “downfall.” She knows that she needs to allow enough time for conversations. “So I have to get in, set up my stand, set up my instruments, go to the bathroom, get some water, come back, realize I haven’t brushed my teeth, have 12 conversations on the way...” That allows her about 15-minutes of warming up on stage.

In a rehearsal, Participant Five often struggles to focus. “There are a lot of distractions because there is so much stopping, talking, rehearsing, things like that.” She usually sustains momentum during performances though by going into “hyperfocus mode.” Regardless, this is difficult for her when she plays contrabassoon because she often has many measures of rests before playing. “If I let my mind wander in the slightest at any point, then it’s tough. It’s really tough to get back on.”

Participant Five’s ADHD symptoms are worse when playing in a large ensemble. During rests, she always wants to see what everyone around her is doing, look around, and look at her music. In a smaller ensemble, she does not struggle with that as much “because you can hear me way more and I’m more cognizant of that.”

Auditioning/ Interviewing

Participant Five does not like to interact with other competing musicians before an audition. Hearing other bassoonists warm up distracts her, and she struggles to regain

focus after that. She goes into “hyper-drive” thinking about everyone else: who they are, how well they play, and whether or not they will play better than she does. Her ideal audition situation is to “Go, in warm up, get it over with.” She feels more comfortable interacting with the other musicians afterwards.

During the audition itself, Participant Five usually stays focused unless the audition committee talks too much amongst themselves or to her. If they talk to each other, she’ll want to listen to their conversation, and then she loses concentration on what she is about to play. Performance anxiety compounds with the distraction, and she finds it difficult to stay focused. She much prefers having a list of the excerpts on the stand in the committee’s chosen order so she can see what she needs to play without the distraction of verbal instructions from the committee.

Teaching

Participant Five focuses well teaching private lessons when the student is actually playing, and she can give direct feedback. If the student has a lot of questions during the lesson, she has a difficult time answering and not getting off-topic. It is especially hard if the student is distractible as well. She compensates for this by telling her students up front that she gets distracted. She requests that if a question is not related directly to what they’re working on, the student should save it for the end of the lesson. She allots the last five to ten minutes of lessons for talking and answering questions.

Miscellaneous

Though Participant Five remembers having trouble focusing in school, she did not get diagnosed until her early twenties. She was always a good student but got distracted easily. As she got older, she struggled more and more with restlessness, angry outbursts,

and impulsive behavior. After seeing a doctor, she received an ADHD diagnosis but decided not to take any medication to treat ADHD symptoms.

She has implemented non-medical methods including exercise, yoga, meditation, and therapy. She said it was a bit of a relief to get the diagnosis because she knew she was not alone. “We can work with it, maybe not fix it because it’s not curable, but once you know what you’re dealing with, it’s a little easier to go about your daily life.”

Participant Five does not feel that having ADHD has benefitted her career beyond her ability to hyperfocus for certain periods of time. One memorable hindrance caused by ADHD symptoms occurred doing a performance of Beethoven’s Fifth Symphony. As a contrabassoonist she rested for the first three movements and admitted, “I was off in my own little world.” As a result, she missed her entrance at the opening of the fourth movement. She recalls other similar times where she has had to wait so long that she allows her focus to drift. “It’s never a good feeling to realize, yes, that was my moment and I missed it.”

Years of playing major repertoire has helped Participant Five compensate for her lapses in focus during rests. “A lot of the really big pieces that we play so much, I can probably do it by memory at this point, just hearing what’s coming in, and I know it’s about to be [my entrance].” She also follows the music of the bassoonist next to her to verify that she is counting rests correctly. She scans back and forth between her part and her colleague’s part to verify that she is in the correct spot.

Overall, Participant Five functions at her highest level during performances. She knows that she can focus long enough to get through the pieces well because of the intermission. Rehearsals are more challenging because they usually last for an hour and a

half before a break. It is hardest for her to function at her highest level when practicing. She has a hard time getting herself “psyched enough to do it.” Though she finds rehearsing difficult, she has incentive to focus because it is a job for which she is getting paid.

Participant Five wishes that that classical musicians without ADHD would understand the difficulties inherent with practicing. “I wish that they could understand that we’re all so different. What it takes for us with ADHD to actually just get ourselves together enough to go practice, to just sit there for hours at a time...it’s just not feasible for us. I know people who will just practice for three to four hours at a time and never break. I don’t have that concentration. I wish that they could understand that part of what we go through.”

One suggestion Participant Five has for a potential change to the rehearsal environment is allowing for two breaks instead of one. She does not think that any orchestra would ever institute this change, but she feels that lengthening the overall time of the rehearsal by ten or fifteen minutes would help musicians with ADHD maximize their focus. Ideally, she would prefer to rehearse for no more than 45-minutes before taking a break.

Participant Six

Participant Six is a male clarinetist. He has a bachelor’s and master’s degree in music performance and is a doctoral candidate in music performance. He is a tenure-track college professor and a freelance musician, performing with three part-time orchestras. Participant Six received an ADHD diagnosis as an adult and does not take medication for ADHD.

Practicing

Participant Six always starts his first practice session with 20-45 minutes of fundamentals work. He describes it as a “well-balanced diet of long tones, finger exercises, and articulation exercises...the three T’s: tone, technique, and tongue.” He believes it is critical to begin practicing with a singular focus on each fundamental exercise to prepare for the complex demands of practicing repertoire: “Music requires our brains to be so divided, and we have to think about rhythm, mixed articulation, dynamics, and phrasing...”

This commitment to fundamentals has unfortunately hindered Participant Six in accomplishing his practice goals. He struggles to regulate his time and energy: “I have this recital coming up or this orchestral concert, and I have just spent 90% of my time on fundamental work, and I am mentally and physically burned out and I have to stop. And hopefully I’ll do a second practice session...but there are only so many hours in a day.”

Although Participant Six is disciplined in the practice of fundamental exercises, he finds that his brain wanders.

