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A phenomenological-temporal perspective on inattention and hyperactivity: arrhythmia and desynchronization[1]

ARTICLE

Uma perspectiva fenomenológico-temporal da desatenção e hiperatividade: arritmia e dessincronização

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Abstract
The present work addresses an analysis of the phenomena of inattention and hyperactivity, which are contemporarily associated with the diagnosis of Attention Deficit Hyperactivity Disorder, currently prevalent in psychiatry. Our investigation primarily focused on understanding the temporal dimension of the world experience in question regarding the phenomena of inattention and hyperactivity. Such an experience is characterized by a particular and predominantly dissonant rhythm in relation to the temporality of more direct everyday demands. We argue that a desynchronization between the patient's subjective temporality and the temporal processes of their environment, based on the fact that the relationship with time is a determinant in human experience, would be one of the foundations of the phenomenon of inattention and hyperactivity. Lastly, we also propose a reflection on how the prevailing socio-historical circumstances and their temporal regimes intensify and delineate this phenomenon in a particular way.

Keywords: Phenomenology; Temporality; Inattention; Hyperactivity; Attention deficit disorder with hyperactivity.

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A phenomenological-temporal perspective on inattention and hyperactivity: arrhythmia and desynchronization

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Resumo

O presente trabalho trata de uma análise dos fenômenos da desatenção e da hiperatividade, o que contemporaneamente está associado ao diagnóstico de Transtorno de Déficit de Atenção e Hiperatividade em voga na psiquiatria. Nossa investigação baseou-se principalmente na compreensão da dimensão temporal da experiência de mundo em questão para os fenômenos da desatenção e da hiperatividade. Tal experiência é marcada por uma ritmicidade particular e majoritariamente dissonante em relação à temporalidade das solicitações cotidianas mais diretas, de modo que defendemos que uma dessincronização entre a temporalidade subjetiva do paciente e os processos temporais de seu ambiente, assentadas sobre o fato de que a relação com o tempo é determinante na experiência humana, seria um dos fundamentos do fenômeno da desatenção e hiperatividade. Por fim, também propomos uma reflexão sobre como a circunstância sócio-histórica vigente e seus regimes de temporalização acentuam e demarcam esse fenômeno de uma forma particular.

Palavras-chave: Fenomenologia; Temporalidade; Desatenção; Hiperatividade; Transtorno da falta de atenção com hiperatividade.

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INTRODUCTION

In psychiatry, few topics are as debated and controversial as a subject that notably serves as a cornerstone of the discipline itself: the diagnostic classification of "mental disorders". Adam-Manes (2014) criticizes that psychiatric disorders have come to be defined by a descriptive theory of meaning, bringing about a certain heterogeneity in the meanings that different psychiatrists attribute to psychiatric terms. Parnas highlights the pragmatic purpose of classifications, emphasizing that the main diagnostic categories of the era are based on "typologies of human experience and behavior," thus making a faithful description of experience essential for any taxonomic effort (Adam-Manes, 2014; Parnas, 2022).

In this work, our goal is to propose a description of the essential lived experiences of individuals who, taxonomically, receive the psychiatric diagnosis of "Attention Deficit Hyperactivity Disorder." It is not within the scope of this work to validate the taxonomic diagnosis according to criteria defined in the latest revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), nor to conduct a comparative study between such descriptive categories and the phenomenologically described object. We aim to pursue a phenomenological investigation of what we consider at stake for the lived experiences of patients diagnosed with ADHD, thereby contributing to a deeper understanding of this condition.

For guidance regarding the taxonomic classification, we briefly highlight what the DSM-5-TR defines as diagnostic criteria for ADHD: a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, characterized by at least six symptoms in the "inattention" category and six symptoms in the "hyperactivity" category listed in the manual, present in more than one setting and present prior to age 12 years (APA, 2023).

Within these criteria, we can confirm two significant critiques of the DSM taxonomic model raised by Andreasen: its "dryly empirical" method, focusing on observable behaviors, distancing the professional from thoroughly knowing the patient's individuality; and the sacrifice of criteria validity to achieve greater reliability, that is, the selection of more general and comprehensive criteria to ensure greater diagnostic correlation among psychiatrists, at the cost of diagnostic validity as a reliable approximation of a particular "typology of human experience and behavior" (Andreasen, 2007; Parnas, 2002).

