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Uninhibited imaginations: Creativity in adults with Attention-Deficit/Hyperactivity Disorder

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Abstract

This study applies a theoretical approach to understanding creativity of ADHD individuals in terms of inhibitory control and its relative import in two aspects of creativity: divergent and convergent thinking. We compared adults with and without ADHD on the Unusual Uses Task (divergent thinking) and the Remote Associates Test (convergent thinking), and a measure of executive inhibitory control, semantic inhibition of return. ADHD individuals outperformed non-ADHD individuals on the Unusual Uses Task, but performed worse than non-ADHD on the Remote Associates Test and the semantic IOR task. The relationship between ADHD and creative ability was mediated, in part, by differences in inhibition.

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1. Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is a relatively common childhood disorder, characterized by inattentiveness, impulsivity, and hyperactivity, that persists into adulthood

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(Barkley, 1997). ADHD may have negative consequences for academic achievement, employment performance, and social relationships (e.g., Barkley, Murphy, & Kwasnik, 1996). However, one positive consequence of ADHD may be enhanced creativity (Hallowell & Ratey, 1994; Weiss, 1997). Indeed, clinical studies suggest that ADHD is difficult to diagnose in part because individuals with ADHD share characteristics, such as high energy and creativity, with gifted, non-ADHD individuals (Leroux & Levitt-Perlman, 2000). Despite anecdotal reports of high creativity in ADHD individuals, empirical studies have yielded inconsistent results (Barkley et al., 1996; Funk, Chessare, Weaver, & Exley, 1993; Shaw, 1992; Shaw & Brown, 1990; Solanto & Wender, 1989; Swartwood, Swartwood, & Farrell, 2003). These inconsistencies may be explained by the types of creativity tasks measured in the studies (ranging from laboratory creativity tests to evaluation of children's play activities), differences in the relative intelligence of ADHD and non-ADHD groups, and small sample sizes (Barkley, 1997; Barkley et al., 1996). Thus, there is agreement that more research on creativity and ADHD is needed (Barkley, 1997; Barkley et al., 1996; Funk et al., 1993). The present study reconsidered the question of the creativity in ADHD from a theoretical perspective, by considering the inhibitory deficit associated with ADHD, the relationship between inhibition and creativity, and the effect of ADHD-related inhibitory control deficit on creative processes in ADHD.

Contemporary models of ADHD argue that the primary impairment in ADHD is poor inhibitory control (e.g., Barkley, 1997). Specifically, individuals with ADHD may have a deficit in “executive” inhibition, such as that required to inhibit a prepotent response or to protect the contents of working memory (Nigg, 2001; White & Marks, 2004). Moreover, several models of creativity suggest that executive inhibition may influence creativity (Eysenck, 1995; Martindale, 1995; Mednick, 1962). Recent empirical studies have demonstrated a relationship between creativity and executive inhibition (Carson, Peterson, & Higgins, 2003; Fiore, Schooler, Linville, & Hasher, 2001). Specifically, inhibition may have an opposite impact on two aspects of creativity: *convergent* thinking and *divergent* thinking.

Convergent thinking is conceptualized as the ability to form associations between disparate concepts (Mednick, 1962). A common laboratory measure of convergent thinking is the Remote Associates Test (RAT), which requires participants to find a common element among three seemingly unrelated concepts (e.g., *mines*, *lick*, *sprinkle*) and to generate a fourth item related to each item in the trio (e.g., *salt*). Executive inhibition may be important for performance on convergent thinking tasks for two reasons. First, poor executive inhibition may hinder an individual's ability to suppress partial solutions such as those consistent with two of the three items on a given RAT trial (e.g., ice cream is consistent with *lick* and *sprinkle*, but not *mines*) from entering working memory. Thus, intrusions may interfere with the identification of solutions that meet *all* criteria (Howard-Jones & Murray, 2003). The second proposal is that poor inhibition may reduce the ability to “stay on task” long enough to arrive at a solution (Fiore et al., 2001). Consistent with these hypotheses, Fiore et al. (2001) found a positive correlation between RAT performance and scores on a reading inhibition task (i.e., attend to italicized text and ignore other text).

