

“What About Teachers?”: A Duoethnographic Exploration of ADHD in ELT

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The prevalence of ADHD in the general population is demographically significant. However, in the language education literature attention is given only to learners with the condition, overlooking teachers. We consider how working and living with ADHD has affected our teacher identities and professional practice, from entry into the TEFL profession to the present. Using duoethnography, entailing critical dialogue between the authors -- a university English instructor in Japan, formerly working as a freelance business English instructor, and a university English instructor and teacher trainer -- questions are raised about the visibility of ADHD among English language teachers. The manifestations of ADHD in professional learning, particularly attention-related factors in informal observation and the multi-directional friction between teachers and stakeholders are discussed. The interplay between teaching and ADHD is explored, and the authors hope that more attention is given to the condition, particularly with regard to teachers living and working with ADHD.

Keywords: ADHD, duoethnography, ELT, teacher cognition, TEFL

There is a burgeoning literature on language teacher psychology focusing on language teachers as people with emotions and complex mental states (Mercer & Kostoulas, 2018; Gkonou et al., 2020; Morris & King, 2018). That is, teachers experience emotions and can, in turn, affect and be

affected by the emotions and actions of others, mainly students but also other stakeholders such as administrators and managers. This development in the literature is a welcome one because there is acknowledgement that teachers' mental states matter in the language teaching ecosystem. Prior to this, much of the work on language teachers' beliefs related to skills teaching (Borg, 2015), and a focus on the social construction of teacher identities (Pajares, 1992). All of these areas of research are necessary yet the literature still has considerable gaps. The most obvious to us is that language teachers are assumed to be neurotypical by default.

Neurotypical is a term used to define normative neurological characteristics and conditions, with any characteristics not conforming to such norms being neurodivergent. Neurodivergent conditions include attention deficit hyperactivity disorder (ADHD), autism, and dyslexia, among others. Such conditions can affect the executive function, or the will to complete certain tasks, or the ability to process and/or remember information easily. In language teaching, where there are large numbers of interactions even within one lesson, this can be problematic unless coping strategies can be found.

Despite work on neurodiversity in academia (e.g. Smagorinsky, 2011; Brown & Leigh, 2018, 2020; Green et al., 2020), neurodivergence or chronic neurological conditions are almost invisible in the literature on language teacher psychology. One exception to this is Gregersen,

MacIntyre and Macmillan (2020), which examined a language teacher with depression. As language teachers with ADHD, we do not see ourselves represented in the literature. We see our teacher identities represented only in literature that reports upon what is done; we do not see the crossover between the personal and the professional addressed for us and this leaves us as part of a potentially large group of unrepresented teachers. The rationale behind researching ADHD among teachers is to explore the potential constraints and challenges faced by a potentially large proportion of the language teaching community. While we both currently work in the university context, we have diverse experiences within ELT: Marc has worked in Japan as an *eikaiwa* instructor, as a business English teacher, and at junior and senior high schools; Matthew has worked in various EFL and ESL contexts around Asia as an instructor and teacher trainer, and has experience in ESOL and as a teacher trainer in the United States. While our experiences are important in our interpretations thereof, we expect that our work will resonate with many working teachers in various settings.

A lack of representation is a useful stimulus in duoethnography, where Sawyer and Norris (2013) state that questions grounded on those unrepresented “become both personally and socially resonant” (p. 1). The duoethnography method provides us with tools to examine ourselves and hold each other accountable for our beliefs, opinions and accounts of our experiences, in the hope that details can be applied to help change our professional settings for the better. In addition, duoethnography also brings about change in those writing it. Particularly for duoethnographers, “a fundamental disposition for their work is the reporting of changes in meaning throughout their life histories and during the duoethnographic process” (Norris & Sawyer, 2012, p. 19). For us, it has certainly helped to understand why we do what we do and what

we do not do in our work, and provided insights into some problematic aspects of handling our condition alongside a rewarding yet stressful vocation. Furthermore, we also seek to inform ELT professionals about their neurodivergent colleagues and how they may be able to support those they work with on a regular basis.

