

**“I Don’t Suffer from ADHD, I Suffer from Other People”:  
ADHD, Stigma, and Academic Life**

by

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*To Dad,*

*For always picking up the phone.*

*For your everlasting support.*

*And for believing in me, even when I didn't.*

## **Abstract**

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that has been proven to be stigmatized. There are substantial gaps in the literature pertaining to adulthood ADHD and stigma from the point of view of individuals with ADHD. In this qualitative, sociological research study, guided by Goffman's work on stigma, I investigate the ways university students with ADHD respond to stigma. More specifically, I inquire whether or not individuals with ADHD respond by masking. Masking is defined as an attempt to hide or conceal undesirable traits. I conducted this study using eight semi-structured qualitative interviews and thematic analysis. Although participants did find they masked certain symptoms, stigma responses were more oriented towards self-acceptance, including making friends with other neurodivergent individuals or viewing ADHD in a positive light.

*Keywords:* ADHD, Attention Deficit Hyperactivity Disorder, Adulthood ADHD, Stigma, Stigma Responses, Masking, Self-Acceptance, University Students, Disability.

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## **Introduction: What about ADHD?**

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that is seen in children, adolescents, and adults. According to the 5th edition of the Diagnostic and Statistics Manual of Mental Disorders (DSM), there are three types of ADHD-- inattentive, impulsive/hyperactive, and combined (American Psychiatric Association 2013, 59-66; Loe et al, 2008; Canu et al., 2008; Gudjonsson et al., 2009; 2010). Symptoms include making careless mistakes, problems paying attention and staying on task, poor memory and organization, constant fidgeting, inability to sit still, excessive talking and frequent interrupting. Although commonly understood to be something that affects children, research demonstrates that ADHD symptoms can also present substantial challenges for adults (Conrad and Potter 2000; Adler 2008; DuPaul 2001; Gudjonsson et al., 2009; 2010; Overbey et al., 2011; Weiss and Hechtman 1993). My research inquires whether people with ADHD attempt to conceal stigmatized behaviours in everyday performances, as conceptualized by Goffman's work on stigma. I call this behaviour masking, after the verb *to mask* which is defined as "to hide or conceal" (Merriam-Webster 2020). I have collected data using eight semi-structured interviews and used thematic analysis to examine my findings.

My research question presents as follows: do university students attempt to mask their symptoms of ADHD to avoid stigma, and if so, how? My hope is for this project to contribute to the field of Disability Studies, as it analyses the ways those with ADHD socialize and how they may attempt to appear like everyone else. There is a large gap in research on adults with ADHD and stigma from the point of view of those with ADHD. There is great importance in understanding the ways individuals with ADHD may don and doff their masks at university to avoid stigma. In

understanding the way stigma interacts with ADHD, the social circumstances for those with ADHD may improve.

## **Literature Review: Stigma All Around**

In examining the existing literature on ADHD pertaining to my research, two main themes arose: ADHD in adulthood and stigma. These themes contextualize the importance of studying the experiences of people with ADHD to create a social world without stigma. Further, I was able to identify major gaps in the existing literature that my research aims to fill.

### **ADHD in Adulthood**

Although there is extensive literature in ADHD during childhood, research examining ADHD in adults is just emerging (DuPaul 2001; Gudjonsson et al., 2009; Overbey et al., 2011; Field et al., 2013; Shaw-Zirt et al., 2005; Adler 2008; Gudjonsson et al., 2010; Koyuncu et al., 2018; Conrad and Potter 2000). Studies looking into the experiences of ADHD during adulthood demonstrate that ADHD is prevalent and creates unique challenges (DuPaul 2001; Gudjonsson et al., 2009; Overbey et al., 2011; Field et al., 2013; Shaw-Zirt et al., 2005). Symptoms of ADHD can affect matters such as life satisfaction, interpersonal relationships, self-esteem, and academic/job performance (DuPaul 2001; Gudjonsson et al., 2009; Overbey et al., 2011; Field et al., 2013; Shaw-Zirt et al., 2005).

