

"I felt like I was being pushed into a box I have escaped": ADHD and the Rule of Life in Education for Spiritual Formation

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"I felt like I was being pushed into a box I have escaped" is not the feedback you hope to hear from your spiritual formation class, but that was the honest reflection of one student in response to a core component of the course I was lecturing. She was not the only one to grapple with a compulsory assessment that required students to design and implement a personal "rule of life". This ancient practice, which has rocketed to broad popularity in recent years, entails commitment to a chosen set of spiritual disciplines that are worked out in a rhythm to support abiding in Christ. For many, the practice is experienced as life-giving, promoting an intentional pursuit of Christ, spiritual growth, and holistic flourishing. However, the commitment to structure and pattern is particularly problematic for individuals with attention-deficit/hyperactivity disorder (ADHD). In the case of this course, this student with ADHD reported that the teaching module and assessment were not only disproportionately difficult for her but were also experienced as shaming and detrimental.

This was difficult feedback to receive, though I was immensely grateful to the student for offering it. In my theological research I have spent quite some time in the disability literature, but I had not realised that I was teaching on this topic to an imagined student who was a version of me, or at least someone who could realistically aspire to be more like me: neurotypical in general and relatively conscientious by disposition. I had the opportunity to revisit the material in class in a following week, outlining what I had learnt, and that was an important teaching moment for both me and for the class. As I considered the broader cohort of students both present and future, I looked to the literature, only to discover that there was very little work on the topic of neurodivergence and spiritual formation. I also noticed numerous ways in which the popular discourse on the rule of life outside the classroom was framed as excluding or disparaging the life experience of those with ADHD.

For these reasons, I embarked on a cycle of practical theological reflection by listening to students with ADHD who had completed the course in order to both improve my practice and to glean insights that might be shared more widely. The prevalence of ADHD (both diagnosed and undiagnosed) means that most teaching contexts and church communities will include people with ADHD, and their experience must be considered as we reflect on both teaching and ministry practice.

Note that there is a significant difference between my work here and most other research on neurodiversity and theological education, which focuses on

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teaching practices and approaches to assessment.¹ Here, the issue is with the content itself that I—and many others—are teaching in both classrooms and churches. In this paper, I offer a practical theological reflection on the experience of students with ADHD in the Formation course and ask: How might a practice that has formed Christ followers for centuries be reimagined for neurodivergent individuals? How might classroom teaching be more hospitable when the content itself is the issue? How might assessment requirements be modified to support the flourishing of all learners, while still satisfying the requirements for consistency?

METHODOLOGY

I used a simple cycle of the praxis process as my methodology. This process (also known as the pastoral cycle) involves using practical theological reflection to move through four steps: (1) describing what is, (2) digging deeper to understand what is going on and the wider context and to draw in input from other fields, (3) critically reflecting on the practices in light of Scripture and the Christian tradition in relation to the experiences and context raised in steps 1 and 2, and (4) articulating a vision for revised practice.² The steps that can follow on from this—that is, implementing revised practice and evaluating it—are not detailed within this paper but will be executed over coming teaching semesters.

Having received ethics approval from my institution, I recruited students who had completed the Formation course in 2022 or 2023 and identified as having ADHD (either diagnosed or undiagnosed) via student notices and online student community groups. Students were first invited to participate in an anonymous online questionnaire and then to participate in the further step of semistructured interviews. Students were able to choose either myself as the interviewer or an independent interviewer who was not involved in teaching at the institution in order to give them the opportunity to fully preserve their anonymity. I used reflexive thematic analysis on the surveys and interview transcripts to identify experiential and critical themes.³ I used a literature review, particularly engaging with resources from the literature around spiritual formation, psychology and sociology, to explore the wider context in step 2 of the praxis process.