More specifically regarding ADHD, another criticism can be made to the DSM classification: its criteria were initially developed for use with children only. According to Barkley, one of the group members who defined them, they are inadequate for diagnosing adults, given how symptoms manifest in this population. Barkley and colleagues created a list of nine symptoms considered more useful than the DSM classification. This list questions whether the patient frequently: gets easily distracted by external stimuli or irrelevant thoughts; makes decisions impulsively; has difficulty stopping activities or behaviors when necessary; starts a project or task without carefully reading or listening to directions carefully; fails to follow through on promises or commitments made to others; has trouble doing things in their proper order or sequence; drives much faster than others—or, if they do not drive, has difficulty engaging in leisure activities or doing fun things quietly; has difficulty sustaining attention in tasks or recreational activities; has difficulty organizing tasks and activities (Barkley, 2022).

Although Barkley's "list of nine symptoms" still deals with superficial and behavioral descriptions, it contextualizes these descriptions closer to adult lived experience, allowing inference of important changes in symptom manifestation—especially shifting from childhood descriptions of physical, bodily hyperactivity to mental, "internal" restlessness, occasionally leading to impulsivity, and emphasizing individual and shared temporal aspects (e.g., commitments with others, temporal organization of activities). As a critique of this list, we highlight the absence of emotional criteria— the emotional experience in ADHD has been the subject of growing scholarly attention, including by Barkley himself and his collaborator Faraone. Although not readily observable through empirical means, it remains a factor of considerable validity in understanding the lived world (Barkley, 2010; Faraone, 2018).

THE EXECUTIVE FUNCTION AND A NEW UNDERSTANDING OF ADHD

More recent studies have aimed to go beyond the observational and behavioral criteria of ADHD, seeking a deeper understanding of its underlying alterations, with particular emphasis on executive function. We believe that this "new understanding of ADHD," spearheaded by Brown and collaborators, although grounded in a positivist and utilitarian model, allows us to proceed towards an essential reduction.

According to Brown, ADHD is a complex developmental impairment of the brain's self-management system, its executive functions, which is a system of mostly unconscious

operations. Regarding executive functions, Lezak describes in her book:

> The executive functions consist of those capacities that enable a person to engage successfully in independent, purposive, self-directed, and self-serving behavior. (...) Questions about executive functions ask how or whether a person goes about doing something (e.g., Will you do it and, if so, how and when?). (...) Many of the behavior problems arising from impaired executive functions may be apparent to casual or naive observers, but they may not appreciate their importance with respect to the patient's overall behavioral competence. (...) Among them are a defective capacity for self-control or self-direction such as emotional lability or flattening, a heightened tendency to irritability and excitability, impulsivity, erratic carelessness, rigidity, and difficulty in making shifts in attention and in ongoing behavior. (...) Other defects in executive functions, however, are not so obvious. The problems they occasion may be missed or not recognized as "neuropsychological"by examiners who see patients only in the well-structured inpatient and clinic settings. (...) Perhaps the most serious of these problems, from a psychosocial standpoint, are impaired capacity to initiate activity, decreased or absent motivation (anergia), and defects in planning and carrying out the activity sequences that make up goal-directed behaviors (Lezak, 2004).

By describing executive functions and their potential associated deficits, we move beyond a mere account of observable behaviors and draw closer to a general pattern of functioning, which supports the phenomenological reduction pursued in this study. Brown describes six clusters of executive functions potentially impaired in ADHD, dynamically combining in various ways: activation (initiating tasks), focus (sustaining attention on a task or shifting attention as required), effort (maintaining sustained effort over prolonged periods), emotion (difficulty managing emotions and putting them into perspective), memory (particularly "working memory," the ability to briefly retain information to link ideas, calculate, and establish priorities), and action (monitoring and regulating one's activities, their relevance, and pace) (Brown, 2013). In summary, ADHD is presented as a disorder of self-regulation: of attentional focus, goal-directed activity, and even emotional reactions.

Thus far, in order to facilitate an understanding of what psychiatry defines as 'Attention-Deficit/Hyperactivity Disorder,' we have outlined some of the current diagnostic classifications of ADHD as a taxonomic category, the types of criteria employed, and the prevailing view that its clinical presentation differs between childhood and adulthood. The descriptions provided are open to criticism, yet "the presence of problems or fragilities in diagnosis does not imply that the phenomenon we might term human hyperactivity simply does not exist" (Marmorato, 2012). From this point onwards, we detach ourselves from rigid taxonomic constraints. We do not propose to explain whether lived experiences are the cause or consequence of neurobiological processes. Instead, we aim to describe the existence of a typology of human experience, a way of being-in-the-world manifested inexorably in experiences of inattention and hyperactivity, highlighting temporality as a condition of possibility fundamentally related to these experiences, particularly in their intersubjective character with the shared world. We will, for the sake of greater semantic

clarity regarding the terms and phenomena under discussion, refer to this type of lived experience we aim to describe as the 'phenomenon of inattention/hyperactivity.'