Gudjonsson et al. maintain that life satisfaction is significantly decreased in people who self-reported mild ADHD symptoms; thus, predicting a decreased life satisfaction to be more substantial in people who were diagnosed with ADHD (Gudjonsson et al. 2009). Individuals

with ADHD are more likely to experience repeated failures and difficulties. Common problems that are believed to be associated with ADHD include comorbid mental health issues, involvement in minor crimes, and greater likelihood to experience issues caused by social stressors such as divorce, unemployment, loneliness. Regardless of whether someone's symptoms of ADHD disappear during childhood or follow them into adulthood, there is still a higher chance of poor adjustment into adult life for those with ADHD (Gudjonsson et al., 2009, 1-2). Other symptoms that can create difficulties for people with ADHD include difficulty controlling emotions or behaviours such as reacting strongly to stress and frustration, following a budget and avoiding overspending, or waiting one's turn to talk. Further, poor adjustment can lead to maladaptive coping strategies towards social stressors such as avoiding situations, angry outbursts, or substance use (Overbey et al., 2011; DuPaul et al., 2001; Gudjonsson et al., 2010). Researchers Overbey et al., (2011) portray the ways ADHD in adulthood can be different from neurotypical counterparts; "impulsive individuals may fail to consider the consequences before taking action, and disrupted relationships, poor dyadic adjustment, relationship instability, job changes, encounters with the law, and/or risky sexual behavior can ensue. Manifestations of hyperactivity in adults include difficulty with relaxation and sleep, nervous mannerisms, and/or bottled-up angry outbursts" (Overbey et al., 2011, 2).

Interpersonal relationships are also important to consider in adult ADHD. People with ADHD have difficulties managing and maintaining relationships (Overbey et al., 2011). Adults with ADHD may have greater risk of social rejection and relationship failure because "in social situations they may miss the subtle interpersonal cues that would tell them to modify dysfunctional interpersonal behavior" (Overbey et al., 2011, 2). Individuals are likely to respond



to relationship stressors with self-criticism, alcohol or drug use, behavioural disengagement, social withdrawal, wishful thinking, and denial. Researchers found that people with ADHD chose poor coping strategies to deal with issues in intimate relationships, rather than reaching out to others to solve problems (Overbey et al., 2011; 9). Further, difficulties with social relationships can have negative effects on personal happiness, social support, and success in academic settings.

A final area of study on ADHD in adulthood is self-esteem. Authors Shaw-Zirt argue that successful interaction and social skills are highly correlated with self-esteem and happiness. Given that these are proven to be areas of difficulty for many people with ADHD, it is unsurprising that this is the case (Shaw-Zirt et al., 2005; Overbey et al., 2011). Further, individuals experience difficulties in social functioning because of their ADHD symptoms, which can also cause further impairment; thus, creating a continual cycle (Shaw-Zirt et al., 2005; Koyuncu et a., 2018).

## **Stigma**

There is yet to be research that investigates what experiences individuals with ADHD have with experiencing stigma (Fuermaier et al., 2012). However, there is currently notable evidence that ADHD is stigmatized (Fuermaier et al., 2012; Speerforck et al., 2012; Canu et al., 2008; Gudjonsson et al., 2010; Koyuncu et al., 2018). A qualitative study by Canu et al., (2008) had respondents evaluate an actor in both a segment where they portrayed ADHD symptoms and one without. It was discovered that respondents reported lower levels of liking and less desire to interact compared to a non-symptomatic segment (Canu et al., 2008, 2). Research surrounding

social acceptance and stigma specific to ADHD is only just emerging in the literature, despite the link between ADHD-related behaviours and social success (Canu et al., 2008). People with ADHD report not having many friends and problems in interpersonal and sexual relationships (Canu et al., 2008). Growing up, people with ADHD were more likely to experience peer victimization, rejection and bullying compared to peers without ADHD.