THE WIDER CONTEXT

The course in question is a compulsory introductory course for both theology and counselling students at Laidlaw College in Aotearoa New Zealand. The stated aim of the course is “to help students to reflect on personal and communal spiritual formation, through engagement with Scripture, theological understandings, and a variety of Christian spiritual traditions.” The course is organised into two broad halves. The first, “Foundations of Formation”, uses the framework of double knowledge to explore our understanding of who God is and who we are and emphasises participation in God, belovedness as core to human identity, and a wholistic understanding of the human person in community. The second half of the course, “Practices for Formation”, introduces students to a range of spiritual

practices from across the Christian tradition that are intended to support the Christ-follower's abiding in Christ. The metaphor of the vine and branches from John 15 is heavily employed, with the rule of life explained as the framework that intentionally supports one's abiding in Christ.

The concept of a rule of life finds its roots most clearly in the Rule of St Benedict of Nursia and those who added to it after him. Writing around 530 CE, at a time when the social fabric of the Holy Roman Empire was unravelling, Benedict drew on the wisdom of the Desert Fathers and Mothers to establish monasteries that continued to flourish and spread after his death. The distinct practices that characterised these monasteries included silence, humility, praying the daily office, daily work, and active engagement in community life.⁴ In recommending his rule, Benedict added the specific injunction that the rule was intended as "nothing harsh, nothing burdensome";⁵ however, contemporary readers distant in both time and cultural context usually find it to be exactly that.

In more recent times, the notion of a rule of life has become repopularised for a varied audience⁶ and is being adopted by church streams that are not usually known for such formalised modes of discipleship, such as my own Pentecostal tradition. In a stereotypically neurotypical rule of life, a predetermined set of practices are consistently worked out over time in a regular pattern over the days, weeks, and months. For example, a person might resolve that they will spend every morning in 30 minutes of Bible reading, journalling, and prayer; practise the examen before going to sleep every night; take every Sunday as a Sabbath; invite a neighbouring family for dinner once a month; and attend a silent retreat once a year. The aim and aspiration is then to carry out that plan (the "rule") with consistency, doing the daily practices every day, the weekly every week and so on. Note, however, that this picture is something of a caricature. There are likely some people who do practise their planned rule with strict consistency, but many (including myself) do not. A person might intend or aspire to practise a consistent rule, they might teach it as a goal to pursue, and they might even pretend that they do, but I suspect that very few people are getting a sticker on their chart every day. This reflects not a lack of commitment or discipline but the reality of everyday life.

Features of ADHD vary depending on the type of ADHD experienced: inattentive, hyperactive-impulsive or combined—though note that the distinctions between these are contested. Attentional and cognitive functions are usually affected, including "problem solving, planning, orienting, alerting, cognitive flexibility, sustained attention, response inhibition, and working memory."⁷ This can affect time awareness; self-management in relation to planned goals, work, and finances; the ability to delay gratification; habit formation; and organisation of and concentration on a range of daily activities. People with ADHD often find themselves at times unable to focus but at other times hyperfixated on specific subjects. Other symptoms reported include emotional dysregulation, rejection sensitivity disorder, and perfectionism.⁸

The participants in the survey and interviews of the current study reported symptoms of ADHD as outlined above and a mix of inattentive, hyperactive, and combination-type diagnoses. They reported that ADHD affected their daily life in a wide range of ways, including study, parenting, friendships, participation in church community and ministry, and managing daily life and routine bodily needs. Fundamental to my approach here is the understanding of neurodivergence in general and ADHD in particular as a form of difference, not as a deficit or a disorder. The lived experience of ADHD may be difficult in a variety of ways, but the problematic cause here is located not in the brain function of the person but in the environment they inhabit, an environment, both social and physical, that is set up to best suit neurotypical people. However, despite this framing, the pain and cost for people with ADHD of living in a "neurotypical world" must be acknowledged. As Caitlin explained in her interview, "I feel like I'm living life on hard mode. . . . Everything feels like it's an uphill kind of journey."⁹

RESEARCH FINDINGS

Survey Results

I received eight completed surveys, and of these five students agreed to participate in an interview, all choosing myself as the interviewer. All of the survey respondents were female, which could be merely an accident of sampling considering the makeup of the course cohort. Survey respondents came from a range of Christian traditions and had been Christians for varying lengths of time; the majority (65%) had been aware that they had ADHD for two years or less. Half of the survey participants had a formal diagnosis of ADHD, but all interviewees had a formal diagnosis (one participant received a diagnosis between the time of the survey and the interview).

