“What about *teachers*?”: a duoethnographic exploration of ADHD in ELT

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Abstract

The prevalence of ADHD in the general population is estimated at approximately 7.1% (Thomas et al. 2019). 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, 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, teaching English, TEFL

Introduction

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, managers and others. This development in the literature is a welcome one because there is acknowledgement that teachers' mental states matter in the language teaching ecosystem. It marks a turning point because prior to this, much of the work on language teachers' beliefs related

to skills teaching (Borg 2015), and with regard to teachers in general, there has been a focus on the social construction of teacher identities (Pajares 1992). Clearly these areas of research are necessary work, and are used in the work on mental states. However, in spite of this, the literature still has considerable gaps: for us, the most obvious is that language teachers are generally assumed to be neurotypical by default.

Neurotypical is a term 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.

Although there has been previous work on neurodiversity in academia (e.g. Smagorinsky 2011; Brown & Leigh 2018, 2021; 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, our specific ways of being represented explicitly 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 that we can explore the potential constraints and challenges faced by potentially a very large proportion of the language teaching community who do not find themselves represented in the literature, or who may find that the literature does not ‘speak

to them'. Such a lack of representation is grist for the mill 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. By providing some nascent representation in the literature, we seek to address an ethical issue: not whether ADHD in language teachers should be researched, but that ADHD in language teachers should be visible in the research that informs professional practice and academic field of study that credentials the profession. It also seeks to inform ELT professionals about their colleagues and how they may be able to support those they work with on a regular basis.

In producing this duoethnography, we hope to raise awareness of a neurological condition that affects an estimated 7.1% of the population (Thomas et al. 2019). We posit that it is potentially even 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 2010). 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 certainly plausible that ADHD is prevalent in TEFL at a higher rate than the general population. While ADHD is hardly unknown in language teaching, all of the literature of which we are aware focuses upon students or language learners for the benefit of practitioners, including my own contribution (Jones 2019). 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 provide a nascent discussion in

which others will participate, and provide information on some struggles 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 three. There are primarily hyperactive, primarily inattentive, and combined types. The stereotype of the condition is that of the hyperactive child, typically male, who is unable to control their own behaviour. However, in adults, hyperactivity may manifest as fidgeting with items such as pens or keys. It may also manifest as a general feeling of restlessness, and thus go unnoticed. Inattention, or distraction, can manifest 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, and task switching or attention to stimuli outside one's current activities may be difficult due to a state of hyperfocus (see Ashinoff & Abu-Akel 2021), an appearance of single-mindedness, which occurs particularly when engaged in interesting, fun or important activities.

There may be preconceptions about what ADHD is, such as the above described hyperactive 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 all-pervasive quality of life issues. Nobody is 'a bit ADHD'; there are differences in the brain, attested by brain scanning, that there are differences between neurotypical and ADHD brains (Barkley & Benton 2011. p. 110). While it may be said as a statement of support or empathy, what this actually does is belittle struggles that ADHD people face on a daily basis.

Research Methodology

We made a decision to undertake this study after becoming vocal about our struggles with ADHD on social media, and in turn 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:

1. How has ADHD affected our work as language teachers?
2. 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, with the whole process taking around eight months. These were chosen for convenience, which is a priority, because our ADHD could have potentially caused this project to have become a chore and thus something to avoid. In our discussions, we managed to not simply share stories but to critically engage one another and go deeper into root causes of behaviour and action, affective reactions and build 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 where certain past events like my own alcoholism in my younger days had to be rehashed. Although we sought to be supportive to one another, we also had a duty to be critical, and to dig deeply enough to provide substantial findings, yet not so deeply to traumatised ourselves or one another. While we are both adults and can certainly provide informed consent for our own research, there is an ethical quandary about wellbeing when addressing traumatic episodes in

duoethnography, something that I am sure 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 to ourselves and each other in a somewhat linear fashion.