In contrast, divergent thinking is the ability to generate multiple ideas or solutions to a problem (Guilford, 1957). A popular measure of divergent thinking is the Unusual Uses Test (UUT), which requires participants to generate as many uses as possible for a common object, such as a brick (e.g., build a house, pave a driveway). The number, originality, and flexibility of responses are taken as indices of divergent thinking (Torrance, 1974). Divergent thinking may require the activation of low-frequency concepts or ideas (e.g., Eysenck, 1995). Hence, a low level of executive inhibition

may actually facilitate divergent thinking, because concepts and ideas are less likely to be inhibited. In a recent study, Carson et al. (2003) found that reduced latent inhibition (a type of executive inhibition), as measured by the ability to screen out irrelevant stimuli, was associated with better divergent thinking. Similarly, in Fiore et al. (2001), participants who performed poorly on the reading inhibition task also generated more alternatives in the Unusual Uses Task.

Thus, poor inhibitory control may present a disadvantage for individuals with ADHD on convergent thinking tasks, such as the Remote Associates Task, that benefit from strong inhibitory control (Fiore et al., 2001). In contrast, given the positive relationship between poor inhibitory control and divergent thinking (Carson et al., 2003; Fiore et al., 2001), individuals with ADHD may show above-average divergent thinking. Nonetheless, some studies have reported ADHD-related impairments in verbal fluency, a task that appears to have similar cognitive demands to divergent thinking tasks (Carte, Nigg, & Hinshaw, 1996). Indeed, the relatively poor performance of ADHD individuals on verbal fluency, and the typical impairment in verbal fluency for individuals with frontal lobe deficits, led Barkley (1997) to predict that ADHD individuals may score lower than non-ADHD individuals on divergent thinking tasks. However, individuals with ADHD are more likely to show poor verbal fluency under certain conditions; particularly, when the task is complex and constrained. For example, individuals with ADHD are more likely to be impaired on verbal fluency tasks that involve listing items that start with a specific letter than tasks that require generating multiple items in a category (Barkley, 1997). The UUT is relatively simple and requires the formulation of new ideas rather than the retrieval of stored lexical or semantic concepts. Thus, the UUT may be maximally sensitive to the creative benefits of low inhibition associated with ADHD.

The present study compared adults with and without ADHD on convergent thinking, divergent thinking, and inhibitory control tasks. Because adults with ADHD have deficits in inhibition (e.g., Nigg, 2000; White & Marks, 2004), these individuals were expected to be more creative than non-ADHD on tasks of divergent thinking, but less creative than non-ADHD adults on tasks that require convergent thinking. Thus, we tested a relatively large number of ADHD and non-ADHD college students roughly equivalent in age, gender, education, and academic achievement, on two measures of creativity (RAT and UUT) and a measure of executive inhibition (semantic IOR; Fuentes, Vivas, & Humphreys, 1999). Adults with ADHD were expected to show inhibitory deficits on the semantic IOR task, consistent with previous research (White, submitted for publication). Compared to adults without ADHD, adults with ADHD were also expected to perform more poorly on the RAT. In contrast, adults with ADHD were expected to score higher on the UUT, relative to non-ADHD adults. Finally, ADHD differences in creativity were expected to be the result of inhibition deficits. Thus, performance on the semantic IOR task (i.e., executive inhibition) was expected to statistically mediate the relationship between ADHD status and performance on the measures of creativity (RAT and UUT).