Sociologist Erving Goffman defines stigma as a phenomenon when a person is not able to experience full social acceptance due to an attribute, behaviour, or reputation that is viewed as unfavourable by society. When someone is stigmatized, they are rejected, stereotyped and classified as undesirable by society, as opposed to being accepted or labelled as normal. Goffman identifies a type of stigma known as stigma of character identity. Goffman describes this as “blemishes of individual character perceived as weak will, domineering, or unnatural passions, treacherous and rigid beliefs, and dishonesty, these being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behavior” (Goffman 1963, 4). Goffman highlights two aspects of being stigmatized relevant to my research: stigma responses and stigma symbols. Stigma responses are the ways people respond to experiencing stigma. This includes attempting to conceal stigmatized traits, viewing stigma as a positive experience of emotional growth, or turning to other stigmatized people for support. Stigma symbols are types of symbols that allow people to identify each other, which could include mobility aids such as a cane or wheelchair, skin colour, or a pride flag, or even behaviours that could be used to attempt to appear normal (e.g., making homophobic remarks to pass as straight).

Goffman illustrates characteristics of stigmatized traits that can be applied to ADHD: those which are highly visible, perceived as controllable, and misunderstood by the public (Goffman 1963; Canu et al., 2008). First, regarding visibility, ADHD behaviours are easily recognized, thus difficult to conceal. An example of this is findings in research where children with ADHD express how they cannot prevent making mistakes; thus, they accept the situation unconditionally and believe ‘I am peculiar/incompetent/stupid’ (Koyuncu et al., 2018). Second, there is evidence in literature that less sympathy endures towards circumstances that are seen as controllable. Regarding ADHD, behaviours such as focusing better, calming down, or following instructions are perceived as a matter of discipline rather than disability. Finally, ADHD as a disorder is not understood fully by the public, such as what behaviour and symptoms look like and will entail (Canu et al., 2008, 2). Thus, as supported by Goffman (1963) and others (Canu et al., 2008), ADHD meets criteria as a stigmatized condition.

### **Gaps in The Literature**

The main gap in the literature that I have discovered-- and which is often mentioned in future implications for research (e.g., Fuermaier et al., 2012) -- is inquiring into the experiences of stigma from the point of view of individuals with ADHD. This is important because it could increase the understanding of stigma towards ADHD so that it may be easier to reduce the stigma itself. With more research being conducted into social factors of ADHD, the potential to improve social success for individuals is growing. Moreover, I have also identified a gap in research by sociologists (rather than psychologists) on stigma towards ADHD and qualitative based research (rather than quantitative). Qualitative research is worthwhile as it uncovers the specific “why” and “how” of questions and concepts that are not as readily achieved in macro studies. Further,

studying ADHD through sociology is imperative because it better uncovers the social nature of phenomenon.

### **Methods: Narrating ADHD**

My criteria for sampling were students at a Canadian university with a diagnosis of ADHD at least six months previous to the interview. I decided the diagnosis should be at least six months ahead of time, so the participants had sufficient time to reflect and better understand their experiences of having ADHD post-diagnosis.

I used snowball sampling for recruitment. I posted my poster with the information about the study and interview on Facebook and asked my friends to share it. Snowball sampling is a form of non-random sampling in which future participants are recruited through acquaintances (Heckathorn 2011). Snowball sampling is an effective way of contacting hard to reach and hidden populations (2). While those with ADHD are not necessarily hidden, they are not a collective group that can be easily accessed. My post was shared by fifteen people and I received sufficient responses through this recruitment method.