Seven out of the eight survey respondents either agreed or strongly agreed that "having ADHD makes it difficult for me to be part of a Christian community" and that "having ADHD makes it more difficult for me to participate in Christian gatherings, e.g. church services". While six out of the eight respondents either agreed or strongly agreed that "having ADHD means that I offer special gifts to a Christian community", six out of the eight strongly agreed that "I have felt that others have looked down on me in Christian communities because of my ADHD". A majority of the respondents sensed that having ADHD made it more difficult to do the kinds of things that they felt Christians "should" do in following Jesus. Seven out of the eight respondents either agreed or strongly agreed that "having ADHD makes it more difficult for me to practise traditional spiritual disciplines". While the majority reported that trying to implement a rule of life was more difficult because of their ADHD, they reported mixed results on their overall experience of trying to do so—from "very positive" to "very negative".

Participants were asked which spiritual practices were a particularly "good fit" for them because of their ADHD and which they found to be a "bad fit". There was significant overlap in the responses, and I have grouped these under themes (see

table 1). These survey results were further unpacked by participants in the semistructured interviews.

Table 1. Experience of spiritual practices.

"Good fit" (easier to connect with, life-giving)	"Bad fit" (difficult, forced)	Worthwhile but requires special effort
Communal <ul style="list-style-type: none"> • <u>Communal sung worship</u> • Group prayer • Liturgy¹⁰ • Reading Scripture communally • Spiritual friendship • Hospitality 	Prayer <ul style="list-style-type: none"> • Breath prayer • Centring prayer • Intercessory prayer • Listening prayer • Group prayer (when experienced as performative) • The examen • <u>Contemplative prayer</u> 	Centring prayer
Embodied <ul style="list-style-type: none"> • Prayer walking • Being in creation 	Reading Scripture <ul style="list-style-type: none"> • For <u>study</u> (alone) • For meditation (including <u>lectio divina</u>) • Bible reading plans 	Stewardship
Creative <ul style="list-style-type: none"> • Visual arts • Music (listening, playing, song-writing) • Knitting • Dance 	Daily devotionals	Tithing
<u>Contemplative prayer</u> (especially "waking up to the presence of God in all things" ¹¹)	Meditation	Journalling
Conversational prayer	Solitude	Rest/Sabbath
Lament prayer ¹²	Silence	<u>Studying</u> Scripture (sometimes experienced as a temporary hyperfixation)
<u>Lectio divina</u>	Slowing	

<u>Journalling</u>	<u>Communal sung worship</u>	
	<u>Journalling</u>	

Some practices were identified as both a “good fit” and a “bad fit” by different participants (these are underlined in table 1). In addition, a number of participants named practices that they thought were worthwhile but that required special effort for them because of their ADHD. In her interview, Olivia explained this dynamic in her experience of centring prayer:

I think centring prayer . . . is an interesting one. . . . I view it as like a healthy stretching of my mind and my heart and my God-space. To be able to have those short moments of coming back to. And knowing that there's nothing wrong with the, “coming back to” God. It’s not a mistake, or you know. Yeah, that our minds are designed to wander . . . and it’s always that invitation to turn back, to go back to, which I find very freeing and very beautiful. (Olivia)

Overall, the spiritual practices participants identified as a “bad fit” were those that required, or that were traditionally interpreted as requiring, either sitting still (what I am calling “a quiet body”) or mental focus (“a quiet mind”), and those that required both simultaneously were particularly problematic. In contrast, practices that fit better were those that involved an active body or that allowed the mind to fruitfully wander. Creative expressions such as art, music, and dance were highlighted, as was finding ways to be creative in implementing a practice to make it easier to execute. Alice explained: “We have to find creative ways that we can execute those things that make it fun and engaging. Because if it’s not fun and engaging, I don't want to do it.” In addition, communal practices were often described as easier to regularly commit to. This was attributed to the benefits of associating with others in prompting implementation, the relational benefits of shared practice, and the accountability that communal practices provided. Some participants described drawbacks to communal practice, such as group prayer or discussion, in that after the event they would be following a shame-based or perfectionistic tendency towards excessively critical reflection on how they had spoken and shown up in that space. For example, Olivia reflected on group prayer, “I feel like there’s a lot of pressure socially . . . my ideas are flowing really fast, my mouth can’t catch up. I feel like I’m just babbling nonsense.”