2. Method

2.1. Participants

Participants were 90 undergraduates at The University of Memphis, selected from a large introductory psychology course across several semesters. Participants in the ADHD group were *both*

diagnosed with ADHD-combined type by a clinician *and* qualified for inclusion on the basis of two self-report assessment measures described below. Specifically, the following procedure was employed to recruit participants for the ADHD group ($n = 45$) and the non-ADHD group ($n = 45$). The Current Symptoms and Childhood Symptoms Scales (Barkley & Murphy, 1998) were administered to all students enrolled in Introductory Psychology. Respondents were eligible for participation in the ADHD group if they met DSM-IV criteria for ADHD-combined type, exceeded threshold for diagnosis based on normative data (Barkley & Murphy, 1998), *and* reported a previous clinical diagnosis of ADHD. Respondents were eligible for participation in the non-ADHD group if they did *not* meet DSM-IV criteria for diagnosis, did not exceed the threshold for diagnosis, and reported no history of ADHD diagnosis.

An additional self-report diagnostic instrument, the *Boatwright-Bracken Adult Attention Deficit Disorder Scale (BAADS)* (Boatwright, Bracken, Young, Morgan, & Relyea, 1995), was included during the experimental session as further confirmation of ADHD status. Participants in the ADHD and non-ADHD groups scored comparably to adults clinically diagnosed with ADHD and healthy adult control samples, respectively (normative data published in Boatwright et al., 1995). All participants who were contacted for participation based on the prescreening questionnaires (Barkley & Murphy, 1998) also qualified for inclusion based on the BAADS.

The majority of participants in the ADHD group reported either (a) they had never taken medication to treat ADHD, or (b) they had not taken medication in the past year. A few participants had taken medication more recently, but not within two weeks prior to their participation in the experiment. Individuals currently taking medication for ADHD were excluded from the study. Participants in both the ADHD and non-ADHD groups reported no history of learning disability, depression, or psychiatric condition (other than ADHD). Finally, the groups were similar in terms of age, gender, and academic achievement, as indicated by GPA and scores on the ACT college entrance examination (see Table 1 for demographic and diagnostic information).

2.2. Materials

Current Symptoms Scale and Childhood Symptoms Scale. The Current Symptoms and Childhood Symptoms Scales (Barkley & Murphy, 1998) are brief, self-report screening questionnaires for assessment of adult ADHD. Questionnaire items are based on ADHD symptoms reported in DSM-IV.

Boatwright-Bracken Adult Attention Deficit Disorder Scale (BAADS). The BAADS is a self-report measure of adult ADHD based on DSM-IV criteria for ADHD (Boatwright et al., 1995). The BAADS includes a Child Memories Scale (CMS) and a Current Adult Symptoms Scale (CASS) to address ADHD-related problems in childhood and adulthood, respectively. A field-study reliability analysis indicated high internal consistency for the BAADS (Cronbach alpha for CMS, $r = .94$; for CASS, $r = .92$). Assessment of test-retest reliability for the BAADS revealed high Total Scale stability, with stability coefficients of .84 and .83 for the CMS and CASS, respectively. In an evaluation of the construct validity of the BAADS, confirmatory factor analysis yielded strong support for the three factors of Inattention, Impulsivity, and Hyperactivity ($X^2 = 10.895$, $p = .13$) and an adjusted goodness of fit index of .79. Finally, a validation study demonstrated the usefulness of the BAADS in classifying differentiating adults with ADHD from

Table 1
Summary of participant demographic and diagnostic information

	Control		ADHD	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Proportion of females	.51		.53	
Age	19.5	1.44	19.4	1.21
ACT score	24.0	3.89	23.0	4.38
Grade point average (GPA)	3.29	.497	2.94	.553
<i>Adult Self-Report Forms^a</i>				
Current Symptoms Scale				
Inattentive	6.72	1.50	16.5	1.73
Hyperactive-impulsive	7.25	1.91	17.8	3.40
Childhood Symptoms Scale				
Inattention	4.25	3.30	18.5	1.29
Hyperactive-impulsive	5.5	3.78	19.3	2.22
<i>BAADS subscales^b</i>				
Childhood Memories Scale				
Inattention	33	7.8	48	8.4
Impulsivity	36	6.5	51	6.7
Hyperactivity	39	9.1	52	7.4
Current Adult Symptoms Scale				
Inattention	36	7.4	47	7.9
Impulsivity	38	6.8	49	6.2
Hyperactivity	39	8.0	51	8.3

Note: The national median score on the ACT was 20.8 in 2003–2004.