I conducted eight qualitative interviews as my method of data collection. Because my study is experience based, this an effective method. The “why” and “how” of stigma responses understood through real people’s narratives has contributed a detailed investigation of how ADHD is socially experienced. Steinar Kvale describes the research interview as “an interpersonal situation, a conversation between two partners about a theme of mutual interest. It is a specific form of human interaction in which knowledge evolves through a dialogue” (Kvale 1996, 125). Interviews function best as an exploration rather than hypothesis testing; as

descriptions of phenomenon rather than an interpretation of it (Kvale 1996, 127). Further, interviews are useful tools for examining the collective experiences. Kristin Luker argues that the point of interviews is “is not what is going on inside one person’s head, but what is going on inside *lots* of people’s heads” (Luker 2008, 167). Connecting interviews to find common themes is called thematic analysis (TA). Thematic analysis can be defined as “identifying, analyzing, and interpreting patterns of meaning (‘themes’) within qualitative data” (Clarke and Braun 2016, 1). In other words, it is asking what do the participants have in common or different from with one another. My interview guide (Appendix B) consisted of roughly 15 questions where I inquired into various experiences of having ADHD such as being diagnosed, social experiences of growing up, social experiences at university, experiences with medication, experiences with stigma, experiences of masking symptoms, and ways ADHD may be seen positively. I also included background questions such as age, ethnicity, gender identity, financial circumstances during childhood, and ADHD type (inattentive, hyperactive/impulsive, or combined). Through these themes I generated narratives that created a better understanding of experiences of stigma with ADHD.

This research is important to me because of my experiences having ADHD. Thinking back on the ways I have struggled through my life inspired me to undertake this project and provide an opportunity for others with ADHD to be heard. I am proud to be neurodivergent and I hope my findings will highlight the ways ADHD can be a superpower. The way that I formulated my interview guide was influenced by my experiences with ADHD. While I believe this is an asset to my research, I have also recognized the importance of using reflexivity.

Ethical issues are imperative considerations. Risks or discomforts associated with my research were minimal and unlikely to surpass those incurred in day-to-day life. ADHD is a stigmatized disorder, and there was a risk of it being uncomfortable for participants to share certain information. In order to mitigate this risk, I followed my informed consent process and informed all participants that they could withdraw from the interview at any point, refrain from answering any questions they did not wish to answer and were able to have all data withdrawn from the study until March 1st, 2021. I also removed all identifying information from interview transcripts and my results to ensure confidentiality. Additionally, I stored all data and information created for my study on a password protected laptop.

Information on participants who were interviewed can be found in figure 1. Six of them ranged from ages twenty-one to twenty-three, one was twenty-six, and the other thirty-six. Four participants were female, two were male, and two were non-binary. Three participants identified as coming from working-class backgrounds, two middle class, two lower middle class, and one upper-middle class. Five participants were attending Dalhousie University while the other three attended the University of Waterloo, Carleton University, and the University of British Columbia.

All participants either identified as having the combined-type ADHD or unknown type, regardless of their original diagnosis. All participants were White, however two identified as French Canadian.

*Figure 1.*

Name	Age	Race/ Ethnicity	Gender	Program	ADHD Type
Rebecca	22	White	Female	Dalhousie BA	Combined
Matt	23	White	Male	Waterloo BA	Unknown
Michelle	36	White	Female	Dalhousie BA	Combined
Jordan	21	White	Nonbinary	Dalhousie BA	Unknown
Olivia	26	White	Female	UBC BA/MSW	Combined
River	21	White	Nonbinary	Dalhousie BA	Combined
Ethan	23	White	Male	Dalhousie BA	Unknown
Rachel	22	White	Female	Carleton BA	Combined

### **Analysis: ADHD and Life Experiences**

In answering the question on academic life, stigma, and if and how people with ADHD mask, I found five key themes. The themes are social life, childhood experiences, stigma, masking, and superpowers. The order of these themes flows from social into an academic context. I have aimed to paint a picture that flows from how participants understand their own ADHD into how the world imposes neurotypical standards on them and the ways participants have dealt with it. I conclude by outlining the ways ADHD is seen as a superpower to emphasize ADHD is not a negative disorder, but rather only perceived as such.