Teacher identity

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

MN: I remember initial confusion about what my ADHD diagnosis meant, largely because the H in ADHD (hyperactive) didn't 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 virtually

exclusively as *a learner's* disorder (e.g. Kormos 2017). In fact, I've spent periods of several years at a time as an adult attempting to 'undiagnose' myself, stop 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 through nearly two decades of collegial conversations, continuing professional development (CPD) programs, and teacher education in ELT. How do you think ADHD may have influenced your route into TEFL and the specific career path you've followed as a teacher of English abroad?

MJ: I am certain that the impulsivity aspect had something to do with it, but it is not the whole story. I was always attracted to TEFL because most of the positions advertised were in another country. However, it was always TEFL that attracted me, and not volunteer work like digging trenches. 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 to apply for. 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 freelancing/serial-part-time career prior to working full-time in higher education. For a while freelancing suited me because the schedule was more flexible, thus amenable to my need to be constantly occupied with something. Fortunately, I found that higher education gave me this, too. 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 or something that you had considered for a while?

MN: That was not so much an impulsive decision, though I'm no stranger to those. It was more an extension of some long-running interests and involvements which themselves connect directly to how ADHD shaped my world. Since around the same time as my diagnosis I'd had an intense personal interest in Buddhism. I was a regular at local meditation centers and would attend months-long meditation retreats. I found that 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'd 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 own checkered and insecure academic history and lack of experience I didn't feel justified taking a 'real job' in TEFL at that initial stage. Frankly, because of ADHD I was unwilling and unable to even conceive of myself as a potential educator at that 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 from the start.

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

MJ: Certainly. I went for almost 40 years thinking that I was just stupid and somehow incapable of operating in the world as others do, and I coped with this by drinking from my teens onward. I think reliance on alcohol is a huge part of the TEFL lifestyle in many countries (see Goldfinch 2019; Stainton 2018), so it can be really hard to drink sensibly, especially if you might be having problems dealing with overstimulation in a new country, homesickness and possibly even relationship problems due to that. It can also be easy to pretend that nothing is wrong and hide the drinking behind the mask of socialising. This combined lack of support and drinking culture 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, 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 may be 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 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 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 could 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 & CPD

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 (Wyat 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 our ADHD's effect on attention has potentially helped us with our continuous professional development in staff rooms and schools.

MN:ADHD is described as being “not a disorder of knowing what to do, but of doing what one knows” (Barkley 1997. p. 314). I've 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 even teacher trainer. I've never lost that sense of being *differently built*. Perhaps that extra wide gap between knowing and doing caused by ADHD has a possible silver lining of sorts: it makes me lucidly aware of the value of *hands-on* training and *point-of-performance* feedback. I've 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 CPD opportunities and

involvements during my years in ELT (webinars, online courses, discussions of professional issues on social media, etc.). I believe that I seek out and partake in them largely because of, not in spite of, my ADHD. If nothing else, engagement with these activities offer some affirmation against the ever present background tension of self-doubt.

MJ: I do not think self doubt has affected me in teaching, but I do feel that there has been a tension between my knowledge and methodology, and what employers wanted me to do. Choosing methods and approaches to teaching is a personal choice, driven by teacher personality and the way they intend to build relationships with learners. I've always preferred a rough approach to lesson planning, even before I discovered Dogme (Meddings & Thornbury 2009), and I have always reflected in the moment and tried to react to what students were doing to help them progress. This was normally well received by my employers but sometimes it was important for them that I stick to a set syllabus. However, I felt stifled and I deviated from the syllabus anyway, and did what I thought was best. Sometimes this caused conflict between me and my students and/or my employers. I do not blame the students because they are not expected to have expertise, but it was an annoyance that my employers reacted this way because it conflicted with my professional identity of being the expert on language use and assessment in the classroom. I thought that my employers prioritized commercial interests before pedagogical concerns, making quality learning and my intended outcomes less likely.

How is this relevant to me having ADHD? It relates to the constant perfectionism at work to mitigate the potential chaos caused by time blindness and mismanaged attention. This led to reflection on what worked well in the classroom and what did not, even before I found out about ELT research and the qualifications available beyond initial certificate

level. When I took my DipTESOL and first Master's degree (before my diagnosis) I became obsessed with listening and phonology due to inability to stop puzzling over my students' listening comprehension problems. Other subjects of my hyperfocus have included young learner engagement, English for pharmacists, problems with published materials, and discourse awareness in TOEIC lessons. I feel like my career has been a series of obsessions about classroom problems.