But what I do know about ADHD, for me anyway- I have sort of a two-part issue. They’re almost opposing. One is that I have a very hard time focusing or when I’m doing anything, my brain is everywhere. When I’m reading, driving, practicing, eating, my brain is doing/thinking five things. But at the same time, I also get very singularly focused. So for instance, it’s almost like an OCD for practicing. I can’t not do the fundamentals.

To compensate, Participant Six has started practicing in smaller segments. He likes to practice one concept for 10-15 minutes, take a short break, and then come back to it. Maturity from years of experience has also helped him look at a piece of music and predict how long it will take him to learn a piece well, so that he can manage his time more efficiently.

Rehearsing and Performing

For local gigs, Participant Six strives to arrive 30-minutes before the start of a rehearsal. He prefers to warm up at home and get to rehearsal with enough time to interact with his colleagues. He has had to learn to build in extra time because he often runs behind his intended schedule. Instead of 30-minutes early, he might only arrive 20-minutes early but still has enough time to set up and prepare for the downbeat.

Though he describes himself as a social butterfly at rehearsals, he does not prefer to engage with his colleagues before concerts. “For performances, I get into my head in a big way. I’m not comfortable talking. I can’t think about anything else; I need to get into my zone.”

ADHD symptoms do not usually affect Participant Six in a rehearsal setting. He is relaxed and comfortable during rehearsals and does not get distracted by critical internal dialogue. However, during a performance, “My brain will think about a mirage of other things that are actually detrimental...‘don’t screw this up, don’t screw that up, oh no, here’s this hard part, no, no, no, you’re flat on that note!’”

Participant Six’s ADHD symptoms are most apparent to him when he performs unaccompanied solo pieces. “I think it’s because there’s no structure. So, if my brain goes off the rails, I’m going off the rails with it. Whereas if I have the surrounding of a conductor, pianist, or string quartet, they’re able to bring me back.” He finds that his focus is better playing chamber music versus orchestral music. With chamber music, there are solos throughout and he constantly comes to and from the forefront of the texture. His brain doesn’t have time to become distracted by one large impending solo because there is so much to focus on at any given moment.

However, in orchestral playing, “the big stuff is so few, but so high stakes, that I think I kind of dwell on that a little bit more...” He explained that he might have one hundred easy measures before a large solo but during the time before the solo, he “winds up” to the moment with anticipation of failure and then follows it with “that sucked, that sucked, that sucked...”

In this way, Participant Six described his issues with focus as “almost one hundred percent internal.” He is not distracted by external stimuli (like someone’s phone ringing during a performance, for example), but loses focus due to his negative self-talk.

Auditioning/Interviewing

Participant Six spent about six years after the completion of his master’s degree taking professional auditions for various ensembles. Though he did not win a position, he made the finals in two military band auditions. He learned that he plays his best if he arrives to auditions about a half an hour early; this provides enough time for him to warm up briefly, select a reed, let his heart rate settle, and then walk in and play. “If I have any more time than that, I get into my head and do worse... I’ll have too much time to think about all the things that can go wrong. It needs to be just enough time so that my brain can just focus on what I need to do to get in the door, and no more.”

Participant Six also auditioned for DMA programs during the time period after his master’s degree. He was rejected from some, accepted by others, but did not get assistantship offers. He had almost given up on the idea of pursuing a doctorate until he serendipitously met a clarinet professor who gave a guest recital at a nearby university. The professor had asked Participant Six if he might be interested in auditioning for the DMA program at his university. The deadline for the application process was nearing, so

Participant Six made a quick decision to take the audition. “So in two weeks I threw together a DMA audition, and that was the best DMA audition that I had done. It was because I had less practice time...I was in my head less.”

Teaching

Participant Six struggles with time management when teaching private lessons and also when teaching World Music and Music History in the classroom. When teaching private lessons, he often walks in either right on time or two-three minutes late for the first lesson of the day. He usually then goes over about ten minutes past the allotted time, which affects the start time of subsequent lessons. His thorough explanations of concepts seem to impact the length of lessons more than his initial tardiness. “...my students probably don’t get to play as much as would be most beneficial because they’ll listen to me give a sermon for twenty minute that turns into a story, which brings up another topic...so time management is definitely an issue.”

In the classroom setting, Participant Six struggles to accomplish his goals for his lectures. “Once again, I’m long winded. I’ll go on a long rant, plus they can’t understand what I’m saying anyway because I’m talking a mile a minute.” He acknowledged again that his habit of going on various tangents impacts his time management.

Miscellaneous

Participant Six’s ADHD diagnosis came about later in his career, about seven years ago. The journey began in his master’s degree, when he started getting hand tremors before concerts. His doctor prescribed him beta blockers, which greatly helped the physical symptoms of performance anxiety. When he moved to a new city to begin his doctorate, he forgot to renew his prescription and went to the university health center

to ask for a new script for the beta blockers. They referred him to the counseling center where they recommended that he attend therapy to treat his performance anxiety.

Though Participant Six eventually called his previous doctor and got a new prescription sent to the pharmacy, he also agreed to go to therapy. One of the therapists suspected that he might have ADHD and referred him to a specialist. After Participant Six took a questionnaire, the ADHD specialist quickly and definitively confirmed the diagnosis. “It was almost a relief,” he shared. “There was a reason for all of these things that I had been wrestling with and struggling with for so long.”

Participant Six ultimately decided not to add ADHD medication to his use of beta blockers. “I did have a discussion with my doctor at one point, but he said, ‘You know what? You’re this old, you have this career, and you’re doing well. I don’t necessarily think it is in your best interest to do this. Knowing you have it, you can better think about strategies, but you’ve already become successful.’” Participant Six’s awareness of the diagnosis allowed him to quickly make changes to his routines and strategies. His wife, a musician without ADHD, has also helped him with focus and punctuality.

Having ADHD serves as an asset for Participant Six in the arena of applied teaching. Since he is such a devoted student himself and will not start working on repertoire until he has practiced his fundamentals, he learns repertoire in a comprehensive way with much insight to offer his students. His own hurdles of learning how to focus and problem solve have enabled him to teach more creatively and empathetically.