## *Social Life*

In this section I explore how people find they make and maintain friendships. This creates context around the experiences of masking and stigma as participants' social experiences are often tied directly into having ADHD.

Many participants said they had only a few long-term friends that they were close with. They used terms like “ride or die” or “solid friends” to describe them. Many participants found that maintaining long term friendship was difficult but making new friends was easy. They often attributed this to difficulties keeping in contact with new friends. This may be true for many young adults, regardless of having ADHD; however, other findings suggest that certain challenges of making friends are unique to people with ADHD. For example, many participants found that they did not like small talk and wanted to get to know someone more deeply right away. Oliva remarks on making friends:

Do I make friends easily? Maybe in a superficial way, yes... but in the deeper way, no. It's a bit harder to connect with people [...] I struggle with small talk. I really want to get into questions like ‘who are you?’ and ‘what do you want to do?’ and a lot of people are like ‘woah, that’s kind of weird why is she talking about that right now?’ So, I actively surround myself with people who celebrate my neurodivergence and the gifts that I get with it too.

Michelle claimed she didn't make friends easily, “I am too scared to approach someone and scare them away, or I do scare them away because I talk too much. It's why I really like my group of friends with ADHD, we all understand each other.” Michelle additionally also did not understand getting internet memes or out of context pictures from friends which made it difficult to keep friendships. Likewise, River found they struggled with “cliques” or social groups due to the demand to keep up with inside jokes or group messaging platforms. River also found they



struggled to understand appropriate behaviours they were supposed to exhibit at any given time within the group, such as being silly or serious.

Participants talked about how they felt some people might be really drawn to them while others don't react well at all. When participants are fidgeting, they say it can make some people feel nervous, while if they are talking a lot, others may feel annoyed. Olivia described two contrasting situations:

The little behaviours, I think, are really tough on some people. A couple of weeks ago, I was in a situation where someone basically cut me off and hung up the phone [on me] and said, 'well, you were just talking and talking and talking and I just I didn't want to hear it anymore' And that sucked but I know it is true, I talk a lot. Then the other week I saw my best friend. We were driving around, and I was talking with her and I noticed how much I was talking, and I was like 'oh sorry!' and she's like 'no, no, I know your process. I know that you have to get through this and then you can get to the point, I know the process.' And I went 'oh okay. So, there are some people who are totally fine with me being the way I am and there are some people that it is irritating to.'

Ethan mentioned his roommate as someone accepting of ADHD behaviours, "he knows me, so like if I do weird things, he doesn't judge me or question it. He's just like, yeah, that's ADHD."

To participants, good friends were those who accepted their quirks or celebrated ADHD. Matt said, "I've considered close friends are people who I know choose to see the positives of ADHD and consider them gifts rather than curses." Olivia reflected, "I can tell when people are a bit like 'she came off as really intense there' or 'she can't like stop moving'. Whereas some people are 'oh this is interesting; oh, this is cool'. Some people seem to gravitate toward it."

Participants found that they tended to make friends with other people with ADHD (or who were otherwise neurodivergent). They found these friends were more understanding of behavioural differences and participants believed themselves to also be more accepting of other people. Sometimes they would make new friends and not find out that they both had ADHD until later. Rebecca said a lot of her friends have recently been diagnosed with ADHD and that she feels people with ADHD gravitate towards each other. Michelle said she can tell if someone is neurodivergent; “it's like a sixth sense,” she explained. Jordan commented on their friendships:

I'm only friends with people who have ADHD and so we all just kind of understand each other and it's just something that's part of our normal lives. It's great because when I switch topics in my head, or I notice something and forget what I'm saying, all my friends were just like ‘oh my God, ADHD moment’. When I get unfocused or go off on some tangent in my head and not paying attention anymore, my friends understand what that's all about, so they won't make me feel bad about it. They're like ‘Oh yeah, no worries. Where did you trail off? And let's start back from there.’ It's very comforting and I barely mask around my friends ever because they're just so good about it.