ACTIVITY AS A (BODY-)TEMPORAL PHENOMENON

If our aim is to describe the lived experience of inattention/hyperactivity in its essentially temporal dimension, we find it necessary to briefly present Minkowski's perspective on Activity itself as an existential and temporal phenomenon. According to Minkowski, activity is a global manifestation of the living being, carrying itself forward; it constitutes lived duration. It cannot be fixed or stopped, always maintaining contact with an immediate future, residing in the plane of the “I that tends toward something,” the natural base for the affirmation of the self. The vital phenomenon opposite to Activity is Expectation, forming a dialectical relationship essential to the determination of Activity itself. Every instance of Expectation becomes possible only as a negation of a potential Activity, just as every Activity determines itself through the rupture of a particular inertia. In Expectation, we see the future come toward us and wait for that (expected) future to become present. Primary Expectation is always distressing—being a suspension of activity, it is, consequently, a suspension of life itself (Minkowski, 1995).

Thus, Activity refers to development, expansion, the expression of individual potentials, always in a dynamic process of suspending the modes of Expectation. What then would be the harm of the so-called hyperactivity in this equation? According to Marmorato (2012), this excessive and inflated expansion generates fragile contours with little support: “they leave few tasks finished, barely lasting beyond the moment of execution.” Additionally, by delimiting its own limits, the hyperactive condition can frequently provoke “collisions” with various objects, people, rules, and social conventions; these collisions would bring about the negation of Activity and the imposition of Expectation, along with its inherent distress (Minkowski, 1995; Marmorato, 2012). The idea of Activity as a temporally lived phenomenon and its “collisions” with established existential and social structures enables us to begin understanding an essence of mismatch, a difference in rhythms, an experienced asynchrony inherent to the phenomenon of inattention/hyperactivity.

Such collisions can also be thought of in connection with the bodily and spatial dimensions of these patients' experiences. Although our analytical focus is on temporality, we believe it relevant to briefly highlight how body and space also become present in

structuring this condition, particularly regarding these collisions with the environment.

In this regard, we return to how Marmorato (2022) describes hyperactivity as "hyperkinesis," highlighting the aspect of disturbance in these patients' motor function. Such alteration would imply an incontinence of movements as a paradigmatic mode of a corporeality marked by the lack of movement regulation, as well as spatiality characterized by invasion of the shared environment (2022). These aspects can also be understood through Minkowski's analyses (1998), insofar as "activity" can also be comprehended in its bodily inflection as a motor unfolding within the situational concreteness of action. More specifically concerning our theme, hyperactivity would be a self-unfolding into the "void" (1998) of an almost ignored space, that is, an imposition of oneself onto the environment through uncontained motility, partly indifferent to the specific circumstances of the situation. In this case, the impossibility of Expectation would imply an impediment to the experience of self-withdrawal giving way to the protagonism of the surrounding environment, something that would occur precisely through the 'minimal expression of the self' (1998), understood here as the motor expressivity of the body.

Although it is possible to understand the disturbance related to hyperactivity in terms of hyperkinetic mismatch and invasive spatiality, we can also reflect on how these dimensions fundamentally interconnect with temporality, which, according to Marmorato, would even relate to the predominance of temporal experiences over spatial ones (2022). This is because both Activity and Expectation represent forms of anticipation, whether through the living being's active orientation towards its future or through withdrawal of self-expression, waiting for the future that approaches independently of direct engagement with the world (2022). If what is considered normal temporalization in these terms would be characterized by a balanced alternation between the *pursuit of the future* and *the waiting for it*, it can be stated that hyperkinetic imbalance is associated with a more hasty form of future anticipation, incapable of projecting future experiences through Expectation, thus compelling corporeality into action.

Finally, if what is at stake here is the passive synthesis of temporality, aligned with how Husserl described internal time-consciousness (1964), hyperkinetic corporeality would correspond to the spontaneous dimension of the living body, which, expressed in Merleau-Ponty's terms (2013), would be the pre-reflective form of the subject's engagement with the world through their corporeality. It is in this sense that one can also understand how the experience of hyperactivity prevails despite the patients' efforts and

'willpower,' going beyond the ineffective sanctions and reprimands of their surroundings. What is at stake is precisely the most originary mode of bodily and temporal structuring in these patients—something that unfolds spontaneously through their desynchronized temporality, incontinent corporeality, and invasive spatiality.

DESCRIPTIONS OF LIVED EXPERIENCES

Before structuring the theoretical vision of temporality and rhythmanalysis regarding our topic of study, and following the phenomenological maxim of the essential description of lived experience, we emphasize Nielsen's contribution (2016) through his in-person interviews with thirteen adults diagnosed with ADHD and the observations made throughout this process.