If a student is struggling with something, I am able to come up with lots of different things until something clicks. I’m really empathetic to students who go through challenges and struggles...because I’ve had to come up with ways of harnessing my energy and the power of my brain, I’m good at helping students find that path.

Participant Six also has wisdom to share with students from approaching the clarinet ineffectively as an undergraduate music major. He had not developed good practice methods in high school because he was always the best student musician around and never felt challenged. When he found himself surrounded by other talented music majors in college, he did not know how to cope well and rise to the new surrounding level of skill:

My first method of focusing was waiting until I had no choice and then insulting myself: ‘You suck,’ and ‘The only way you’re gonna get better is if you lock yourself in a room’...I was terrible at practicing for three quarters of my time, and then I was locked in a room, woodshedding like crazy for one quarter of the time.

Recent reading about ADHD has helped him realize that this procrastination is common, though he did not understand the source of this behavior as an undergraduate student. Having learned that procrastination is harmful towards one’s self-esteem and time management, Participant Six encourages his students to practice for ten or fifteen minutes, take a quick break, and then come back. This is important both for physical and mental well-being.

Participant Six wishes that his colleagues without ADHD would understand that despite being a bit disorganized and occasionally running behind schedule, he cares about his job just as much as they do:

They’re interpreting a behavior I’m doing as being casual or nonchalant, or that I don’t care as much. They’re not understanding. I wasn’t able to get myself going early enough. I do care as much as they do, and it wasn’t meant to be a slight. It wasn’t that I wasn’t prioritizing them or that I didn’t care about the product, it’s that I wasn’t able to get myself going.

Participant Seven

Participant Seven is a male pianist. He has a bachelor’s, master’s and doctorate in music performance, as well as a second master’s degree in collaborative keyboard. He is

employed by a large state university to play for guest-artist recitals and also accompanies many of the students there as a freelance musician. Participant Seven was diagnosed with ADHD as a child and does not take medication for ADHD.

Practicing

Participant Seven works with 30-50 students per semester and always has thousands of pages of music to learn. While he plays in a student's lesson, it is an opportunity for him to work on the music in real time. "I use a lot of those times with other people to practice so I only have to physically practice the extremely challenging music in my spare time." Aside from time in rehearsals, he tries to practice one to three hours per day.

He creates a list of what he needs to practice and then prioritizes what needs the most time. He splits his practice efforts between music that he has to perform in the near future with music that he may not perform for over a month, but needs to review in order to maintain muscle memory:

I sometimes will play a game. I write down ten pieces of music that I need to practice, and I allot fifteen minutes for all of those things. But if I do that, can I actually get something done in those fifteen minutes? Sometimes it doesn't always work, right? You realize that, oh I actually don't need fifteen minutes for that piece: I know it really well and still remember it from yesterday. So maybe I only need five and I transfer that ten minutes to here. It's like a little numbers game that goes on in my mind, because we all get bored with practicing, and it's easy to stay on one piece all day, micromanaging every single sound you make.

Participant Seven usually practices for 15-20 minutes at a time in order to focus and retain connectivity to the music. "Over the course of the day, I might do something at nine in the morning while I'm brushing my teeth, then go to school and play a lesson. Then in between two lessons, I'll practice another half an hour of two pieces, eat some

lunch, then do some more. It's never just 'sit down and do it.'” He explained that a total of two and a half hours of practice in a day can take place over five or six hours.

Participant Seven also likes to practice while watching media. He has learned complete recitals on his keyboard at home while watching television. “A lot of it is just trying to get things faster. So I don't actually have to listen to the sounds right now until I get closer to working with musicians.” Using the television and working for short segments of time has helped him achieve his practicing goals. “Having to play with every finger, having both hands, both feet, concentrating on the music, possibly working with another musician or musicians...There are too many things going on that my brain doesn't get distracted.”

Participant Seven does not currently take medication for ADHD and instead compensates for symptoms through mindful reflection. His undergraduate piano professor always encouraged awareness of what the body is doing at any moment. “...sitting and staring or closing your eyes and realizing, what is my left hand doing right now?”

He took a class at this same to further reinforce this body awareness, rooted in the Feldenkrais Method.⁶⁵ This is a technique that uses stretching and mindfulness to promote body awareness. The Feldenkrais Method addresses issues of tension, injuries, difficulty in movement, and helps cultivate an overall healthier mind and body.

Participant Seven also regularly practices square breathing. This is a relaxation exercise in four parts of the same length, like a square. A person breathes in for four counts, holds for four counts, exhales for four counts, and then holds for four counts.⁶⁶

⁶⁵ For more information, see <https://feldenkrais.com/>.

⁶⁶For more information, see <https://www.anahana.com/wellness-blog/breathing/square-breathing>.

“It really brings you back into the moment. It’s not something that you can just do right before a recital, the day of, and it’s all of a sudden going to work.”

Rehearsing/Performing

Participant Seven usually shows up at least five minutes early to lessons and rehearsals. Though he feels his ADHD might occasionally cause him to talk a little too much in rehearsal, he has leveraged this to his advantage:

I think my ADHD gives me a lot of energy to bounce off of the personalities that I’m working with, and really adapt...my ADHD is a plus to keep me actively listening, to keep me actively participating in the creation of art. Without it- I can’t even imagine what it would be like without it. I don’t even know how other people do it without it.

Miscellaneous

Participant Seven received his ADHD diagnosis as a young child. He had gotten kicked out of two preschools for anger issues and continued to cause disruptions in his kindergarten and first grade classes. After his diagnosis, he started taking Ritalin and quickly noticed that he concentrated more easily and also got better grades. He noticed that completing his work at school often came with small rewards, like candy, so he recognized and enjoyed this cause and effect relationship.

By late middle school, he no longer wanted to excuse himself to the nurse’s office to take his medication and ultimately stopped taking it altogether. He found motivation through his parents’ incentivizing good grades for money. He later raised the stakes by making a deal with his parents that he could drive their Corvette if he earned all A’s in high school. “So there was an impetus to concentrate and be my best. And then I found piano in ninth and tenth grade and it all just kept spiraling, snowballing into not allowing my ADHD to take over me.”