We hope to raise awareness of a neurological condition that affects an estimated 7.1% of the population (Thomas et al., 2015). We posit that it is potentially higher among teachers in Teaching English as a Foreign Language (TEFL), and this term is specifically used because it tends to be applied to sojourning teachers, (Slagowski, 2014) due to the ADHD tendency to seek out novel situations (Barkley & Benton, 2011). Travelling to a new country, starting a new job, and possibly even dealing with a new language, are novel to an extreme level. Thus it is plausible that ADHD is prevalent in TEFL at a higher rate than the general population. While ADHD is not unknown in language teaching, all of the literature of which we are aware focuses upon students or language learners for the benefit of practitioners. Additionally, findings in interview-based research provides evidence that most teachers (Yphantides, 2021) and teacher educators (Cabaroğlu & Tohma, 2021) have an inadequate skill set in dealing with or understanding ADHD. By acknowledging and providing some minimal representation for teachers we hope to begin a discussion in which others will participate, and provide information on challenges that teachers with ADHD may face.

ADHD

Despite the name attention deficit hyperactivity disorder, ADHD is not simply one type of neurological developmental condition, but rather it consists of three variations: primarily hyperactive, primarily inattentive, and combined. The stereotype of the condition is that of the hyperactive male child, who is unable to control his own

behaviour. However, in adults, hyperactivity may manifest as fidgeting with items, such as pens or keys, or as a general feeling of restlessness, and thus go unnoticed. Inattention, or distraction, can manifest as problems in thinking (Barkley & Benton, 2011, p. 69). where the ability to focus on anything may be difficult, and this occurs frequently enough to cause disruptions to one's life. It may also be an inability to regulate attention, which results in difficulties with task-switching or giving attention to stimuli outside of one's current activities, owing to a state of hyperfocus (see Ashinoff & Abu-Akel, 2021), on the current task, creating an appearance of single-mindedness that often occurs when the individual is engaged in activities which they perceive as fun, interesting, or important.

There may be preconceptions about what ADHD is, such as the above described hyperactive male child. An additional belief can be that "we are all a bit ADHD," in which non-ADHD people describe ordinary episodes of forgetfulness or distraction. Unfortunately, ADHD is not about one-off episodes but pervasive quality of life issues. Nobody is "a bit ADHD"; there are differences in the brain, attested by brain scanning, between neurotypical and ADHD brains (Barkley & Benton, 2011. p. 110). While it may be said as a statement of support or empathy, this actually belittles the struggles that ADHD people face on a daily basis.

Research Methodology

We decided to undertake this study after becoming vocal about our struggles with ADHD on social media, and finding that many of our peers were curious but lacked knowledge about the condition. To guide our study, we began with two general research questions:

RQ1. How has ADHD affected our work as language teachers?

RQ2. How has ADHD affected our professional identities?

Our intended methodological approach required that we dig deeply into our lived experiences, emotions, and even trauma related to living as neurodivergent people in a world designed for neurotypical people. Lawrence & Lowe (2020) state that "Duoethnography is a qualitative research methodology in which two researchers utilise dialogue to juxtapose their individual life histories in order to come to new understandings of the world." (p. 1/32). In order to do this, we met on video chat, sent direct messages over social media, and wrote collaborative documents with exhaustive comments over the course of around eight months. These formats were chosen for convenience, which was a priority, because our ADHD could have caused this project to become a chore and thus something to avoid. In our discussions, we did not simply share stories, but rather we engaged one another critically in order to go deeper into the root causes of our behavior, actions, and affective reactions by building upon each other's discourse.