Most participants believed they aren't good with social cues. As children, they had to observe others to understand socialization and felt that social cues are still difficult in adulthood. Jordan explained they struggle with social cues and often are afraid others don't want them around. Unless peers have explicitly stated they want Jordan around, Jordan would worry about being a burden.

### *Childhood Experiences*

Childhood experiences proved to be a significant finding. While everyone, regardless of ADHD, is deeply affected by their childhood, those with ADHD faced unique challenges that shaped their adult life. Prevalent stigma towards children with ADHD needs to be addressed to

understand adults with ADHD. This category can be understood as precursor to understanding stigma and masking in adulthood.

Participants explained they were stereotyped in specific ways. Being “the bad kid” or “the troublemaker” was a defining experience for many participants. They reported getting in trouble as children but did not understand why nor expect the punishment they received. Jordan was called ‘scary’ by others. This followed them into adulthood as they worried how they came across to others: “I was told when I was younger that I was scary, so I don't want to appear aggressive or anyway, so I mask a lot in social settings.” Matt talked about his experience of being the troublemaker:

I was suspended once just for doing things that I thought would impress people but obviously ended up having the opposite effect. I went from being labeled as like the smart kid to being labeled as like a troublemaker. At the time I saw that as like my own personal mistakes rather than ones that were attributable to ADHD. It changed the way that I saw myself and I think even as a young adult I'm still working on overcoming those labels. [...] It was an important time in development, and I think from that moment forward I did a lot of people pleasing. I would say I learned to act in ways that would assure people wouldn't worry about me. I became a lot more vigilant, just wanting to avoid as much as possible all of the unpleasant feelings that being in trouble brought up for me and doing everything in my power to not get in trouble.

Rebecca narrated the hurtful things that were said to her as a child:

I was like the weird kid. [...] in grade three, I remember one of the guys in my class--like there was a story about an orangutan and I was like ‘What's an orangutan?’ and he's like ‘it's a monkey. It's like a loud monkey with orange hair is kind of like you’ and everyone laughs-- and I remember like laughing with them. But they were always like ‘Rebecca is loud, Rebecca is crazy’ and I was like ‘oh yeah, I guess that's what I am,’ but I could never turn it off. [...] I remember in grade seven this guy was the ADHD kid, and he was really smart actually, but he was so annoying that everyone knew it. The teacher would call me the female version of him. It was the first time anyone had ever compared me to him, and it was probably the most hurtful thing I had ever felt. Like the teacher was bullying me.

Participants also talked about negative experiences of school in their childhood. Michelle explained when she would raise her hand, she was not picked by the teacher and would only be called on if she didn't have her hand up. River described their experience in school as traumatizing, as teachers would often yell at them and grab their arm. Jordan narrated their experiences of getting called out by teachers when they weren't paying attention:

It was very humiliating because it seemed like everybody else was coping fine with classes and I was really struggling. So, when you're called out, especially in like in subjects that I don't do well in, it was like already I don't do well in this class, and now that I'm being called out, I feel stupid, and I feel targeted.

This has resulted in many having difficulties with authority figures in adulthood. Some participants believed their experiences as children has impacted their relationships with professors.

When diagnosed with ADHD, participants felt relieved that there was an explanation for their struggles and expressed a realization that "it was not my fault". Michelle said, "I mean I was very relieved that I was right and that I actually had a name for my problem." Rebecca didn't understand why she was struggling so much before being diagnosed. She said she would wake up with night sweats because it was so difficult for her to organize time. Getting a diagnosis allowed her to advocate for her needs and her grades improved tremendously. Meanwhile, Matt talked about how being diagnosed helped with self-stigma:

Things started to make more sense. It's not that I needed a label for anything but to recognize that what I was experiencing wasn't my fault or wasn't a personal problem rather symptoms of something larger. I think what has been helpful is recognizing the self-stigma, stigma placed upon

myself, where there are times in the past, I would expect myself to do things ‘neurotypically’, if that makes sense, but knowing now that isn't my normal allows me, not only to be more compassionate to myself, but also to have terms that I can use to explain that to people who may not understand.