As stated, Participant Seven attributes his successful career in music to ADHD. However, the one aspect that he feels less effective in is interviewing. When someone asks him a question in an interview, he struggles to answer succinctly. "...Remembering how they worded it, and not giving away too much detail...answering the question directly without leaving myself space to screw up is a challenge for me."

Participant Eight

Participant Eight is a male bassoonist. He has a bachelor's degree in music theory and holds a master's degree and a doctorate in music performance. He is a university associate professor of music and was diagnosed with ADHD as an adult. Participant Eight takes Concerta daily for ADHD.

Practicing

Participant Eight described two different approaches to his practicing: one during the school year and the other during the summer break. Throughout the school year, he practices early in the morning and starts with a simple long tone exercise; slowly playing ascending or descending fourths. The goal is "focusing on moving the air, moving the fingers and connection between notes, and the tuning of the note...I like the sound of the intervals. And if I like the sound of it, I'm going to be more inclined to do it." Next, Participant Eight practices scales. He uses a one-octave method and plays a scale two or three times before going up one half step. "Quite often that might be the only practicing that I can get done in the day. So if I have to choose something, then maybe in the afternoon if there's a block that opens up, I'll select a passage or several passages from something [a concert or recital] that's coming up soon."

During the summer, Participant Eight has a lot more time to practice fundamentals and repertoire in preparation for an upcoming fall or spring recital. He uses both block practicing and randomized practicing, as explained by Dr. Molly Gebrian:

...traditional “blocked” practicing (or “massed” practice) is the way many of us were taught to practice: doing something many times (correctly) in a row to solidify it, or practicing a specific section or piece for a set period of time before then moving on to the next section or piece, and then not returning to that first section/piece until we practice it again the next day. The problem with this type of practicing as our only method of practice is that we are never going to get this luxury when we perform: you don’t get to practicing playing a passage a few times before you tell the audience to listen. We have to go on stage and do it perfectly the first time. That’s where “random” (or “interleaved”) practice comes in. When we practice in an interleaved manner, we are constantly switching between sections and pieces, not spending too much time on any one thing.⁶⁷

Participant Eight does not struggle with focusing while he practices. He easily maintains a singular focus but notices that he tends to fixate on particular passages. “I need to realize that it can go the other way, and to the exclusion of other things that need to get done...that perseverating is something I have to be careful of.”

To compensate for this perfectionistic tendency, Participant Eight sometimes practices with the television on or some other media playing. “If I don’t, then I can’t get past three notes because I can’t get them exactly perfect.” However, when he does need to leverage his single-minded focus, he ideally locks himself away in a room with no stimuli and practices in the dark.

Rehearsing and Performing

Participant Eight feels that he must arrive to rehearsal before everyone else. He has to allow extra time to set up his bassoon and contrabassoon, make sure that his music

⁶⁷ Danielle Kravitz, “Interview with Dr. Molly Gebrian on the Neuroscience Behind Block vs. Random Practice,” Rethinking Genius Blog, entry posted July 26, 2018, <http://rethinkinggenius.blogspot.com/2018/07/interview-with-dr-molly-gebrian-on.html> (accessed October 5, 2020).

is in place, and leave a margin for forgetting something (like his glasses) in the car. He finds freelancing stressful if he is playing with an unfamiliar ensemble in an unfamiliar building and does not know which door he should use. Arriving early gives him the chance to navigate these variables, both mentally and physically. “I get there before a lot of people do, so I have time to get my mind in gear, get my fingers running. I’ve just stepped out of a theory class, I’m going nine hundred miles per hour, and I need to slow down.” When other colleagues arrive and join him on stage, he is excited to see them. He socializes and loves everyone he is around but also makes certain that he has everything he needs at his seat. He reminds himself: “Get in the chair, have everything in the chair, sit in the chair. If it’s an hour and a half, two hours, whatever it is, get in the chair and stay in the chair. What goes in the chair stays in the chair!”

In stressful situations, Participant Eight has felt slight tension with conductors. Earlier in his career, he served as the contrabassoonist for an orchestra but was asked to take the position of second bassoon when the permanent second bassoonist moved away. After that, the principal bassoonist took a leave of absence, and he was once again asked to move up to fill the vacancy. The additional pressure from this new role periodically caused him to lose focus and consequently miscount rests or miss a note. He compares these unpredictable lapses in focus with being in a dark room with a snake. “You know it’s there, you know you need to avoid it, but you can’t see it. So you know it’s going to bite you, but you don’t know when.” Though the conductor would sometimes look at him after such mistakes, he was always asked back to play.

Participant Eight has learned that he focuses best in the rehearsal setting when he is playing with the same ensemble every week. His current schedule of university

teaching keeps him from performing as much as he previously did, so rehearsals are no longer as much a part of his regular routine. Even the faculty chamber ensemble he performs with has not been as active recently. He finds that when they do rehearse, “processing the notation can be a distraction.” His compensation tools during rehearsals include writing in cues to follow during rests and marking in “a ridiculous amount of flats and sharps.”

Participant Eight’s ADHD symptoms do not change with the type of ensemble or the presence of a conductor:

I guess it has less to do with the size of the aggregate than the frequency of my involvement. So because I played in an orchestra in April, one concert, and one in May...that’s irregular. There’s all of these new stimuli to process. Whereas, in the chamber group, I’m accustomed to those two (or three, or four) people I’m playing with, what we’re doing, the pieces that we’re playing, rehearsing usually in the same place...

Auditioning/Interviewing

Participant Eight follows the same pattern of arriving early to auditions as he does to rehearsals. It is important to him to allow plenty of time to map out where everything is so he knows what to expect. He has had to learn to let go of any predictions on the order of excerpts in an audition. He had an unfortunate experience with a bassoon/contrabassoon audition years ago. “The one that really distracted me...I walked in the room and they told me I had to bring both my contra and my bassoon. I didn’t know that was going to happen...” He had done several similar auditions before and never had to switch instruments back and forth within the same audition slot. He felt very upset by this and knew he did not play very well.