While the fundamental approach revolves around dialogic engagement, each duoethnography is different, with an emergent methodology (Norris & Sawyer, 2012, p. 25). However, on occasion, the duoethnographic process could be so challenging that it felt for Matthew "like staring into the sun" and for me (Marc) like a stomach-churning process wherein certain elements of my past, like alcoholism, had to be revisited. Although we sought to support one another, we also had a duty to be critical, and to dig deeply enough to provide substantial findings, yet not so deeply as to traumatise ourselves or one another. While we are both adults and can certainly provide informed consent for our own research, there is an ethical dilemma about wellbeing when addressing traumatic episodes in duoethnography, something that neither of

us anticipated at the outset of this project. We are certain of the importance of our research, due to the fact that we are unrepresented in the scholarly literature, and the ramifications of this are a blanket ignorance among those not living with the condition. While we are sure of a positive impact academically, we may have gambled with our own wellbeing, at least in the short-term.

In this article we briefly define ADHD and then examine ADHD's effects upon us as teachers and how the symptoms may manifest themselves in both positive and negative ways, by using conversational vignettes which reconstruct our inquiries in a somewhat linear fashion. While parts of the article appear to be conversational, they are not verbatim transcripts of speech, but are reconstructed for clarity. However, the article is an honest representation of our experiences, beliefs and knowledge.

Teacher Identity

In this vignette, we discuss how ADHD has affected our teacher identities with regard to the expectations and obligations society has of teachers, and the reasons that our ADHD may have resulted in our career choices.

Matthew: I remember initial confusion about what my ADHD diagnosis meant, largely because the H in ADHD (hyperactive) did not describe me at all. However, it was easy to see myself lucidly reflected in nearly every other descriptor: low frustration tolerance, weak time management skills, time blindness, poor self-esteem, and so on. The relief of recognition was profound and my school work improved immediately upon treatment. Still, I felt embarrassed and insecure, as if it might just be a cover-up for simply not being good or smart enough. This insecurity persisted and even intensified in my late twenties when I entered the teaching profession where

ADHD has always been focused on almost exclusively as a learner's disorder (e.g., Kormos, 2017). In fact, I have spent periods of several years at a time as an adult attempting to "undiagnose" myself, stop taking medication, and simply will myself to overcome ADHD. The quality and consistency of my self-care over time has been a victim of the "competing discourses" (McLeod et al., 2007, p. 626) around ADHD and it's been essentially kept in a lock-box during my entire path in ELT. How do you think ADHD may have influenced your route into TEFL and the specific career path you have followed?

Marc: The impulsivity aspect had something to do with it, but I was always attracted to TEFL because most of the positions advertised were in another country. I had almost given up on the idea of TEFL because the cost of a pre-service qualification as well as the flight was too high. When my first TEFL employer advertised a position with all training included it seemed like it was the perfect job. Since then, I have been working in education with only minor stopgap jobs in between. My ADHD has had more of an influence on my freelance teaching prior to working full-time in higher education. Freelancing suited me because the schedule was more flexible, thus amenable to my need to be constantly occupied with something. Fortunately, in my current role I have just one place of work, which reduces the cognitive overheads but still keeps me challenged enough so I never get bored.

What about your route into TEFL? I remember you telling me about volunteering at a Buddhist temple in Sri Lanka. Was this an impulsive decision?

Matthew: That was not so much an impulsive decision, though I'm no stranger to those. It was an extension of some long-running interests which

connect directly to how ADHD shaped my world. Since around the same time as my diagnosis I had an intense personal interest in Buddhism. I was a regular at local mediation centers and would attend months-long meditation retreats. These quiet but highly structured group meditation programs did wonders for my sense of cognitive control. I think it was a type of self-administered non-prescription ADHD treatment. I then majored in Buddhist philosophy in college. So, when I came across a volunteer program offering the chance to teach English to young novice monks at a monastery school in a Buddhist country for a year, I signed up. My mother had spent several years tutoring Eastern European immigrants in our house, so that was also a touchstone. Fueled by my ADHD, I had been skipping quickly from job to job. TEFL, it seemed to me, seemed to offer some built-in ADHD-compatible features: the ability to move countries, shorter-term courses and constant change, and the constant buzz of novelty generated, for example, by contact with other cultures and languages. However, because of my insecure academic history and lack of experience I did not feel justified taking a “real job” in TEFL at that initial stage. However, volunteering felt like an ethically appropriate and suitably low-pressure, high-interest match for me. This is just one example of how having ADHD has dictated my professional decision-making process.