^a Normative data in Barkley and Murphy (1998).

^b Normative data in Boatwright et al. (1995).

adults with learning disability (LD), adults with combined ADHD/LD, and a healthy adult control group. A high hit rate and low false alarm rate indicated high discriminant validity for the BAADS (Boatwright et al., 1995).

Remote Associates Test. The RAT, adapted from Mednick (1962), consisted of 18 word trios (e.g., *mines*, *lick*, and *sprinkle*). Participants were instructed to generate a word that related to all the three words in the set (e.g., *salt*). Participants were given 5 min for the entire test. Proportion of correct responses (converted to a *z*-score) was used as an index of convergent thinking ability.

Unusual Uses Task. The UUT required participants to generate as many uses as possible for two common household objects, *brick* and *bucket*, in 2 min. Three scores were computed by a coder blind to participants' ADHD status: *fluency*, *flexibility*, and *originality*. Fluency referred to the number of non-redundant uses generated per object, flexibility was the number of categories generated and the number of category shifts between responses, and originality referred to the uniqueness of each response, as measured by the statistical frequency of each response in the entire sample. The three subscores were converted to *z*-scores and combined to yield a global measure of divergent thinking as in Carson et al. (2003).

Semantic Inhibition of Return Task. The semantic inhibition of return (IOR) task, which requires participants to inhibit previously activated semantic categories, was adapted from Fuentes et al. (1999). The task included 32 practice trials and two 64-trial experimental blocks. All stimuli were presented on a 15" monitor at a viewing distance of approximately 60 cm. Text was in 22-point white Arial font.

Each trial began with a centrally presented fixation cross. The cross was followed by the presentation of three white squares (1.5 cm × 5 cm), centered horizontally across the screen and separated by a distance of 1.5 cm. Following an interval of 1000 ms, a word (e.g., *tiger*) appeared in the center square. This word, which cued the semantic category, remained visible for 300 ms. After a 200 ms delay, a second word (e.g., *pen*) appeared in the center square for 300 ms. The second word was categorically unrelated to the cue, and thus, redirected attention away from the semantic category represented by the cue. After an interval of 150 ms, the target item was presented. Depending on the trial type, the target item was either a "real" word (e.g., *lion*) or a nonsense word (e.g., *loni*), and either congruent or incongruent with the semantic category represented by the cue word. The target remained visible until the participant's response, which initiated the next trial.

For each trial, participants were instructed to make a lexical decision, indicating whether the target item was a real word or nonsense word, by pressing the appropriate key as quickly as possible without sacrificing accuracy. The scoring procedure was adapted from Fuentes et al. (1999). For each participant, and within each condition, a mean and standard deviation of response time was calculated, and values that exceeded two standard deviations above or below the mean (<1% of trials) were excluded. Because errors were infrequent in both groups, error data were not analyzed. An IOR score was computed by dividing the RT for cue-related targets by the RT for cue-unrelated targets. A larger proportion was taken as an indication of better ability to inhibit semantic categories for cue-related targets. The resulting proportions were converted to *z*-scores.

2.3. Procedure

Participants completed the BAADS followed by the three experimental tasks in counter-balanced order. Tasks were administered and scored by trained research assistants, who were blind to the ADHD status of participants. Finally, participants were debriefed and thanked for their participation.