During interviews, Participant Eight focuses effectively and finds the environment a bit more relaxed than playing. “It’s not the scenario of a performance where this certain

thing has to happen this certain way at this time. In an interview, because it's a little more free-form, it's easier to do." He stays present in the moment and listens carefully while the interviewers ask questions. "The thing I have to watch there is not going off track, stay focused on a particular topic. That's something I rehearse with myself before I walk in: how I'm going to talk, the questions they might ask, and what I might have to say."

Teaching

In the classroom and in teaching applied lessons, Participant Eight finds that his ADHD symptoms prevent him from explaining things as succinctly as some of his colleagues. "I wish I could be more direct. I have a colleague who can answer things directly and boom, [he's] done. Where I would go...[providing a long explanation]...five minutes later and 'oh yeah...that's how you get it!'"

However, his students appreciate him and know to "just wait...he'll get there." He is well-loved and has been told by colleagues that he is known as "the nice theory teacher." He is full of energy and leverages his ADHD intentionally.

One of the good things I've found with ADHD is that you can't filter out things. They all come at you. The good thing that comes out of that is that as I'm talking to a group of kids, somebody makes a face over here, and I get it. And then I can go, 'Now what did I say wrong?' I can interact and read them quickly. I've told my students that 'As I'm talking to you, I'm going to read your faces. I'm not calling you out to make you uncomfortable; I'm reading your expressions and I want to know what's going on.'

Though Participant Eight incorporates spontaneous "Robin Williams-type stand-up comedy" into his teaching, he does not struggle to get through the material in the allotted time. "I've learned what I'm going to say. I don't say exactly the same things, but I've learned how to communicate it as directly as possible for me...it's the practice of doing it."

Miscellaneous

Participant Eight was diagnosed with ADHD in his late twenties. He described the diagnosis as a “tremendous excitement...I don’t have to hate myself and think that I’m stupid! It’s just that I process information in a different way. It was wonderful.” He recalled his formative years when his father would get frustrated with him for not remembering information that he told him. Participant Eight always felt that he had to “hang on and do the best I can” while struggling with shame and self-esteem.

After receiving the diagnosis, he began taking ADHD medication after lunch to counter the “afternoon drift,” which he described as the time during the day where he would often sit and struggle to remember what task he was supposed to accomplish in that moment. The medication was not an instant fix; it helped some with focus but also gave him an awareness of when his mind has started to wander.

ADHD has served as both an asset and a hindrance to Participant Eight in orchestral playing. The way his brain processes information does not allow him to filter anything out. “The fact that the stimuli all come in when I’m performing makes me more aware and engaged.” This proves helpful for reacting to a conductor and playing sensitively with colleagues, but this lack of filter brings challenges as well. When freelancing especially, Participant Eight struggles when intonation in the wind section is inconsistent and he does not know who to follow. “I get really distracted and frustrated with that. Irritated. Angry, whatever, because I can’t turn it off. I’ll miscount, I’ll miss notes. It makes me feel very unsure because I just can’t land.”

Participant Eight operates at his highest level when performing chamber music. Known by his colleagues as the “Chamber Music Encyclopedia,” he feels confident in his

vast knowledge and experience within this genre of music. He does not feel anxious because he feels comfortable with the people that he is playing with and with the music that he is playing. “I don’t find that...I get as distracted because there’s not all the messages that run through my head. For me, I just have to let go and lose myself in the music and lose myself in what I’m trying to say in the music. It unplugs some of those other things so I’m not as distracted by those other inputs.”

He struggles the most with focus in university faculty meetings. He gets distracted when multiple people try to talk at the same time. He tries to sit and take notes, but “...processing verbal input from multiple sources is the hardest thing to deal with.” He wishes that people without ADHD would understand the importance of clear communication. He has had to advocate for himself in such meetings, even to those who know of his diagnosis. “Look, remember I have a disability, and you’re all talking at once. And I’m not going to remember what you’re saying. So if you want me to remember this, then stop doing that.”

CHAPTER V

DISCUSSION

In their own unique ways, the participants exhibited Dr. Angela Beeching's six qualities for a successful music career, as examined in the context of Dr. Gerber's "Model for Employment Success for adults with ADHD."

Desire/Winning Attitude

Participant Seven especially exemplified the desire to succeed. He shared that he took ADHD medication as a child and then gradually weaned himself off of it because he felt that he did not need it anymore. He worked hard and studying the piano became an intense source of focus. "...I found piano in ninth and tenth grade and it all just kept spiraling, snowballing into not allowing my ADHD to take over me." He had great confidence and "I made a bet with my friend that I was going to get a doctorate, and then I just did it. Drive helps."

Goal Orientation/Strategy

All of the participants exhibited goal orientation through the formal training they received in music school: All eight participants have undergraduate degrees in music. Seven of them completed master's degrees in music performance. Three of the participants have completed doctorates in music, and two are doctoral candidates.

As professional musicians, they must constantly manage long and short-term goals. For example, Participant Eight explained that during the academic school year, he does not have very much time to practice for anything other than upcoming orchestral and chamber gigs. He uses his more relaxed summer schedule to prepare for a solo

recital, which he might not play until the spring. Participants Four and Seven described how they organize their practice sessions. They work on “urgent” pieces that they will perform in the near future, but they also dedicate time to practice for performances that might be a month off but require extra preparation.

Persistence/Hard Work

A professional music career requires a great deal of persistence and hard work. Participant Six demonstrated this by spending six years taking professional auditions after completing his master’s degree. He eventually went back to school to begin his DMA and received an ADHD diagnosis during this time. He has made strategic changes in his schedule to compensate and has persistently read about ADHD to understand his symptoms.

Just like Participant Six, Participant One received an ADHD diagnosis during her music doctoral studies. She persistently advocated for herself to understand how her brain is wired. She had researched a medical practice where she could receive acupuncture and therapy but was not satisfied with the psychiatrist and counselor she saw. “They referred me [to another psychiatrist in the same practice] for psychological testing because I said, ‘We’re missing something. This isn’t working, I’m not getting anywhere. You’re good enough practitioners that I should be getting somewhere...’” This particular psychiatrist quickly confirmed that she has severe ADHD, inattentive type. “That’s how it happened. It was a long period of me feeling frozen and unproductive before we hit that...”