You were diagnosed much later in life, and perhaps at a time when ADHD was a bit better understood. Have you felt self-consciousness or anxiety about the veracity of ADHD?

Marc: I went for almost 40 years thinking that I was just stupid and incapable of operating in the world, and I coped with this by drinking from my teens onward. Reliance on alcohol is a huge part of the

TEFL lifestyle in many countries (see Stainton, 2018), so it can be difficult to drink sensibly, especially if you are experiencing problems. It can also be easy to pretend that nothing is wrong and hide the drinking behind the mask of socialising. This drinking culture, combined with a lack of support, is one of TEFL’s problems only addressed in research literature by Stainton (2018).

Both authors state effects of ADHD symptoms in descriptions of their identity in relation to the profession: impulsivity, lack of inhibition, a need to be occupied, and insecurity. As Matthew states, the discourse of ADHD in education implies that it affects learners but not teachers. This may be a reason that few teachers are not always open about the condition.

Impulsivity and lack of inhibition may be complex factors in ADHD. This can be seen in the influence they had upon Marc, who chose to enter an organization that provided the required training. However, Matthew felt that impulsivity did not affect his decision to enter the profession and decided to take a volunteer role as his initial step. This shows that ADHD symptoms may affect teacher identities not only in the way that they cause people to act on impulses, but also in how they can consciously react against impulses by deliberating over decisions.

Additionally, the TEFL culture of alcohol use and misuse may hide the nature of struggles with ADHD. Alcohol may even compound the problems faced in moving to a new country and dealing with a new environment, especially if teachers are undiagnosed and unaware of their condition.

Teaching Methodology & Continuing Professional Development

Methodology, the how of teaching, is affected by not only how one is taught and trained, but also by one’s feelings of self-efficacy (Wyatt, 2018). Feelings of

self-efficacy may be affected in ADHD by prior experiences of mistakes, as well as an awareness of what one is knowledgeable about. In this vignette, we discuss how we have developed our beliefs regarding a personally appropriate methodology and using aspects of the Dogme approach (Meddings & Thornbury, 2009). Additionally, we consider how ADHD's effect on attention has helped us with our continuous professional development in staff rooms and schools.

Matthew: ADHD is “not a disorder of knowing what to do, but of doing what one knows” (Barkley, 1997, p. 314). I have thought of this quote often throughout my career, especially after receiving thorough training (certificate and diploma courses, master's degrees, etc.) and yet still regularly struggling to reach both personal and professional performance goals as a teacher and teacher trainer. I have never lost that sense of being differently built. Perhaps the wide gap between knowing and doing caused by ADHD has a silver lining of sorts: it makes me aware of the value of hands-on training and point-of-performance feedback. I have, therefore, always jumped at the chance to observe and be observed, attend workshops, and engage in reflective practice activities. My ADHD has fueled an unusually intense interest in various continuing professional development (CPD) opportunities (webinars, online courses, discussions of professional issues on social media, etc.) I believe that I seek out and participate in them largely because of, not in spite of, my ADHD. If nothing else, these activities offer affirmation against the ever-present tension of self-doubt.

Marc: I do not think self-doubt has affected my teaching, but there has been a tension between my knowledge and methodology in relation to what

employers wanted me to do. It is caused by my ADHD because I have a sense of perfectionism at work to mitigate the potential chaos caused by time blindness and mismanaged attention. I have always preferred a rough approach to lesson planning, even before I discovered Dogme (Meddings & Thornbury, 2009), and I have always reacted in the moment to what students were doing to help them progress. This was often well-received by students and employers but sometimes it was important for them that I stick to a set syllabus based on a textbook unit each week, going from front cover to back cover. However, I deviated from the syllabus according to my professional judgment. This caused conflict between me and my employers, which angered me because it conflicted with my professional identity of being the expert on language use and assessment in the classroom. In my view, my employers prioritized commercial interests before pedagogical concerns, making quality learning and intended outcomes less likely.