MN: I can relate to your experiences of the multi-directional friction that can be caused by using the type of 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 of course 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 can't 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 and students as a result of ADHD-related divergence from the syllabus. I'd add another consequence of this that I've experienced: constant feelings of guilt every time ADHD effectively shuts the door on the kinds 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've had to learn to cope 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) I don't think it was ever 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. To my surprise, it suddenly appeared that an approach to teaching finally overlapped with my approach to thinking. Applying Dogme principles in the classroom over time and reflecting on these experiences helped me understand how to harness my hyperfocus (Ashinoff & Abu-Akel 2021) and react in the moment to make effective instructional decisions.

Another way the fallout from my ADHD affects me is that it turned me into someone who listened very intently, almost obsessively, 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 in fact my primary technique to gain some 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 close 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.

MJ: I understand that 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 (which I discussed in 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 something exclusive to those with ADHD but is potentially more urgent for us. Teaching from a well-considered plan appears to be a logical decision, 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 the 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 and rhizomatic process (Deleuze & Guattari 2013) with no centre or hierarchy is important, because observing teachers and their thought processes can facilitate the spread of professional knowledge and help to create a stronger community of practice (Lave & Wenger 1991; Wenger 1998).

Assumed prevalence of ADHD in TEFL

In this section, we discuss the potential prevalence of ADHD in TEFL and the ways that TEFL teachers’ working conditions may interact with ADHD symptoms, possibly in a way that they are underprepared for, especially in the case of those travelling to an unfamiliar country. The ramifications for pre-service certificates are provided, and some of the problems that arise in the workplace and/or environment are considered, including access to clinical services.

MJ: Given the figures for prevalence of ADHD in the general population at 7.1% (Thomas 2019), 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). I wrote above that I think TEFL as a profession does not support teachers well, especially when one considers that many of the teachers entering the profession travel to a new country where they may not know the language. Additionally there may be dissonance between work pressures and a job that is often marketed as a *de facto* leisure activity or as a means to travel. The pressures, such as dealing with different personalities, cultural misunderstandings, and unfamiliar administrative and legal processes, are sufficiently problematic for anyone; when adding the feelings of overwhelm, a common ADHD symptom, if there are no adequate support systems in place, teachers with ADHD will encounter severe difficulties. 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 job?

MN: Yes, I've received many advice-seeking emails from initial teacher training course graduates describing various levels of anxiety and confusion during early days in teaching positions. This is not surprising, given their training programs may be but a "basic starter pack" (Hobbs 2013. p. 165) or even described as a "horrible set of compromises that more or less works in a commercial reality" (a CELTA course tutor quoted in Brandt 2007. p163). These emails often outline challenges with planning, teaching, and managing courses with low levels of active support at their place of work. In offering my advice, I draw from my own experience needing to proactively manage my work in similar conditions with ADHD. I've also been particularly mindful to include discussion of overwhelm in my work in teacher training because I believe that the typical intensive 4-week certificate course (e.g.

CELTA, Trinity Cert, SIT TESOL Cert) 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 in this context, 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’ve 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 ever sharing it. Critiques of one-month teacher training courses have included issues of promoting native speakerism, disproven ‘learning styles’, overly conventional pedagogy, and others (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.

MJ: 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,

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. In the two English conversation schools that I used to work for, additional training and monitoring was generally viewed as a step away from being fired. I had interventions myself, quite early on in my career, regarding lateness. I think the reason I remained employed was luck, and the fact that I was not late for lessons but arriving with little time to prepare, and so did not need to keep students waiting.

At one of my former workplaces, I have 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 wonder how well colleagues with ADHD and other neurological conditions access clinical support services, both here in Japan and across the world. Obviously proficiency in the language of the host country plays a major part, but there may also be other factors at play, such as cultural stigma related to neurological disorders, as well as 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.

MN: 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.