During these interviews, experiences of disconnection between "mind" and body/speech were frequently described, causing difficulties in interactions with other people: “It’s getting out of control and my mouth and brain are not connected any longer”. “I believe I’ve said a whole word or a full sentence, but I haven’t”. Another frequently described experience was that of “racing thoughts” along with bodily symptoms: “I can feel the tensions here, and it’s like trembling electricity through the brain (...) and then I realize that I start shaking my legs” (Nielsen, 2016).

Beyond this mismatch within one's own body, experiences of desynchronization with the environment and others were also described, along with a sense of “racing thoughts” leading to isolation and the need for a “social timeout”: “It just not there. The sense of time. (...) Well, not watching the clock and seeing what time it is, but I mean sense of time and having an idea about how long things take. How long it takes to do grocery shopping and knowing when I'll be back home again”. “I have always been kind of... back then... I distanced myself... and I’ve just been thinking: my brain is speeding so fast, and it actually... it has always been like that with me (...) No one had any idea that it was racing like crazy in here. And I remember that, because it was also like that, when I was a kid. I could stay in my own world and those thoughts were just going around and round. I kept to myself. I wasn’t open”. “ It’s not a question of whether you’re excluded from sociality; it’s a question of when you are (...) And it’s true, ‘cause you get no social training. You get a whole lot less because you have to withdraw” (Nielsen, 2016).

Just as important as the reports collected by Nielsen were her observations of the volunteers during the interviews and her reflections on the experience. During a

conversation with one participant, Nielsen described feeling confused by a "staccato conversation," jumping from subject to subject, with the sensation that "we are speaking and thinking in different tempi and directions." “While we talk about his restlessness and his many thoughts, Peter is everywhere. He looks into his phone to check the alarm he sets in order to remember his medicine; he lights a cigarette with the lighter he has been fiddling with since we sat down; and he jiggles one of his legs throughout our conversation (...) I sense Peter’s restlessness with much more than my hearing. It sneaks into my body. It crawls into my way of talking (...) When the conversation gets too slow, he starts meandering (...) I feel that Peter is already ahead of me too, losing focus on the present question” (Nielsen, 2016).

RHYTHMANALYSIS AND TEMPORALITY

In order to address rhythm and temporality within the phenomenon of inattention/hyperactivity based on the described and observed experiences, it is first necessary to establish a conceptual understanding of time and rhythm from which we are departing. We therefore highlight the importance of the works of Lefebvre and Fuchs for a phenomenological analysis of lived rhythms and temporal (dis)orientation.

According to Lefebvre, wherever there is an interaction between place, time, and expenditure of energy, there is rhythm. The rhythmanalysis he proposes would serve as a method for accessing time, space, and everyday life as interrelated categories, which therefore must be considered together. A rhythm can only be slow or fast in relation to other rhythms, including our own, as each of us has our own preferences, references, frequencies. Rhythms always exist in reference to something or someone, whether it be the social rhythm of working hours, biological rhythms, or rhythms of social interaction. When rhythms are not in accord, there exists "arrhythmia" (Lefebvre, 2004).

Lefebvre argues that, to better understand rhythmicity, one must experience rhythms within one’s own body—one’s breathing, circulation, heartbeat, and speech. “To grasp a rhythm it is necessary to have been grasped by it”. In Nielsen’s interviews, by using her own rhythm as a reference—either allowing herself to be attuned to or adapting to that of the informants—it became possible to describe a sense of desynchronization and a clash of rhythms. This process of understanding grounded in interpersonal space is well described by various psychopathologists, albeit under different terminologies. Messas states that simply listening to the experience cannot be the ultimate goal of

psychopathological investigation; rather, the subjectivity of the report gains validity through the gradual unveiling of its intertwinement with intersubjectivity, and that 'it is from the emergent product of the simultaneity of two subjectivities in contact that the essential phenomenological object arises' (Messas, 2018; Lefebvre, 2004).

Fuchs, in several works (2001; 2010; 2015; 2018), contributes significantly with descriptions of subjective and intersubjective dimensions of temporality. Subjective temporality as the “individual’s particular lived or experienced temporality, his ‘own time’” (Fuchs, 2010) refers to basic characterization of our experience of time. The manner in which we experience temporality related to “the subject itself” is primarily marked by its implicit and explicit forms—that is, within the difference between “pre-reflective lived”, and “explicit time consciously experienced” (Fuchs, 2010). As long as we remain uninterrupted in our daily immersion in occupations, we do not experience temporality explicitly. Even without encountering time as such, we continuously perceive ourselves as a constant unity within temporal flow, representing precisely a pre-reflective form of temporal experience. However, when the homogeneous continuity of everyday life is interrupted, individuals face the temporal constitution of their consciousness explicitly, revealing the "now" for the first time as fundamentally different from the no-longer and the not-yet. “Implicit time is the time we are; explicit time is the time we have, which divides into past, present, and future and frequently carries an element of suffering” (Fuchs, 2015)[2].