Matthew: I can relate to your experiences of the multi-directional friction that can be caused by using the idiosyncratic planning approach that you describe. But what you called “rough,” could we also call “real”? Certainly, in professional training experiences from CELTA onwards I was encouraged to plan classes in great detail, writing minute-by-minute procedural descriptions outlining extremely “well-scripted” lessons. Typically, this was presented as a basic professional requirement without alternative (one exception being Alexander, 2015). Producing these plans was helpful in many ways but, like most teachers, I found it virtually impossible to keep doing on the job. While this is likely true for most teachers, I cannot help but think this kind of planning is no match for the time blindness or “temporal myopia”

that is associated with ADHD (Barkley, 1997, p. 240). You mentioned conflict between you and your employers as a result of ADHD-related divergence from the syllabus. I would add another consequence: constant feelings of guilt every time ADHD prevents the level of detailed planning that I long assumed was standard.

All that said, I like to imagine there has also been some positive fallout from my chaotic efforts to organize my work as a teacher with ADHD. In a career requiring such a high degree of future-orientation (for planning) and self-regulation (for course management), I have learned to cope with and manage the many constant loose ends as I struggle to keep up. As you also mentioned, before I learned about Dogme (Meddings & Thornbury, 2009) it was never my intention to take a reactive, ad-hoc approach to planning; certainly most, if not all, of my training discouraged that! The Dogme paradigm, in stark contrast, highlighted the benefits of a radical focus on unplanned affordances and anticipating incidental teaching opportunities. Applying Dogme principles in the classroom over time and reflecting on these experiences helped me to harness my hyperfocus (Ashinoff & Abu-Akel, 2021) and react in the moment to make effective instructional decisions.

Another way my ADHD affects me is that it made me listen very intently to what other teachers talked about in the staff room just to pick up clues as to how they approached it. I kept my ears piqued for even the most off-handed comment in the staff room which might go into my mental file. I would peek over other teachers' shoulders when they were preparing lessons, scanning for evidence of their thought process heading into a lesson. For years, this was my primary technique to gain insight into how anyone could possibly keep it all under control. Perhaps employing the hyperfocus often

associated with ADHD (Ashinoff & Abu-Akel, 2021), I found colleagues' ways of thinking and knowing highly salient. Once a survival tactic for me, this intense level of attention to other teachers ended up being a resource and wellspring for me as a teacher trainer and educator later on. So this is another way in which, in my view, ADHD has played both direct and indirect roles in guiding my very career path.

Marc: I understand the need to be "always on the lookout." At the beginning of my career, I learned much more from gazing into other classroom cubicles in my language school and from staff room discussions than I did from formal training sessions provided by my employers (Jones, 2020). I had never thought about this curiosity as having anything to do with my ADHD until you mentioned it, but the distractibility inherent in the condition means that new threads of attention are taken up, even from the other side of a chatty staff room.

The need for a teaching methodology that is compatible with the reality of the workplace is not exclusive to those with ADHD but is more urgent for us. Teaching from a well-considered plan appears to be logical, but when the reality of the classroom requires reaction and response to learner output, less rigidity is likely to serve teachers better as they have space to react in the moment. This is an advantage to at least some aspects of Dogme (Meddings & Thornbury, 2009). Furthermore, informal CPD as a horizontal process with no hierarchy is important, because observing teachers and their thought processes can facilitate the spread of professional knowledge.

Assumed Prevalence of ADHD in TEFL

In this section, we discuss the potential prevalence of ADHD in TEFL and the ways that TEFL working conditions may

interact with ADHD symptoms, possibly in a way that teachers with ADHD are underprepared for, especially in the case of those travelling to an unfamiliar country. The ramifications for pre-service certificates are provided, and some problems that arise in the workplace and/or environment are considered, including access to clinical services.