Working Our Spiritual Practices

Several participants explained that their difficulty with spiritual practices was less about the nature of the spiritual practices in themselves and more about the expectations that they would be carried out in structured, regular and deliberate ways. This sentiment towards repetition or sameness of expression was repeatedly linked with the different functioning of ADHD brains. The expectation of regular implementation is particularly difficult for people with ADHD because of how ADHD affects planning, impulse control, organisation, habit formation, emotional regulation, and other cognitive functions. Olivia reported that even after years of

effort to practise daily Bible reading and prayer, "It just doesn't work . . . no matter how many charts I made, or how many stickers I gave myself." ADHD brains tend to be particularly stimulated by novelty, and the requirement to do the same thing repeatedly is unappealing and can feel obligatory, so much so that Olivia described the neurotypical approach to a rule of life as feeling like "jail time".

For these reasons, the third assessment in the course was particularly difficult for students with ADHD. In the first part of the assessment, students were asked to design and explain a rule of life for themselves, identifying three to six spiritual practices that they aspired to regularly implement in order to support their connection with Christ in their season of life. In the second part, students chose two practices to implement over four weeks and reflected on their experience of doing so. Some participants reported that, after conversation with the lecturer (myself), they felt equipped to engage with the assessment, acknowledged their difficulty in doing so in the reflection component, and scored well. Others reported just writing what they had to in order to pass the assessment.

The word "rule" was identified as particularly problematic. The word is used in reference to its historical meaning and also to the connections etymologically between "rule" and the framework or trellis that supports the growth of a vine— with John 15 in the front of mind here. However, as Sarah stated, "If you have to explain a word, to use it, you shouldn't be using that word." Olivia explained, "I have a lot of a lot of feelings around the word 'rule' . . . Because those are historically not things I've been good at following, because they're arbitrary." When asked what feelings the word "rule" elicited, responses ranged from uncomfortable, to stressed or "traumatic" — often connected to past experiences, particularly at school. For these reasons, many participants reported that the introduction to a rule of life in both teaching and assessment requirements was triggering and that they, at least initially, disengaged.

Experiential Themes in the Data

I identified *flexibility* and *fluidity* as key experiential themes in the data— knowing that there is room to move in the implementation of even very traditional spiritual practices. The same purpose can be pursued through a practice that has been modified to better suit the person, for example by employing creativity, responsiveness, or bodily activity to a greater degree. Hannah said, "With my different brain, I need to find what works for me, not you know what necessarily is the 'one true way' of connecting with Christ." In addition, flexibility to employ different practices in different seasons and on different days was repeatedly named as key. Hannah described her spiritual practices as in almost constant rotation: "I'll go from like listening to something, to like reading something . . . back to speaking something, that just . . . shifts around." Participants stated that a mental shift was required to give themselves permission to embrace this fluidity, rejecting the assumption that disciplined commitment to consistent implementation was a marker

of spiritual maturity. Embracing fluidity can, however, create tension in communal settings where others may prefer a more regular and structured approach.

Throughout the data, the theme of fluidity was linked to the theme of *a responsive spirituality*—responsiveness to God, to self, to context, to the moment. Sarah described her approach as “in motion”, reflecting and responding to the dynamic and playful nature of God: “God is so dynamic. I feel like you get stirred into it . . . I can do all these fun things with God and so you do try all these different things.” Alice described how she relied on her responsiveness; while she did set reminders on her phone, she also regularly experienced internal “notifications” that alerted her to her need and desire to connect with God and would prompt her into some kind of spiritual practice. While some participants expressed that they wished they could live more structured lives, many did not; that is, the difficulty of consistent application of structured practices was not experienced wholly within a deficit framework. Olivia named a sense of sadness for people who needed to rely on structure to feel connected with God.