Intersubjective temporality characterizes the relational order between individual and social processes, establishing the subject’s temporal integration with the world. Own-time and social time as a relational order of processes (Fuchs, 2010) refer to different cyclical processes interacting and harmonizing with each other, always characterized by resonances and, particularly, synchronizations. Here, our interest is the psychosocial aspect of this temporal attunement, wherein the rhythm of individual processes can be in greater or lesser harmony with the rhythmic cyclicity of the surrounding world. Consequently, the congruence of both processes enables a form of intersubjective synchronization, a fundamental circumstance whereby individuals find themselves in temporal harmony with others, sharing the same intersubjective time. Thus, harmoniously participating in a shared present presupposes such temporal integration, which generally represents the rhythmic basis of normal everyday interactions (Fuchs, 2001, 2010, 2015, 2018).

[2] Our translation

While implicit synchronization involves our beneficial integration with others and "adequate" responses to daily demands, forms of desynchronization accompany problematic manifestations of shared time in circumstances where individual processes no longer match the social time. Thus, we can now present forms of desynchronization that, along with their adverse emotional components, illustrate suffering associated with interrupting temporal harmony. When own-time accelerates compared to external time—which remains "slow"—the experience of being "too early" occurs, confronting the subject and their acceleration with modes of waiting. Various everyday emotions accompany this scenario, such as impatience, restlessness, and boredom. As own-time and social time lose synchronization, individuals become unable to maintain their quiet and fruitful integration with the world, often accompanied by experiences of suffering (Fuchs, 2001, 2010, 2015, 2018).

A healthy, harmonious integration between the individual and the world does not imply a constant perfect synchronization of both temporal dimensions but rather involves the sporadic emergence of desynchronizing circumstances. Here, what we understand as “health” is, in fact, a dynamic process supported by the capacity for resynchronization—the ability to overcome desynchronized arrangements and regain harmony between own-time and social time. Psychiatric illness would come into question only when there is a restriction in the capacity for resynchronization, thus compromising the dynamic harmonization of different cyclical-temporal instances (Fuchs, 2001, 2010, 2015, 2018).

Additionally, we again emphasize that the lived body must be understood as a fundamental dimension of existence that brings together, in its totality, emotional and intersubjective aspects related to our affective interactions with others. Continuing the dialogue with Fuchs (2020, 2016) and clearly inspired by Merleau-Ponty’s work, our lived body can be understood as the fundamental medium of our engagement with the world, through which we experience various forms of interaction with others and the environment in a constant process of interaffectivity (Fuchs, 2016). Thus, the author underscores the centrality of the concept of resonance, revisiting Merleau-Ponty’s notion of intercorporeality (Fuchs, 2016, 2022). He defines intercorporeal resonance as a "bodily mediated form of intentional orientation toward the affective qualities of a situation" (2020, p. 22)[3], viewed as a circular process of mutual influence between self and world. Resonance represents

[3] Our translation

the “responsive character of the lived body” (Fuchs, 2020, p. 22)[4], meaning that being a body implies constant affective intertwinement with others, engaging in reciprocal, dynamic, pre-reflective affective relationships.

The most frequently cited example in this context is usually depression, which, besides being understood through the deceleration of lived time compared to world-time (Fuchs, 2015), can also be analyzed as a loss of emotional resonance with the surrounding world, that is, an incapacity to be affected by the emotional valences of the environment and the intercorporeal contact with others (Fuchs, 2020). Depressed individuals distance themselves from others as their lived-bodies become unable to vibrate at the same affective frequency as their environment, making depression an intersubjective-bodily alienation linked to the deprivation of resonance.

Specifically, in the context discussed here, the mentioned "collisions" resulting from hyperactive motor incontinence would also lead to impairment of healthy resonance, albeit differently from depression. Instead of blunting, the blockage of more harmonious joint vibration with the environment would be related to abrupt forms of disturbances, such as discontinuity and excess, for example. This explains many affective components frequently characterizing the shared space in experiences of inattention and hyperactivity, such as various forms of irritability and aggression associated with disruptive behaviors (Marmorato, 2022).[5]

Furthermore, it is worth highlighting that resonance deficits would not merely complement pathological desynchronization, just as time and body are not regarded here as independent dimensions that influence each other or stand in a complementary relationship. Fuchs explicitly emphasizes the interdependence of these two notions, for example, when analyzing the primordial intercorporeality of the mother-infant relationship, in which affective attunement is inseparable from synchronous imitation of gestures between mother and child, such that “bodily synchronization in early childhood would be the fundamental form of resonance” (Fuchs, 2001)[6]. Therefore, these notions cannot be thought of separately, as more resonant forms would stimulate more synchronous processes and vice versa.