Marc: Given the figures for prevalence of ADHD in the general population at 7.1% (Thomas et al., 2015), and that ADHDers are drawn to novel situations, I have wondered what proportion of the TEFL community has ADHD, particularly teachers whose careers stem from sojourning in a different country to the country they previously habitually lived in (Slagowski, 2014). Additionally, there may be dissonance between work pressures and a job that is often marketed as a de facto leisure activity. The pressures, such as dealing with different personalities, cultural misunderstandings, and unfamiliar administrative and legal processes, are difficult for anyone; however, when compounding this with overwhelm, which is a common ADHD symptom, instructors with ADHD will encounter severe difficulties if there are no adequate support systems in place to help them. As a pre-service trainer, do you get any correspondence from your trainees about how to deal with situations like this when they begin their first jobs?

Matthew: Yes, I have received many emails from initial teacher training course graduates describing anxiety and confusion during their early days in teaching positions. This is unsurprising, given their training programs may be a "basic starter pack" (Hobbs, 2013, p. 165) or even a "horrible set of compromises that more or less works in a commercial reality" (as quoted by a CELTA course tutor in Brandt, 2007, p. 163). These

emails often outline challenges with planning, teaching, and managing courses with little active support at their place of work. In my advice, I draw from my own experience of needing to proactively manage my work in similar conditions with ADHD. I have also been mindful to include discussion of overwhelm in my work in teacher training because I believe that the typical intensive four-week certificate course (e.g. CELTA, Trinity, SIT TESOL) that often initiates the careers of sojourning EFL teachers tends not to provide sufficient perspective on this aspect of the work. These courses are also extremely time constrained and rigid, and therefore very much not "ADHD-friendly." As a trainer, I simply assume that some percentage of trainee teachers have ADHD or are otherwise neurodivergent and will benefit from appropriate flexibility as well as insights and anecdotes beyond the scope of the course's core curriculum.

However, in my experience it has been extremely rare for trainee teachers to formally disclose ADHD status. The application process for the pre-service TEFL course I have worked on most includes an invitation to share any "health issues that we should be aware of." While I have not kept records of this, I cannot recall anyone reporting having ADHD until later in the course. Typically, this information has been shared with me or another trainer in a more personal capacity once trust was established. I assume many more trainees with ADHD came and went through the course without having ever shared it. Critiques of one-month teacher training courses have included issues such as promoting native speakerism, disproven "learning styles," overly conventional pedagogy, and so forth (Ferguson & Donno, 2003). I would add to that list a reticence to acknowledge, much less engage with, the

neurodiversity of teachers as a key concern.

Marc: If we assume that in the general TEFL community we have a similar prevalence of ADHD as in the general population, it means that around 7% of our colleagues have ADHD, or roughly one teacher in a school of 14. This is not a figure that lends itself to being swept under the carpet. It likely presents itself as the well-meaning teacher who is consistently late to show up for work, the one who frequently forgets which classroom they are assigned to, or the one who mislays materials and files. These behaviours can be mitigated, in my experience, by reducing the need to keep information in mind. I wonder whether these teachers get the support they need without feeling defective in some way.

At one of my former workplaces, I had conversations with other teaching staff who have ADHD, one of whom was unmedicated due to his inability to find a doctor with sufficient experience in dealing with ADHD. I had problems finding a psychiatrist to consult after my initial diagnosis and worsening of symptoms one year later. I assume that other colleagues with neurological conditions have problems accessing clinical support services, both here in Japan and across the world. Proficiency in the language of the host country plays a major part, but there may be other factors, such as cultural stigma related to neurological disorders, as well as a requirement to disclose any medical problems to visa-granting agencies and/or employers. Obviously solving these problems is difficult and likely rather expensive, but they are certainly deserving of consideration.