In the data, I saw a connection between this responsiveness and participants’ frequent descriptions of a spiritual connection characterised by *ongoing conversation with God*. Participants often rejected the compartmentalisation that they observed in people who might set aside a substantial time for prayer in the morning but then moved on with their day without regularly conversing with the Lord. Olivia described God as her “traveling companion”, saying, “He is just there, rather than I have to do these things and then he’ll be there.” Similarly, Hannah said, “It’s just this communing daily, where I just I’m constantly checking in with Jesus,” and Sarah reported, “We’re in motion doing God’s work and chatting with him.” My sense, in listening to these descriptions of prayer as frequent dialogue, is that this comes much closer to Scripture’s call to “pray without ceasing” (1 Thessalonians 5:17; Romans 12:12) than other forms of prayer. In this light, I wonder if people with ADHD have special access to this kind of prayer life. This could be one way in which ADHD can be conceived of as a strength rather than a deficit and is, I suggest, to be celebrated and aspired to by neurotypical people.

While Caitlin appreciated the invitation to consider which practices were a “good fit” for her, she also described a curious and generous approach to those that weren’t. For Caitlin, this was tied to questioning the prevailing narrative of her life as ill-disciplined. She wanted to “play with” practices and approaches that, if she found ways to practise them that worked for her, could turn out to be life-giving in unexpected ways. She generally framed her recent diagnosis as a new self-understanding that countered personal narratives of shame and invited her into fresh ways of approaching life that worked for her far better than the neurotypical standards that she had been trying to meet. This hopeful posture was shared by others, and two participants linked this with critical reflection on the public discourse around ADHD, particularly on social media. Some participants were wary of the possibility that they could use their diagnosis to opt out of a potential growth process. Many interviewees acknowledged the limitations on possible

accommodations in both the classroom and the assessment design. This reflection on the potential downfalls of accommodation was not a call for equal treatment, however. Hannah articulated her hope that people with ADHD might be free enough from shame in order that they would courageously advocate for themselves, "And be like, 'Look mate, my brain's a bit different, can we find a way to do this well?'"

Many interviewees echoed this middle way, in which providing some accommodations for people with ADHD was desirable (and necessary on justice grounds) but that changing everything to accommodate them was unhelpful in the bigger picture: "My worry is that if spaces constantly change to adapt for us, where is the need for growth?" (Survey 1). This paralleled participants' attitudes towards pressure; some interviewees labelled pressure as always demotivating, even "paralysing", while others labelled it as motivating and desirable. Finding the happy medium was an ongoing exercise in self-awareness. Similarly, most interviewees expressed both a willingness and an unwillingness to "stretch" themselves in relation to their ADHD. Growing self-acceptance was connected with an unwillingness to go against their natural grain in order to fit in a neurotypical world. However, for some this was paired with realism regarding the neurotypical world they inevitably inhabited and a desire to stretch in order to better flourish in that world. I called this theme "*grow with your ADHD*" in an attempt to communicate the tension between a positive orientation towards growth and the acceptance of ADHD as an essential part of the person.

Critical Themes in the Data

Many participants showed evidence of a positive change in self-understanding and an increase in self-compassion over time, particularly after their diagnosis. Caitlin said,

I really have lived my whole life thinking that I'm lazy or weak or "less than" my peers . . . for a long time, I thought, yeah, either I'm lazy or selfish and then spiritually, like, "Am I really a Christian?" . . . It's really felt validating to realise, okay, my brain is actually wired differently. And there's nothing wrong with me. The shift was, in broad terms, from a negative self-understanding of ADHD as bad behaviour, a character flaw, a disability or deficit, in need of healing, or demonic in source to a positive self-understanding of ADHD as a neutral difference and an expression of human diversity and of the image of God. A number of the participants described themselves as being on a journey towards appreciating their ADHD as a special gift rather than as something that they needed to "mask or medicate away" (Olivia).