3. Results

3.1. Creative differences between ADHD groups

A multivariate analysis of variance (MANOVA) was conducted to test the following predictions: (a) better performance for non-ADHD, relative to ADHD, on semantic IOR; (b) better performance for non-ADHD, relative to ADHD, on the RAT; and (c) better performance for ADHD, relative to non-ADHD, on the UUT. Thus, the independent variable was ADHD status, and the dependent variables were semantic IOR, RAT, and UUT. As predicted, the non-ADHD group scored better than the ADHD group on the semantic IOR task ($F(1,88) = 43.4$,

MSE = .677, $\eta_p^2 = .330$, $p < .001$) and the RAT ($F(1, 88) = 6.16$, MSE = .945, $\eta_p^2 = .065$, $p = .015$), while the ADHD group performed better than the non-ADHD group on the UUT ($F(1, 88) = 14.6$, MSE = .784, $\eta_p^2 = .142$, $p < .001$). Indeed, the ADHD group scored higher than the non-ADHD group on all three components of the UUT; $t(88) = -3.13$, $p = .002$ for fluency, $t(88) = -4.37$, $p < .001$ for flexibility, and $t(88) = -3.38$, $p = .001$ for originality. Means and standard deviations are displayed in Table 2.

3.2. Analysis of statistical mediation

According to Baron and Kenny (1986), three conditions must be met before testing mediation: (a) the independent variable (IV) must predict the dependent variable, (b) the IV must predict the proposed mediator, and (c) when the IV is controlled, the mediator must predict the dependent variable (DV). If these conditions are met, the next step is to compare the predictive value of the IV alone to the predictive value of the IV when the proposed mediator is also included in the equation as a predictor. If the predictive value of the IV is eliminated (or significantly reduced) by the inclusion of the mediator, then statistical mediation is confirmed (Baron & Kenny, 1986).

Thus, a series of regression analyses was conducted to evaluate semantic IOR as the mediator of the relationship between ADHD and performance on the RAT. As expected, ADHD explained a significant proportion of variance in semantic IOR, $R^2 = .330$, $F(1, 88) = 43.4$, $p < .001$, and reliably predicted semantic IOR scores, $\beta = -.575$, $t(88) = -6.59$, $p < .001$ (one-tailed). In addition, ADHD explained a significant proportion of variance in RAT performance, $R^2 = .065$, $F(1, 88) = 6.16$, $p = .015$, and reliably predicted RAT scores, $\beta = -.256$, $t(88) = -2.48$, $p = .008$ (one-tailed). Finally, when ADHD status and semantic IOR were entered together as predictors, the resulting model explained a significant proportion of variance in RAT scores, $R^2 = .065$, $F(2, 87) = 4.96$, $p = .009$, and semantic IOR (the proposed mediator) reliably predicted RAT scores, $\beta = .235$, $t(88) = 1.89$, $p = .031$ (one-tailed). However, when semantic IOR was also included as a predictor, ADHD no longer predicted RAT scores, $\beta = -.121$, $t(88) = -.974$, $p = .167$ (one-tailed). Thus, effect of ADHD status on RAT performance was mediated by semantic IOR, consistent with the hypothesis that ADHD-related deficits in inhibitory control underlie the relatively poor convergent thinking observed for the ADHD group in the present study.

Additional analyses were conducted to evaluate statistical mediation of the relationship between ADHD and performance on the UUT. When ADHD and semantic IOR were entered together as predictors of UUT performance, the overall model was significant, $R^2 = .143$,

Table 2
Means (*M*) and standard deviations (SD) for ADHD group and non-ADHD control group on experimental tasks

	Control		ADHD	
	<i>M</i>	SD	<i>M</i>	SD
Semantic IOR	.509	.015	.484	.021
Remote Associates Task	.467	.190	.363	.206
Unusual Uses Task- <i>Fluency</i>	6.13	1.59	7.31	1.97
Unusual Uses Task- <i>Flexibility</i>	4.07	1.28	5.53	1.86
Unusual Uses Task- <i>Originality</i>	4.04	1.99	5.71	2.64