River reflects the positive changes being diagnosed with ADHD had on their life:

When I learned I had ADHD, I started working with a coach. I got on medication and suddenly I went from someone who never thought they'd pass high school to someone getting honors in high school. As great as that was, it was also like whiplash, I had to reckon with who I was as a person because I didn't have the term ADHD, I just had like stupid and lazy.

### *Stigma*

Participants said, when they were diagnosed, they thought ADHD was associated with being stupid or unintelligent. Oliva explained she had only learned people with ADHD didn't do well in school and felt disbelief when she was diagnosed. While she said she succeeded in school “a little bit differently” than everyone else, she still always had success. She couldn't believe she had ADHD because she had previously thought it wasn't possible for someone with ADHD to be so successful. Jordan talked about their feelings when they were diagnosed:

I remember I thought it was the end of my academic career. I was like, ‘that's it. I won't be able to go to school anymore, I won't be able to study.’ The only examples I had of ADHD were kids who did really bad in class or my sister who was struggling in school. Like, ‘oh my god. How am I going to fix this? I am broken, I will never be the same.’

Michelle talked about how the stereotypes around ADHD were beliefs many people held:

I find that because when you say ADHD, people automatically think that you're not as smart as other people or, the big one, people think that you're lazy, you're crazy, or you're dumb. There's a book about this. [...]. So, I think some people are stigmatized by how they view ADHD. They think that as soon as those words come out of my mouth people are like ‘oh well, you must be one of these things,’ and I don't think I am. I think I'm none of them.

Participants talked about misconceptions of ADHD as being lazy. Some of the biggest challenges for participants were turning in assignments late and paying attention in class, which only fuelled this stereotype. Participants mentioned that profs or peers did not understand why they “don’t just try harder”. While participants reported some professors were understanding, others felt a few professors demonstrated the most stigma. They mentioned some professors were difficult to get accommodations from, such as sharing slides from lectures. which made students feel disadvantaged. Some participants reported that professors would “act like they know better”. River said, “it’s particularly frustrating when professors seem to have like no idea what ADHD is and tend to equate it with stupidity”.

Most participants believed that ADHD is misunderstood. What symptoms of ADHD are, and what people without ADHD think they are, were said to be two entirely different spheres. Symptoms that participants wished others knew more about included sensory sensitivity (like lights, sound, touch, or social environments such as crowds or groups), emotional dysregulation issues, poor object permanence (losing things easily), and poor memory. Some participants explained they wished more people understood ADHD as an executive dysfunction. In other words, that ADHD is seen as a disability or a brain dysfunction, that is taken seriously, and not attributed to someone’s personality or their choices. Two participants described ADHD using the “tip of the iceberg” example: what is seen is the tiny tip above the water, while underwater there is a huge piece of ice no one sees at all. I use examples participants mentioned during interviews to create a tip of the iceberg image in Figure 2. Ethan remarked he believes that the general community associates ADHD with a hyperactive young boy.

*Figure 2. Tip of the Iceberg: ADHD Under Water*



For participants, stigma includes neurotypical people saying things such as “I’m so ADHD today” and self-diagnosis culture (which is claiming you have a condition without any medical evidence, often based on popular culture stereotypes). Rachel explained why that is frustrating for her: “people can be like ‘Oh my God, I’m so ADHD’ or ‘maybe I have ADHD,’ because they forgot something a few times... but it’s really a lot more chronic than that.” Reducing the experiences of having ADHD to an adjective is stigmatizing because it undermines the challenges people with ADHD undergo. To participants, it dismissed the complexity of ADHD.