Matthew: Beyond medication use, many suggested treatments for managing ADHD include “externalization” of

information, namely setting up reminders and cues in the physical environment (Barkley, 1997, p. 342). However, I believe the sojourning (Slagowski, 2014) and itinerant nature of TEFL work in many contexts can make this particular intervention particularly challenging. Something as simple as moving from classroom to classroom to teach lessons to different groups and lack of a proper office or desk area can preclude this. That was something I certainly experienced during the first several years of my career. Even working at a single school, you can feel like you’re something of an itinerant within its walls.

Marc: That is frequently the case at language schools, where there is not often enough desk space for adequate appraisal of materials while referring to student information. In compulsory schools, I have found this less of a problem, and in my current position I am lucky enough to have my own office, with shelving, cupboard space and a couple of desks. This is conducive to lower cognitive load, because if I do not have something I need with me, it is in my office. It also gives me peace of mind that I have sufficient space to organise materials, projects, etc., and do not have to retain a lot of information in my memory and get back to it after teaching lessons.

In short, sojourning TEFL teachers may feel pressure from administrative processes in a new country as well as in the workplace, where support may be lacking. This is likely to be compounded for teachers with ADHD. The intensive pre-service certificate courses are unlikely to address these pressures because they are already full of information on planning, teaching, and basic course management. Course tutors would do well to assume the presence of neurodivergent trainees, and they should attempt to reduce

overwhelm by providing as much flexibility as possible, which would benefit all trainees and not only those with ADHD. Furthermore, a dedicated workspace provides teachers with a place to leave preparation work in progress, and thus increase focus on classroom occurrences as they happen.

Conclusion

The narrative inquiry into one another's lives and professional practices, as well as our own, has helped to bring about a deeper understanding of lives as teachers with ADHD by providing a validation that neither of us is alone in either the experiences and emotional reactions that we had to various aspects of our work. Beyond such validation, there has been a change of sorts. For Marc, it has helped him to feel more professional in his work by consolidating judgments about what it means to be an effective teacher living with ADHD. Matthew also felt that examining his life was somewhat stressful, and that he would like to take more time to consider the ramifications of how his condition and his occupation interact to affect his life. Additionally, we feel that we were able to answer the research questions listed above as follows.

RQ 1. How has ADHD affected our work as language teachers?

While working conditions affect everyone, it is clear from our inquiry that there are particular repercussions for teachers with ADHD. For example, it is difficult to externalise the things we need to remember if we are itinerant and there is no fixed desk space. It is likely that spiralling anxiety is unavoidable without access to clinical services and support in a language we understand sufficiently. These are not easy questions to answer, but they need to be asked in order that answers can be found, because they affect concentration and therefore also performance in the workplace.

Support networks across workplaces in any industry or profession are likely to be inconsistent. However, in a profession with high mobility and frequent cross-cultural work, it is particularly urgent that we support everyone in order to gain successful learning experiences for our students through a stable, supportive environment for their teachers to thrive in.

RQ 2. How has ADHD affected our professional identities?

Matthew referred above to conflicted feelings regarding medication and internalized attitudes related to societal expectations of ADHD people, and these feelings do not simply cease because we open a classroom door and enter it. To escape the negative feelings toward oneself, doing something one is passionate about can be helpful, and we are both clearly passionate about teaching, having spent so much of our lives in the profession. However, aspects of the work can exacerbate feelings of uselessness and not living up to expectations, such as paperwork issues, student evaluations, and being misunderstood by managers. While the workplace can benefit from ADHDers' passion, creativity and reactive thinking, a lack of clear communication between ADHDers and their neurotypical colleagues may result in both parties being frustrated in their efforts to do their best work.

As a final note, we wish to express that a limitation of this study is that we are both white cisgender men from countries associated with (frequently monolingual) English speakers. Thus, while we may dwell upon the negative aspects of ADHD as we have experienced them, we acknowledge our privilege and understand that while we as ADHDers are unrepresented, our privilege affords us a less punitive existence than other people from minoritised groups.

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