Though she has only had her diagnosis for a short time, Participant One has made changes to her routines to lessen stress when leaving to go teach or play in a rehearsal.

While finishing her doctorate, she works hard to pay the bills through teaching, gigging, and working as a cashier.

Goodness of Fit/Talent

Participants Two and Five have recognized how to build their careers to have the best fit for their lifestyles. Participant Two demonstrated understanding of her abilities as a musician and how ADHD has affected her career. She shared, “I’m a good orchestral player, I can hang, I can do it, but I’m never going to win a major audition because I just can’t focus long enough to prepare.” She performs well when on a tour because she is stimulated by the new and interesting surroundings. She knows that she cannot teach private lessons effectively when she creates rigid plans for her students. Finally, she teaches *Musikgarten* and enjoys the loose structure of working with toddlers where she gets the opportunity to “play things by ear.”

In addition to a professional freelancing career, Participant Five has a career in accounting. After performing in a different city every week for 12 years, she was exhausted, had no health insurance, and was not financially stable. She had earned a business minor in her undergrad and had always enjoyed accounting classes and decided to pursue a master’s degree in accounting.

Participant Five’s accounting job provides financial security, health benefits, and it allows her to work around rehearsal and performance schedules. Her knowledge of tax law and how it applies to musicians has helped not only herself but colleagues as well, as she handles the taxes of about twenty of her musician friends.

Learned creativity/Sales Skills

All of the participants shared their various ways that they compensated for their ADHD symptoms in order to adapt to the needs of their respective environments. For example, Participants Four, Six, and Eight all shared that practicing in front of the television helps them concentrate. Participant One shared how she sets alarms on her phone, which remind her to take her ADHD medication. Participant Two makes allowances in her schedule for her mind to wander because she knows it will ultimately help her focus. Participant Three arranges his work schedule in order to practice in the morning when he has the best focus. Participant Four shares openly about her ADHD with her university students and asks that they accommodate her by not talking or doing anything distracting in class. Participant Five practices meditation and even listens to an *Eminem* song to clear her mind for a practice session. Participant Six relies on a single-minded focus of practicing fundamentals to help prepare his mind for the difficulties of repertoire. Participant Seven makes a game out of structuring his practice sessions to see how much he can accomplish in 15-minute increments. Participant Eight leverages his ability to process every facial expression in a classroom to connect with his students and adjust his teaching accordingly.

Social ecologies/Support System

ADHD coaches like Marla Cummins refer to the concept of a social ecology “body double,” someone who can help someone with ADHD organize tasks that need to be accomplished and come up with strategies to follow through. They can point out when the person is getting distracted and gently point them back to the task at hand.⁶⁸

⁶⁸ Marla Cummins, “ADHD and Body Doubles-Someone by Your Side, Marla Cummins ADHD Coach & Productivity Consultant, accessed August 30, 2020, marlacummins.com/adhd-body-double/.

Participant Two prefers to play with a stand partner, who functions as a body double or part of her social ecology. This person helps keep her alert to where she is supposed to be in the music or if the conductor is making changes.

Both Participants Four and Six have spouses without ADHD that act as body doubles. Participant Four has a musician husband who has helped her use technology to stay organized. “I’m married to my polar opposite, who is the opposite of someone with ADHD...He actually showed me how to use all these Google apps and it has been really useful: calendars, alarms, notifications, and Google Keep.”⁶⁹ Participant Six is also married to a musician. She helps him with punctuality and organization in order for him to get out the door on time. “I think having that person pushing me along and helping me organize myself is really a large part of my success.”

Reframing

As stated in the literature review, reframing is a unique element to the professionally successful adult with ADHD. To review, “Reframing refers to relating or reinterpreting an LD and/or ADHD experience in a positive or productive manner. Moreover, the process of reframing is celebrating strengths and knowing full well of one’s weaknesses.”⁷⁰ The stages of reframing include recognizing one’s ADHD, understanding how it manifests itself in his or her life, accepting the disorder, and taking action towards his or her goals.⁷¹

⁶⁹ Google Keep is a free phone application that allows the user to quickly type or dictate notes, add pictures, color-code lists, set reminders, share information with others, etc. For more information, see keep.google.com

⁷⁰ Paul J Gerber., Rick Ginsberg, and Henry B. Reiff, “Identifying Alterable Patterns in Employment Success for Highly Successful Adults with Learning Disabilities,” *Journal of Learning Disabilities* 25, no. 8 (October 1992): 481, accessed April 15, 2019, <https://doi.org/10.1177/002221949202500802>.

⁷¹ Gerber, ADHD Report, 3.

Participants Four and Seven have shown a clear and positive reframing of their ADHD. As Participant Four shared, “I think that it makes me creative as a teacher, as an interpreter, I think it helps me express myself...when you have those periods of hyperfocus and you can just shut out everything...it’s wonderful. I wouldn’t actually want to not have ADHD.” Participant Seven pondered life as a musician without ADHD. “Without it- I can’t even imagine what it would be like without it. I don’t even know how other people do it without it.”

CHAPTER VI

CONCLUSION

This research has provided awareness of a unique population of successful professional classical musicians. Though many of their experiences are universal to all musicians, the participants candidly expressed their struggles and triumphs through the lens of having ADHD. They shared numerous medical and non-medical compensations that they have used in order to build successful careers in music. The researcher hopes this information will offer practical tips to other professional classical musicians with ADHD.

This research might also resonate with professional classical musicians that do not have an ADHD diagnosis but have issues with focus. Reading about the symptoms and diagnoses of the eight participants could help them make their own compensations or possibly prompt them to seek guidance from a healthcare professional to see if they meet the criteria for an ADHD diagnosis.

Additionally, this research should promote empathy in the professional performing music community at large. Careful attention has been taken in this study to preserve the anonymity of these individuals. Unless these musicians have chosen to disclose their diagnoses to their colleagues, one may never know of the additional obstacles they have had to overcome in this already-demanding field.