Transposing this understanding to the general phenomenological conception of

[4] Our translation
[5] Our translation
[6] Our translation

body and time, we comprehend these fundamental existential structures always in their inseparable relation with each other and with modes of engagement with the shared world. The described desynchronization, though initially associated with temporality, also implicates the resonant integration of corporeality with the world. Time and body, therefore, are parts of the same existential structure and must be considered always in their inseparable nexus for a rigorous understanding of psychiatric illness. The disturbance of temporality simultaneously implies a disturbance of affective resonance with others. To live in another rhythm also means no longer being able to vibrate on the same bodily-affective frequency as those around us (Fuchs, 2001, 2010, 2016, 2015, 2018).

THE TEMPORAL AND RHYTHMIC EXPERIENCE OF THE PHENOMENON OF INATTENTION/HYPERACTIVITY

With the theoretical foundation established thus far, we now have the opportunity to move beyond superficial descriptions of behaviors and formulate an investigation into the essential elements of the psychopathology of inattention and hyperactivity. Part of this lived experience would thus be structured by a desynchronization of temporal rhythm, encompassing both subjective/individual and intersubjective time.

In subjective time, it manifests as arrhythmia among bodily phenomena themselves. As described in Nielsen's interviews, an experience of asynchrony between body and mind or between body and speech emerges, as if the rhythm of the body itself failed to form a harmonic unity, causing frequent "rhythm clashes" that disrupt everyday, pre-reflective immersion in the world, constantly confronting the subject with the temporal dimension. This continuous immersion and emergence from the unity of the lived world might be one of the constituents of the phenomenon referred to as inattention; corporeality, in turn, as it attempts to adjust to other rhythms—such as those of thought and speech—could be one of the constitutive aspects of the phenomenon known as hyperactivity (Nielsen, 2016).

In intersubjective temporality, the phenomenon of inattention/hyperactivity emerges as desynchronization between the individual's rhythm and that of the surrounding world. According to the experiences narrated and the corporeal resonance perceived by Nielsen, the experience is one of activity occurring at different tempi and directions compared to others. Perhaps due to this very subjective arrhythmia, it becomes difficult to perceive the subtle adjustments required for synchrony with others across a wide range of situations. There is an activity characterized by "a consciousness disposition less flexible

toward modulations of speed and apprehension of different realities" (Marmorato, 2012). From the rhythmanalytical viewpoint, our bodies are trained to follow social rhythms, the rhythm of calendars, working hours, and social interactions, creating normative expectations that individuals integrate rhythmically into interactions and situations without effort. In the phenomenon of inattention/hyperactivity, this rhythmic integration might indeed occur, but only at the cost of excessive effort, of energy expenditure, of deliberate planning, and often at the expense of spontaneity. Due to this energy expenditure, the effort to attune oneself to normative rhythms may lead the individual to withdraw and isolate. Yet such isolation further reduces the opportunity to establish and "train" a harmonious synchronization with the world, leading to a vicious cycle in which the individual falls behind in social skills (Lefebvre, 2004; Nielsen, 2016).

Classical psychopathological alterations are increasingly described through their temporal disruptions. For instance, Fuchs describes schizophrenia as "the weakening and fragmentation of temporal self-coherence rooted in ipseity that can affect the constitutive synthesis of internal consciousness of time"; in melancholic depression, as a "phasic inhibition of conation and affectivity that does not lead to fragmentation but to a deceleration or paralysis of lived time" (Fuchs, 2010). We argue that the phenomenon of inattention/hyperactivity also pertains to disturbances affecting the constitutional level of temporality, not merely, as might naively be conceived, the biographical level of temporalization. It is neither the static paralysis of melancholy nor a threat to ipseity as in schizophrenia but a dynamic process: an alteration primarily expressed through arrhythmia of internal/subjective time, affecting rhythmic attunement/synchronization with the lived world, characterized by frequent rhythm clashes and reification of lived time in a constant and exhausting attempt to "keep up with the pace."