$F(2, 87) = 7.27, p < .001$. However, the predictive value of semantic IOR was not significant, $\beta = -.032, t(88) = -.267, p = .395$ (one-tailed), so the preconditions for mediation were not met. Thus, semantic IOR did not mediate the relationship between ADHD and performance on the UUT. However, contemporary models of inhibitory control argue that executive inhibition is not a unitary construct (e.g., Friedman & Miyake, 2004). Evidence suggests that individuals with ADHD may have multiple inhibitory control deficits (Nigg, 2001), and the semantic IOR task may primarily tap inhibition of proactive interference (White, submitted for publication). Thus, ADHD-related inhibitory deficits not assessed in the present study, and/or characteristics of ADHD unrelated to inhibition, may contribute to better divergent thinking ability in individuals with ADHD.

3.3. Sample responses for the Unusual Uses Task

The quantitative analysis does not necessarily provide the reader with a sense of the creative responses provided by participants in this study. For example, typical responses by both ADHD and non-ADHD adults to the brick item were “building a house” and “building a wall”, and typical responses to the bucket item were “carrying water” and “making a sandcastle”. By contrast, some of the unique responses provided by individual ADHD participants included “crush to make lipstick”, “use as a pencil holder”, and “write on surfaces like concrete” for the brick item, and “as a guitar if strings and stick are added” and “as an underwater air supply”, for the bucket item.

Collectively, our results support the hypothesis that adults with ADHD have higher divergent thinking ability, but lower convergent thinking ability, compared to adults without ADHD.

4. Discussion

People have long speculated that some forms of mental illness may impart certain cognitive benefits, such as insight, inventiveness and creativity (Schuldberg, 2001). Certain mental disorders, such as schizophrenia and bipolar disorder, may be linked to higher than normal creative ability (Russ, 2001). Similarly, the present study suggests that ADHD in adults may be associated with better performance on certain types of creativity tasks, specifically, those that involve divergent thinking. On the other hand, convergent thinking may be hindered by the presence of ADHD, an effect that may be attributed to ADHD-related deficits in inhibitory control.

Given that adults with ADHD may have above-average divergent thinking ability, what are the implications for creative achievement outside of the laboratory? Studies of adults without ADHD suggest that divergent thinking ability is positively correlated with creative achievement in “real life” (Guilford, 1957; Torrance, 1988). Similarly, Carson et al. (2003) found that highly creative individuals (i.e., individuals with high creative achievement outside of the laboratory) have lower levels of executive inhibitory control and perform better on tasks of divergent thinking, relative to individuals with less creative achievement. Likewise, individuals with ADHD may show higher levels of creativity in real-life contexts (Weiss, 1997). On the other hand, some models of creativity suggest that both the ability to diffuse attention and generate ideas, and the ability to focus attention and work within certain constraints, may be important for actual creative production (Finke, Ward, & Smith,

1992). Future research that addresses creative achievement, rather than laboratory task performance, may be beneficial to understanding the relationship between creativity and ADHD.

The research presented herein is a major step toward a theoretically grounded understanding of creativity in ADHD. However, care must be taken in generalizing these findings to individuals not represented in this study, such as children, individuals with low intelligence or learning disability. The current sample consisted of relatively high-achieving college students, and it is possible that individuals with ADHD who are more creative are also more likely to enroll in college. In addition, the present findings may not necessarily hold true for individuals diagnosed with a subtype of ADHD other than ADHD-combined type. Previous research has shown differences in inhibitory control as a function of ADHD subtype (Nigg, Blaskey, Huang-Pollack, & Rappley, 2002). Thus, ADHD subtypes may also differ in terms of creative ability. Finally, the impact of medication on creativity in individuals with ADHD is inconclusive. Swartwood et al. (2003) found that stimulant medication affected some components of creative ability in individuals with ADHD, but other studies have not found an effect of medication on creativity (Funk et al., 1993; Solanto & Wender, 1989).