MJ: I would say that is definitely 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 and cupboard space and a couple of desks. I find this is conducive to lower cognitive load, because I know that if I do not have something about my person it is in my office, and 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.

It is quite interesting, this notion of personal space in education, and how it relates to state of mind. Whenever I have worked without an assigned desk space, home frequently felt like work was invading and probably led to some of my burnout periods. When working freelance, I often used coffee shops as impromptu offices, and tried to select the largest available table without wanting to appear too antisocial and invasive. It also meant that breaks between clients were very rarely breaks, but simply non-contact time.

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

should attempt to reduce overwhelm by providing as much flexibility as possible, which would benefit all trainees, not only those with ADHD.

Strengths and weaknesses

In this final vignette, we discuss the strengths and weaknesses of ADHD and how they affect our work and, in turn, our emotional states. In particular we look at empathy and self-efficacy and the fatigue that these may cause.

MJ: Rector-Aranda (2019) recommends mutual empathy to liberate ourselves from hierarchical structures and feel more connected to our students, which creates feelings of efficacy. I think I am empathetic toward my students, and generally they are to me, too, but when I perceive it to be one-way, I get feelings of failure in the classroom. I am a believer in learner-centred classrooms, but I was never warned about the psychological risk of feeling useless when learners are busy after you create the environment for it. This is more tangible when learners encounter difficulty and frustration and it seems directed at me. When I taught in a very teacher-controlled way I used to feel more efficient as a teacher, though in hindsight I know I was just conforming to what students thought teachers should be like, not doing the best to help them learn. It feels like Sitter & Hall's (2012) ideas of boundaries? "So if I'm really trying to minimize power differentials, there is a level of sharing about myself that is not only expected but done out of respect. And at times, I wonder if I'm sharing too much or too little." (p. 249)

MN: I think this is pretty much what I was trying to say elsewhere! I would say that my 'empathy meter' might even be broken because I've busted through the top of it so many times as an instructor with English language learners and especially as a tutor with trainee

teachers during TEFL courses I've worked on. I put a lot of energy into establishing, maintaining, and exploiting empathetic personal connections, and based on feedback, students and trainees are sometimes amazed by me in this regard, because putting so much stock in that side of things is relatively rare. I think in part I emphasize the affective side of learning-to-teach on a TEFL course because, based on both personal experience and the research literature I've read, I recognize the importance of this in teacher education. On the other hand, part of it, I believe, is ADHD related: I often find it difficult to maintain a quick-access ability to present the expert knowledge base in my brain in the moment (though not with a delay). Therefore, working with teachers in a post-lesson feedback session for example, I prefer to instigate discussion and interpretation of perceptions and emotions that are fresh in memory for all involved. With students, I may prefer to offer a more subjective type of assessment (including students' self-assessment) because of the challenge of managing and organizing the numerical data involved in other types. There's the issue of emotional/attentional burnout here, however.

You know those popular phrases like 'live in the now' and 'appreciate the present moment'? They exhort people to resist dwelling on the past or focusing on the future. That's all well and good, but because of time blindness, the thing I struggle the most with is getting *out* of the now and being able to consistently attend to actions and information of future consequence. Being responsible for often complex course planning, grading rubrics, and filing requirements is an enormous challenge with ADHD.

Obviously feelings of empathy are important for all, but potentially this is an area of particular importance for people with ADHD. While being inattentive in some respects, giving too much of ourselves to help others in return can contribute to feelings such as tiredness and, in extreme cases,

burnout. In cases such as excessive tiredness, attention is likely to diminish, resulting in a lack of attention. Therefore, it is clear that a happy medium is required in order to maintain sufficient levels of efficacy, including self-efficacy.

Conclusion

While working conditions in ELT, and particularly in TEFL, affect everyone, it is clear that there are particular repercussions for teachers with ADHD. How can we externalise the things we need to remember if we are itinerant if there is no fixed desk space? How can we avoid spiralling anxiety without access to clinical services, with facilitation 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. 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.

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, there are aspects of the work that 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.

A limitation of this study is that we are both white cis 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 minoritized groups.

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