SOCIAL ACCELERATION AND ITS IMPACTS

A frequently raised question when discussing ADHD is whether it could be a consequence of a "sick society," increasingly accelerated, rather than an individual alteration. Regarding this, we highlight two points, which we will discuss further: first, descriptions of people characterized by phenomena of inattention and/or hyperactivity are neither recent nor exclusive to our generation; and second, "psychiatric diagnoses" are inexorably related to the scientific paradigm and social circumstances of their historical moment.

Regarding the first point, we can at least question this idea by presenting accounts of "symptoms" very similar to those of ADHD in scientific and artistic descriptions from various historical periods. In 1902, George Still already described children "with problems maintaining concentration and sustained attention, and difficulties learning from the consequences of their actions." Even earlier, Heinrich Hoffmann, a psychiatrist and writer, published "Hans Guck-in-die-Luft" ("Johnny Look-in-the-Air," in free translation), describing a boy constantly distracted by external stimuli and inattentive during various activities. Goethe, in the second part of Faust (1832), describes Euphorion, a character with a persistent pattern of excessive motor activity and impulsive actions without regard for warnings or adverse consequences. It is not our intention to delve extensively into this topic, as it has already been thoroughly addressed by Martinez-Badía (2015); we merely wish to emphasize that, throughout history, individuals characterized by the phenomenon of inattention/hyperactivity have been observed and described in diverse ways.

The second point is more complex. Psychiatric diagnoses are inherently temporal and a "product of their time," of the prevailing paradigm. Lantéri-Laura, in his Essay on Paradigms of Modern Psychiatry, references T.S. Kuhn's definition of paradigm as a set of transmitted knowledge constituting "normal science" as long as it effectively performs its role and serves as a fundamental and efficient reference for emerging knowledge and questions within its scope. He also describes the continuous crisis and replacement of paradigms:

> The shift of paradigms comes into practice, so to speak, at the moment when complex questions arise within normal science, prompted by its new development, which, unlike previous puzzles, normal science cannot solve using its own means. It is not a matter of moving from error to truth, nor from a less correct approximation to a better one, but of a radical modification of all the knowledge within the field in question (Lantéri-Laura, 2000).

Further exploring the relativity of diagnoses and their relationship with the prevailing paradigm, we introduce Canguilhem's contributions from his work *The Normal and the Pathological*. For Canguilhem, it is the assessment of ill individuals and the dominant ideas within the social environment that determine what is called "disease." What is considered normal in one condition may become pathological in another, and it is up to the individual to assess this transformation, as they are the ones experiencing its consequences and feeling incapable of performing the tasks required by the new situation. "The sick person must always be judged in terms of the situation to which he is reacting and the instruments of action which the environment itself offers him (...). There is no pathological disturbance in itself, the abnormal can be evaluated only in terms of a relationship". Health, therefore,

is a margin of tolerance to environmental inconstancies, a set of rules and safeguards, the possibility of transcending prevailing norms, tolerating deviations from customary norms, and even instituting new norms in new situations. Inversely, disease is characterized by a reduction of this tolerance margin, by the limitation of acceptable life norms (Canguilhem, 2007).

Considering this, our answer to the initial question of this topic would be as follows: phenomena of inattention/hyperactivity have been described for a long time, thus not exclusively contemporary experiences. However, the diagnostic entity ADHD and the profile of individuals fitting its definitions are intrinsically connected to the current psychiatric paradigm and the prevailing social normativity of this specific historical moment.

With the increasing social acceleration characterizing our historical moment, we believe that not only the phenomenon of inattention/hyperactivity but also the entirety of psychopathological categories are, in some way, influenced by the rhythm of our times, which is ultimately always associated with a set of epistemological values and metrics of a particular historical period. The simplistic assumption that a "hyperactive individual" would achieve greater success in a supposedly accelerated society has been debunked. The dominant temporality in contemporary society is not merely acceleration, but "timeless time," a systemic disturbance in the sequential order of phenomena occurring within a specific context, characterized by instantaneousness, compression of events, and the introduction of random discontinuity into their sequence. Furthermore, the material and social instability of situations, choices, and actions due to accelerated social transformation forces individuals to constantly reassess their expectations, reinterpret experiences, redefine relevance, and repeatedly attempt to establish operations of (re)coordination and (re)synchronization (Rosa, 2013).