Despite these limitations, the current findings have exciting implications for non-laboratory contexts. Research suggests that different types of creative thinkers may excel at different types of problem-solving (e.g., Finke, 1996; Zhang, 2002). For example, Finke (1996) describes “chaotic thinkers” as individuals who have an unstructured, spontaneous cognitive style (“chaotic cognition”) that tends to result in original creative products (Finke, 1996). This divergent thinking style may facilitate insight thinking, or “thinking outside the box”. In contrast, an individual with a convergent thinking style may be better able to adapt old concepts to new situations (Finke, 1996). Thus, different creative styles may be suited to different challenges. Indeed, research suggests that assessments of individual differences in creative styles may be useful to match tasks and workers (Brophy, 2001). Similarly, perhaps an understanding of ADHD-related creative differences may be useful to identify niches for adults with ADHD—outlets for “chaotic cognition” (Finke, 1996). Thus, one potential application of this research is to match adults with ADHD to a career that will maximize ADHD-related creative potential.

In conclusion, the present study raises important questions for researchers and clinicians alike. For example, to what extent are the negative consequences of ADHD balanced by some possible benefits? Rather than focusing exclusively on the limitations associated with ADHD, perhaps future studies will address the potential *benefits* of the uninhibited ADHD mind.

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References

- Barkley, R. A. (1997). Behavioral inhibition, sustained attention, and executive functions: Constructing a unifying theory of ADHD. *Psychological Bulletin*, *121*, 65–94.