In general, this more positive self-understanding was often not shared by others. Participants reported that a negative self-understanding was both implicitly and explicitly reinforced by other Christians. I identified that this ongoing shaming and othering of people with ADHD was associated with the conflation of neurotypical behaviour with "good Christian" behaviour. "Good Christian"

behaviour includes being punctual, socially appropriate, exhibiting focus and attention, exhibiting stillness when socially required, exhibiting disciplined consistency and regularly practising socially approved Christian practices such as structured Bible reading and prayer. Many participants mentioned the struggle to keep their bodies still in contexts where this was socially required—whether in the classroom or in church. This was often linked with the apparent importance of appearing like one was paying attention; for neurotypical people, fidgeting or multitasking might be a sign of inattention, whereas many people with ADHD employ strategies such as fidgeting, movement or multitasking in order to enable them to focus. Olivia explained it thus: “If my hands are busy, my brain is more engaged. . . . I’m actually listening better. If I am masking, if I’m looking like I’m paying attention, I guarantee you I’m not taking any or very little information in.” All this “good Christian” behaviour *could* be a marker of spiritual maturity but is not necessarily so. In fact, the emphasis on these outward expressions echoes Christ’s rebuke to the Pharisees in Matthew 23.

The experience of shame, both historical and ongoing, creates a persistent narrative of shame that most participants identified. They seemed to experience enculturation into an experience of shame for their natural way of being in the world. In this small sample of interviews, there appeared to be a correlation between narratives of shame and a reduced openness to discomfort or growth. One of my key insights from this research is the importance of identifying the zone of “desirable difficulty” in ways that have wholly repudiated shame.¹³ Implementation of spiritual practices should be effortful but not so much so that it is impossible or inaccessible for an individual. Identifying the appropriate and desirable level of difficulty requires both personal and communal discernment. What is never desirable is shame, which constrains the experience of both grace and growth. Thus, any teaching on the rule of life must be paired with explicit teaching on shame and legalism, recognising how deeply embedded these narratives are and also how consistently they are reinforced in classroom and church environments.

Constructive Comments on the Course

Many participants suggested that dropping the word “rule” from “rule of life” would make them more able to engage with the concept as it was taught in class. Suggestions included “a rhythm of life”, “way of life”, or “way of being”. However, the term “rule of life” is prevalent in wider discourse and resources, which students need to be aware of and able to interact with. For this reason, I am planning to use “rhythm/rule of life” in the course. Similarly, I intend to employ the phrase “spiritual practices” more than the parallel “spiritual disciplines.” I will accompany this with a focussed discussion on the language of “rule” and “discipline” in order to critically reflect on discourses and personal narratives in the hope that all students might both find healing and develop the ability to discern where the zone of “desirable difficulty” lies in each season of life.

When asked how they might reimagine the notion of a rule of life for people with ADHD, several participants made suggestions that centred around discerning a pool or smorgasbord of spiritual practices that one could pick from, or rotate through, as desired. In terms of the assessment in question, the requirement to perform spiritual practices must be retained to satisfy the learning outcome, so the suggestion made by one participant to remove this altogether is not possible. I have modified the assessment guidelines to offer an alternative option for students with ADHD in which they can identify a pool of four or five spiritual practices and over the four weeks dynamically engage with some of them in a way that responds to the context and moment.

CONCLUSION

For many people, particularly neurotypicals, a regular and deliberate pattern or schedule is evidence of a well-ordered life in which one's values are arranged in ways that align with the gospel and the kingdom of God. But for a person with ADHD, the effort required to conform to this kind of pattern or schedule can entail a *disordering* of their natural way of being, an act of moving away from their creatureliness to orientate themselves towards worldly expectations rather than to Christ.

Coercive techniques that rely on shaming individuals—both neurotypical and neurodivergent—into context-appropriate behaviour are not only counterproductive in the long run but also run counter to the very ethos that should underly those behaviours and their reasoning. However, there is a very real danger that the growing recovery of traditional spiritual practices and the rule of life could reinforce ableist norms and alienate neurodivergent individuals from Christian communities to an even greater degree. It is not easy to reflect on one's personal teaching practice when the feedback is painfully critical, but as educators committed to formation we must engage in the same testing and wrestling as our students. I am grateful for the spiritual direction and personal supervision that I have experienced alongside this research project, which has supported this process.