Finally, the benefit of this research spans beyond the field of professional classical musicians. Sharing the experiences of these particular successful classical

musicians will help promote the positive elements of having ADHD. Just as Sedgwick, Merwood, and Asherson concluded in their study, “This emerging field of ADHD research is much needed. Findings from such research may appeal to practitioners who utilize cognitive-behavioural therapy, coaching or other psychological or behavioural interventions to treat or support people with ADHD.”⁷²

Implications for Future Research

The successful classical musicians with ADHD interviewed in this document were once young music students. This research shows the need for applied lesson professors to have sensitivity towards students with ADHD or learning disabilities. Participant Four is open about her own journey with ADHD to encourage struggling students to get the help they deserve through the Disabled Students Services office. She also makes compensations in her lessons. If one of her students has disclosed that he or she has ADHD, she is very sympathetic to their struggles. “...I’ve been there myself. So mostly, I keep things fast-paced and varied and understand what they’re up against.”

Participant Six shared his struggles in his undergraduate degree, long before he knew of his ADHD diagnosis. Although he studied with a successful orchestral clarinetist from a major symphony, this particular teacher did not have understanding of the pedagogical nuances to help Participant Six troubleshoot technical problems. “He couldn’t understand why I couldn’t just play it. He did not get it because he never went through those struggles...He was always like, ‘Do it better. Why does it sound like that?’”

⁷² Sedgwick et al, 250.

Though there has not been a great deal of research in this area, music educator Kimberly McCord published a book in 2017 called *Teaching the Postsecondary Music Student with Disabilities*.⁷³ This work discusses practical ways to teach students with ADHD, psychiatric disorders, autism, Tourette syndrome, and other conditions. It includes information about laws that protect disabled students, how to make a music school accessible for students with various needs, laws that protect disabled students, and how to effectively connect with these talented young musicians.

Another resource is Sara Raviotta's doctoral dissertation from University of North Texas, entitled *Practical Learning Strategies for Musicians with Specific Learning Disorder (Dyslexia) and/or Attention Deficit Hyperactivity Disorder*, published in May 2017. In addition to discussing various challenges that young students with dyslexia and/or ADHD face when studying music, she has created a resource specifically designed for young students. It is full of pictorial examples of how to count and subdivide rhythms, color-coded charts showing how to structure practice time, examples of practicing using note groupings, and many other exercises to encourage the young music student towards success and discipline in his or her instrument.⁷⁴

Continued research in teaching applied music students with ADHD will help ensure that the next generation of professional classical musicians with ADHD will be even better equipped to become successful performers and teachers.

⁷³ Kimberly McCord, *Teaching the Postsecondary Music Student with Disabilities* (New York, NY: Oxford University Press, 2017), Google E-book.

⁷⁴ Sara Raviotta, "Practical Learning Strategies for Musicians with Specific Learning Disorder (Dyslexia) and/or Attention Deficit Hyperactivity Disorder (ADHD)" (DMA diss., University of North Texas, Denton, 2017), University of North Texas Libraries, UNT Digital Library.

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APPENDIX A

2018-2019 NASM DATA REPORT AND

JOB LISTING INFORMATION

NASM Report 2018-2019⁷⁵

Instrument	BM Degrees awarded from July 1, 2018- June 30, 2019	MM Degrees awarded from July 1, 2018- June 30, 2019	Doctoral Performance Degrees awarded 2018-2019	Total Performance Degrees awarded 2018-2019
Piano	415	329	149	893
Cello	139	94	26	259
Double Bass	72	42	9	123
Oboe	69	43	14	126
Clarinet	136	92	31	259
Bassoon	62	40	8	110

Performance Degrees Awarded and Number of Job Listings⁷⁶

Instrument	Total Degrees awarded 2018-2019	Number of Job Listings in 2019
Piano	893	5
Cello	259	71
Double Bass	123	47
Oboe	126	36
Clarinet	259	26
Bassoon	110	22

⁷⁵ Higher Education Arts Data Services, *MUSIC Data Summaries, 2019-2020* (Higher Education Arts Data Services: Reston, VA, 2020.), charts 1, 27.

⁷⁶ Approximation, taken from *International Musician*, January-December, 2019.

APPENDIX B
RECRUITING LETTER

Dear _____,

I hope you are doing well. I know it has been awhile since I first spoke to you about my dissertation research involving classical musicians with ADHD. I have received permission from University of Georgia's Institutional Research Board to move forward with my project. I am wondering if you are still interested and available for an interview.

If so, please respond via email or send me a text, so we can set up a date and time. The interview will be recorded on a video call over Zoom. If you do not have a Zoom account, you can sign up for free at <https://www.zoom.us/signup>. It will probably be easiest to download the mobile app, which is called ZOOM Cloud Meetings.

The interview will take approximately an hour, and you will receive the questions ahead of time to review. You will also receive a pre-interview questionnaire, which you will need to submit via Google Forms at least twenty- hours before the interview. Finally, I will provide a consent form that you will need to read before the interview, where I will ask for your verbal consent before the interview begins.

To thank you for your time, I will mail you a \$15 Starbucks gift card.

Best wishes,

Joy Hoffman

(xxx) xxx-xxxx

APPENDIX C

HUMAN SUBJECTS CONSENT LETTER

UNIVERSITY OF GEORGIA
CONSENT LETTER
PROFESSIONAL CLASSICAL MUSICIANS WITH ADHD

Dear Participant,

My name is Joy Hoffman and I am a student in the School of Music at the University of Georgia under the supervision of Dr. Alison Farley and Dr. Amy Pollard. I am inviting you to take part in a research study.

I am doing this research study to learn more about the unique experiences of professional classical musicians with ADHD.

You are being invited to be in this research study because you are a professional classical musician that has self-identified as having an ADHD diagnosis.