- Barkley, R. A., & Murphy, K. R. (1998). *Attention-Deficit Hyperactivity Disorder: A Clinical Workbook* (pp. 90–94). New York, NY: The Guilford Press.
- Barkley, R. A., Murphy, K., & Kwasnik, D. (1996). Psychological adjustment and adaptive impairments in young adults with ADHD. *Journal of Attention Disorders, 1*, 41–54.
- Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173–1182.
- Boatwright, B. S., Bracken, B. A., Young, J. E., Morgan, S. B., & Relyea, G. E. (1995). Boatwright–Bracken Adult Attention Deficit Scale: Construction and preliminary validation. In R. S. McCallum & B. A. Bracken (Eds.), *Attention Deficit Disorder: A Monograph of the Journal of Psychoeducational Assessment* (pp. 106–129). Knoxville: Psychoeducational Corporation.
- Brophy, D. R. (2001). Comparing the attributes, activities, and performance of divergent, convergent, and combination thinkers. *Creativity Research Journal, 13*, 439–455.
- Carson, S. H., Peterson, J. B., & Higgins, D. M. (2003). Decreased latent inhibition is associated with increased creative achievement in high-functioning individuals. *Personality and Individual Differences, 85*, 499–506.
- Carte, E. T., Nigg, J. T., & Hinshaw, S. P. (1996). Neuropsychological functioning, motor speed, and language processing in boys with and without ADHD. *Journal of Abnormal Child Psychology, 24*, 481–498.
- Eysenck, H. J. (1995). Creativity as a product of intelligence and personality. In D. H. Saklofske & M. Zeidner (Eds.), *International handbook of personality and intelligence* (pp. 231–247). New York: Plenum Press.
- Finke, R. A. (1996). Imagery, creativity and emergent structure. *Consciousness and Cognition, 5*, 381–393.
- Finke, R. A., Ward, T. B., & Smith, S. M. (1992). *Creative cognition: Theory, research, and applications*. Cambridge, MA: MIT Press.
- Fiore, S. M., Schooler, J. W., Linville, P. A., & Hasher, L. (2001). The creative costs and benefits of inhibition. *Abstracts of the Psychonomic Society, 6*, 42.
- Friedman, N. P., & Miyake, A. (2004). The relations among inhibition and interference control functions: A latent-variable analysis. *Journal of Experimental Psychology: General, 133*, 101–135.
- Fuentes, L. J., Vivas, A. B., & Humphreys, G. W. (1999). Inhibitory mechanisms of attentional networks: Spatial and semantic inhibitory processing. *Journal of Experimental Psychology: Human Perception and Performance, 25*, 1114–1126.
- Funk, J. B., Chessare, J. B., Weaver, M. T., & Exley, A. R. (1993). Attention deficit hyperactivity disorder, creativity, and the effects of methylphenidate. *Pediatrics, 91*, 816–819.
- Guilford, J. P. (1957). Creative abilities in the arts. *Psychological Review, 64*, 110–118.
- Hallowell, E. M., & Ratey, J. J. (1994). *Driven to distraction*. New York: Pantheon Books.
- Howard-Jones, P. A., & Murray, S. (2003). Ideational productivity, focus of attention, and context. *Creativity Research Journal, 15*, 153–166.
- Leroux, J. A., & Levitt-Perlman, M. (2000). The gifted child with attention deficit disorder: An identification and intervention challenge. *Roepers Review, 22*, 171–176.
- Martindale, C. (1995). Creativity and connectionism. In T. B. Ward & S. M. Smith (Eds.), *The creative cognition approach* (pp. 249–268). Cambridge, MA: The MIT Press.
- Mednick, S. A. (1962). The associative basis of the creative process. *Psychological Review, 69*, 220–232.
- Nigg, J. T. (2000). On inhibition/disinhibition in developmental psychopathology: Views from cognitive and personality psychology and a working inhibition taxonomy. *Psychological Bulletin, 126*, 220–246.
- Nigg, J. T. (2001). Is ADHD a disinhibitory disorder? *Psychological Bulletin, 127*, 571–598.
- Nigg, J. T., Blaskey, L. G., Huang-Pollack, C. L., & Rappley, M. D. (2002). Neurological executive functions and DSM-IV ADHD subtypes. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*, 59–66.
- Russ, S. W. (2001). Primary-process thinking and creativity: Affect and cognition. *Creativity Research Journal, 13*, 27–35.
- Schulberg, D. (2001). Six subclinical spectrum traits in normal creativity. *Creativity Research Journal, 13*, 5–16.
- Shaw, G. A. (1992). Hyperactivity and creativity: The tacit dimension. *Bulletin of the Psychonomic Society, 30*, 157–160.
- Shaw, G. A., & Brown, G. (1990). Laterality and creativity concomitants of attention problems. *Developmental Neuropsychology, 6*, 39–57.

- Solanto, M. V., & Wender, E. H. (1989). Does methylphenidate constrict cognitive functioning? *Journal of the American Academy of Child and Adolescent Psychiatry*, 28, 897–902.
- Swartwood, M. O., Swartwood, J. N., & Farrell, J. (2003). Stimulant treatment of ADHD: Effects of creativity and flexibility in problem solving. *Creativity Research Journal*, 15, 417–419.
- Torrance, P. E. (1974). *Torrance tests of creative thinking: Directions manual and scoring guide*. Massachusetts: Personnel Press.
- Torrance, P. E. (1988). The nature of creativity as manifest in its testing. In R. J. Sternberg (Ed.), *The nature of creativity: Contemporary psychological perspectives* (pp. 43–75). New York, NY, US: Cambridge University Press.
- Weiss, L. (1997). *A.D.D. and creativity*. Dallas: Taylor Publishing Company.
- White, H. (submitted for publication). Inhibitory control of proactive interference in adults with Attention Deficit Hyperactivity Disorder.
- White, H., & Marks, W. (2004). Updating memory in list-method directed forgetting: Individual differences related to adult attention-deficit/hyperactivity disorder. *Personality and Individual Differences*, 37, 1453–1462.
- Zhang, L. (2002). Thinking styles and modes of thinking: Implications for education and research. *The Journal of Psychology*, 136, 245–261.