I want to end with the call to pay attention to how God has shaped each one of us and to do so on the secure grounds of our belovedness and God's willingness to engage with us. As we are able to open-heartedly reflect on this for ourselves and to share this nonjudgmentally with each other, we will likely discover that God's reaching for us both exceeds and extends the ways in which we trying to reach for God. Or, as Sarah articulated, "I just feel . . . God's like, hey, this is just how you work. I'm going to meet you in the way that you work."

NOTES

¹ See, for example, Michael Paul Cartledge and Erin Raffety, "Theological Education with Neurodiversity in Mind: Research Insights and Future Possibilities", *Journal of Disability & Religion* 27, no. 4 (2023): 606–19; Claire Williams, "Peculiar Theological Education", *Journal of Disability & Religion* 27, no. 4 (2023): 552–67.

² See John John Swinton and Harriet Mowatt, *Practical Theology and Qualitative Research* (London: SCM Press, 2016), 93–98; Pete Ward, *Introducing Practical Theology: Mission, Ministry, and the Life of the Church* (Grand Rapids, MI: Baker Academic, 2017), 96–102.

³ I followed the general principles in Victoria Clarke and Virginia Braun, *Thematic Analysis: A Practical Guide* (London: SAGE, 2022).

⁴ Richard J. Foster and Gayle D. Beebe, *Longing for God: Seven Paths of Christian Devotion* (Westmont, IL: InterVarsity Press, 2009), 234–43.

⁵ Benedict of Nursia, *The Rule of Saint Benedict*, trans. by W. K. Lowther Clarke (London: SPCK, 1931), prologue.

⁶ See, for example, John Mark Comer, *The Ruthless Elimination of Hurry: How to Stay Emotionally Healthy and Spiritually Alive in the Chaos of the Modern World* (Colorado Springs, CO: WaterBrook Press, 2019); John Mark Comer, *Practicing the Way: Be with Jesus. Become Like Him. Do as He Did* (Colorado Springs, CO: Waterbrook Press, 2024); Stephen A. Macchia, *Crafting a Rule of Life: An Invitation to the Well-Ordered Way* (Downer's Grove, IL: InterVarsity Press, 2012); Peter Scazzero, *Emotionally Healthy Discipleship: Moving from Shallow Christianity to Deep Transformation* (Grand Rapids, MI: Zondervan, 2021); Ruth Haley Barton, *Sacred Rhythms: Arranging Our Lives for Spiritual Transformation* (Downer's Grove, IL: InterVarsity Press, 2009); Georg Holzherr, *The Rule of Benedict: An Invitation to the Christian Life*, vol. 256 (Collegeville, MN: Liturgical Press, 2016).

⁷ Paolo Paolo Curatolo, Elisa D'Agati, and Romina Moavero, "The Neurobiological Basis of ADHD", *Italian Journal of Pediatrics* 36 (2010): 1–7.

⁸ Oliver Hirsch et al., "Emotional Dysregulation Is a Primary Symptom in Adult Attention-Deficit/Hyperactivity Disorder (ADHD)", *Journal of Affective Disorders* 232 (2018): 41–47; Craig W. Strohmeier et al., "Assessment of the Relationship between Self-Reported Cognitive Distortions and Adult ADHD, Anxiety, Depression, and Hopelessness", *Psychiatry Research* 238 (2016): 153–58.

⁹ Note that all interviewees have been assigned pseudonyms.

¹⁰ Hannah described experiencing liturgy as a kind of narrative therapy, which helped to "reprogramme" her false narratives.

¹¹ Adele Ahlberg Calhoun, *Spiritual Disciplines Handbook: Practices That Transform Us* (Downer's Grove, IL: InterVarsity Press, 2015), 54.

¹² Alice described the regular practice of lament as helping with emotional regulation.

¹³ As Rock and Slaughter have articulated, "To be effective learning needs to be effortful . . . the key here is desirable difficulty. The same way you feel a muscle burn when it's strengthened. The brain needs to feel some discomfort when it's learning." David Rock and Mary Slaughter, "No Pain, No Brain Gain: Why Learning Demands (a Little) Discomfort", *Fast Company*, <https://www.fastcompany.com/40560075/no-pain-no-brain-gain-why-learning-demands-a-little-discomfort>.