If you agree to participate in this study:

- I will collect information about your experiences as a professional classical musician with ADHD.
- I will ask you to participate first in a written questionnaire and then in a video interview over Zoom. You can sign up for a free account by visiting <https://zoom.us/> The interview will be recorded and will take about 45-60 minutes.
- I will follow up within 1 month of the interview by emailing you a transcript of the interview for you to review.

Participation is voluntary. You can refuse to take part or stop at any time without penalty. The decision to refuse or withdraw will not affect any benefits the participant is otherwise entitled to or other activities that are otherwise conducted. Your decision to participate will have no impact in your participation in other programs.

There are questions that may make you uncomfortable. You can skip these questions if you do not wish to answer them. Please let me know if a question makes you feel too vulnerable and you wish to move on.

This research involves the transmission of data over the Internet. Every reasonable effort has been taken to ensure the effective use of available technology; however, confidentiality during online communication cannot be guaranteed. I will only keep information that could identify you during the interview and transcription process. In my dissertation, you will only be identified by your gender and musical instrument. Your information will not be used or distributed for future research.

Your responses may help me better understand how classical musicians with ADHD navigate their careers. This research will be an asset to the music performance community.

Participants will receive a \$15 Starbucks gift card for their time.

If you are interested in participating or have questions about this research, please feel free to contact me at (xxx)-xxx-xxxx, joy.e.hoffman@gmail.com. If you have any complaints or questions about your rights as a research volunteer, contact the IRB at 706-542-3199 or by email at IRB@uga.edu.

Please keep this letter for your records.

Sincerely,

Joy Hoffman

APPENDIX D

PRE-INTERVIEW QUESTIONNAIRE

Pre-Interview Questionnaire

Name (will not be published) *

Instrument/voice type *

Mailing address (to receive gift card) *

At what age were you diagnosed with ADHD by a doctor/healthcare provider? *

Would you feel comfortable talking about your experience of getting diagnosed during the interview? *

☐ Yes

☐ No

3. Do you currently take medication to treat your ADHD? If so, how often? (ex. daily? Only for rehearsals/performances?) *

4. What non-medication strategies do you use to address your ADHD? (ex. therapy, exercise, diet, meditation, etc.) *

5. Please list college (s) attended and degrees earned: *

6. Briefly describe your current employment in music (ex. freelance musician, full-time ensemble musician, college music professor, private teacher, etc.): *

APPENDIX E

PARTICIPANT SUMMARIES, QUICK REFERENCE

Participant One is a female oboist. She holds bachelor's and master's degrees in music performance and is a doctoral candidate in music performance. She is a freelance musician and teacher. Participant One received an ADHD diagnosis as an adult and takes Adderall three times daily to treat her ADHD symptoms.

Participant Two is a female double bassist. She received her undergraduate degree in music performance and is a freelance musician and teacher. She was diagnosed with ADHD as a child and takes Ritalin daily to treat her ADHD symptoms.

Participant Three is a male bassoonist. He has a bachelor's degree in music education from a state university and a master's degree in music performance from a music conservatory. He is a freelance musician and teacher. Participant Three received an ADHD diagnosis as an adult and currently takes Vyvanse before auditions to treat his ADHD symptoms.

Participant Four is a female cellist. She earned her bachelor's, master's, and doctorate in music performance. She is a tenured associate professor at a state university, as well as a freelance musician. Participant Four was diagnosed with ADHD as a child but did not acknowledge the need for compensations until she was an adult. She does not take medication specifically for ADHD but the Zoloft that she takes for anxiety has helped alleviate her ADHD symptoms.

Participant Five is a female bassoonist. She holds bachelor's and master's degrees in music performance as well as a master's degree in accounting. She is a full-time accountant, full-time member of a regional orchestra, freelance musician, and teacher. Participant Five received an ADHD diagnosis as an adult and does not take ADHD medication.

Participant Six is a male clarinetist. He has a bachelor's and master's degree in music performance and is a doctoral candidate in music performance. He is a tenure-track college professor and a freelance musician, performing with three part-time orchestras. Participant Six received an ADHD diagnosis as an adult and does not take medication for ADHD.

Participant Seven is a male pianist. He has a bachelor's, master's and doctorate in music performance, as well as a second master's degree in collaborative keyboard. He is employed by a large state university to play for guest-artist recitals and also accompanies many of the students there as a freelance musician. Participant Seven was diagnosed with ADHD as a child and does not take medication for ADHD.

Participant Eight is a male bassoonist. He has a bachelor's degree in music theory and holds a master's degree and a doctorate in music performance. He is a university associate professor of music and was diagnosed with ADHD as an adult. Participant Eight takes Concerta daily for ADHD.

APPENDIX F

NON-MEDICATION COMPENSATIONS REFERENCED BY PARTICIPANTS

- Brain Gym: a program that uses physical exercise activities to enrich both the body and mind. The exercises have far reaching benefits from posture and balance to increased focus and organization in daily tasks.

<https://breakthroughsinternational.org/programs/the-brain-gym-program/>

- Bullet Journal: a notebook used to organize pertinent information all in one place. It serves as a calendar to note daily, weekly, monthly, and long-term tasks. The user sets up and personalizes the journal based on specific goals and habits that he or she wishes to track.

<https://bulletjournal.com/>

- Feldenkrais Method: a technique that uses stretching and mindfulness to promote body awareness. Feldenkrais is used to address issues of tension, injuries, difficulty in movement, and help cultivate an overall healthier mind and body.

<https://feldenkrais.com/>

- Google Keep: a free phone application that allows the user to quickly type or dictate notes, add pictures, color-code lists, set reminders, share information with others, etc. It conveniently synchs with the user's other devices.

keep.google.com

- Square/box breathing: a relaxation exercise in four parts of the same length, like a square. A person breathes in for four counts, holds for four counts, exhales for four counts, and then holds for four counts. This can later be increased to eight counts.

<https://www.anahana.com/wellness-blog/breathing/square-breathing>

- Power Poses: an exercise where one practices standing in a confident pose in preparation for a stressful situation. Even if a person does not feel powerful, the act of strong body language can help increase a person's confidence and success.

https://www.ted.com/talks/amy_cuddy_your_body_language_may_shape_who_you_are?language=en