Considering this perspective of contemporary acceleration, transformation, and timelessness, and the consequent need for continuous resynchronization, it is expected that individuals with ADHD, characterized by internal asynchrony and desynchronization with their environment, face even greater difficulty establishing harmonic rhythms with the world. Consequently, diagnostic frequency according to contemporary psychiatric manuals may indeed increase—people previously capable of tuning into the world, albeit with effort and difficulty, might find themselves unable to maintain this synchrony. Yet, these individuals were already experiencing, even before this rupture, the "death of normativity" described by Canguilhem:

> There are those which are stabilized in new constants but whose stability will not keep them from being eventually transcended again. These are normal constants with propulsive value. They are truly normal by virtue of their normativity. And there are those which will be stabilized in the form of constants, which the living being's every anxious effort will tend to preserve from every eventual disturbance. These are still normal constants but with repulsive value expressing the death of normativity in them. In this they are pathological, although they are normal as long as the living being is alive (Canguilhem, 2007).

Finally, it is impossible to strictly separate the medical from the social dimension. Normativity depends on the social environment, structured according to specific political and ideological objectives. "Recovery" sometimes equates to the capacity to adapt to social norms. Therefore, a therapeutic intervention resulting in adaptation to social norms constitutes not only a medical intervention but also a sociopolitical act indirectly legitimizing prevailing normativity. Consequently, medical or psychopathological knowledge must be accompanied by awareness of relevant socio-historical influences, maintaining a critical stance toward the normative and conformist aspects associated with psychiatric interventions (Verhoeff, 2010). It is crucial to consider that the contemporary world is marked by a lack of parameters for commitment, already described by Nietzsche in the 19th century, which results in a particular historical mode of spatiotemporal relation within the horizon of realization of the "self," undermining certain forms of engagement, permanence, and sustaining meaning in actions. Authors such as philosopher Byung-Chul Han (2010/2015) and sociologist Alain Ehrenberg (1998) concretely describe how our world is characterized by a performance paradigm fostering a distressed existence aimed at achieving maximal performance—never fully attainable. Mattar (2020) describes this situation as follows:

> (...) Now that everything is possible, it is common not to know what one wants or where to begin, what to prioritize, and when choosing one path, another could always have been chosen. Uncertainty is eternal. The multiplicity of possible places comes with the experience that one could always be elsewhere, accompanied by the sensation of missing out on something (p. 53, author's emphasis).

Such considerations cannot be excluded from an inquiry aiming to describe a mode of suffering rooted in the capacity to maintain rhythm adequate to environmental demands. Given the broad nature of these demands, it is not uncommon for individuals to experience a certain despair regarding the multiple possibilities of self-realization. Thus, while we recognize hyperactivity as a human experience possible in any era, understanding our era allows us to comprehend why countless people today are diagnosed accordingly.

CONCLUSION

In this work, we propose that beyond the nosological characterization outlined by

the DSM-5-TR and the executive function impairments described in more recent studies, it is possible—through a phenomenological reduction of the subject—to derive a common essence underlying experiences characterized by inattention and hyperactivity. This essence would be marked by a disturbance at the constitutional level of temporality. Such alteration is associated with processes of arrhythmia in internal/subjective time and desynchronization with the shared world, resulting in rhythmic integration occurring at the expense of effort and loss of spontaneity, and ultimately leading to various forms of suffering and social maladaptation.

We also propose that this kind of experience should not be understood as exclusively contemporary or as merely a product of a specific historical contingency. This is because descriptions of similar experiences can be found throughout history in various sources, and fundamentally, this experience includes the possibility of existential suffering related to the temporal submission inherent in the human condition. What is at stake here, for us, is the fact that the current socio-historical circumstances and their regimes of temporalization, together with contemporary medical paradigms, accentuate and distinctly define the phenomenon of inattention/hyperactivity. This pertains both to a greater tendency towards desynchronization between inattentive/hyperactive lived experience and social rhythms, as well as contemporary nosological categories and the operation of medical-normative values involved. Simultaneously, we must consider that our world operates on parameters exposing individuals to a peculiar necessity for performance and self-optimization, which uniquely facilitates a widespread emergence of this mode of suffering.

Therefore, we believe that investigating temporal-structural and existential aspects at play in experiences of inattention and hyperactivity would significantly contribute to a more rigorous phenomenological understanding of what contemporary psychiatry labels ADHD.

On one hand, the question of temporality traverses the phenomenological reduction itself and demonstrates that temporal disturbances are not merely complementary factors in the phenomenon of inattention/hyperactivity, but indeed constitute one of its conditions of possibility. On the other hand, the discussion about the historicity of this phenomenon proves decisive for establishing a critical stance within phenomenological psychopathology amid the contemporary scientific landscape. Although we cannot reduce the problems associated with inattention and hyperactivity to mere products of our current historical

period, we also cannot fully understand them without recognizing the particular way contemporary society situates such phenomena—a way that deeply permeates psychiatric practice, frequently criticized for its unreflective normative bias, to which we must remain attentive as we strive for a more rigorous and critical medical practice.

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