Matt believed that there still aren’t productive conversations around ableism. He explained that the expectation for neurodivergent people to adapt to the needs of neurotypical people, rather

than the university structurally adapting to the needs of neurodivergent people, is both a microaggression and contributes to ableism within institutions. In other words, he believed educational institutions need to change on a larger scale, and at a structural level, to create a more accessible environment for neurodivergent individuals. River remarked on their privilege having access to support, which points towards other ways institutional ableism exists for people with ADHD:

The only reason I think I am in University [is because I was able to access support]. I think about this a lot. When I got diagnosed with ADHD, my parents were able to afford a psycho educational assessment and an ADHD coach. I had support at my high school because they had an independent studies program. So, there are all these aspects of money and class. I think if I were in another situation, I may not have graduated high school and I may not be in University and not because my ADHD would be different or worse, but because I just didn't have those resources to learn how to manage it. Even taking Adderall, every refill, because it's a controlled substance, I have to pay like forty to fifty dollars.

Finally, Matt explained that stigma towards ADHD is believing it is an inherently negative disorder, arguing that stigma itself is what he truly suffers from:

In the initial process of requesting accommodation from University I asked my family doctor for a doctor's note and she wrote on her note that I suffer from ADHD and that really frustrated me because I don't suffer; it's not an ailment, it's not something to speak negatively about, it's a very important part of me. I don't suffer because of my ADHD; I suffer because I live in a world that is designed to accommodate and support neurotypical people. [...] So, I think that's been the biggest shift in my thinking: not seeing myself as a problem for someone else to deal with but the rest of the world needing to accommodate me.

### *Masking*

Fidgeting was a common symptom that participants reported masking. They expressed concerns on how they appear when they fidget, using terms such as looking like a “freak in the corner” or like they are on drugs. Rachel described her feelings when she masks:



I try to keep fidgeting and grand body gestures under control. When I have too much energy, I'll end up rocking back and forth or my whole body will just be shaking. I can't stop thinking about how people would be looking at me. Like what is she doing? Is she insane or something?

Participants worried about appearing like they are paying attention. They describe aggressively nodding as a form of masking; however, this often results in not paying attention to what is being said because they were spending so much energy on appearing attentive. River said, "I try to be a good listener, which sometimes involves, almost ridiculous, head nodding. People find that more important, they don't actually care if you're listening, they care if you look like you're listening."

Participants would count how many times other people raised their hands so they would know how many times they were supposed to raise their hand or otherwise wouldn't talk at all. Talking too much in class was reported to be a challenge and some participants mentioned they cope by writing their thoughts in a journal to help them resist the urge to speak. Olivia said, "I am hypervigilant and make a mental checklist of how many times everybody contributed."

Despite these challenges, there was a theme of self-acceptance. Many participants believed that ADHD is simply who they are and that they saw it positively. River expressed, "I'm goofy and funny, cause that's something that happens growing up as the weird kid. At a certain point, I just really embraced that and understood like oh, people are going to think I'm weird no matter what. At least I can control it."

Often, participants believe they shouldn't need to mask, or they didn't have the energy to mask. River explained it took more energy for them to sit still than it did to allow themselves to move around. However, many participants realized they were masking in everyday life during their interview, when they previously thought they didn't. Rebecca explained she likely masked all the time without knowing.

Most participants believed, to fit into the world, there are times when they should control their symptoms. Rebecca and River both said that ADHD isn't their fault, rather that it is their responsibility. Jordan believed they had to control certain behaviours to do well in their career: "I talk a lot but I'm going for a job in theater, and I can't be talking all the time because we're going to be in rehearsals, and I need to listen to the people who are directing me."

Other participants discussed ways they felt frustrated when their needs unique to ADHD don't get met. Oliva describes a situation at her place of work:

[At my work] they say, 'we support mental health, we are aware, we support that' and in the morning, when I got ready for work, I needed to have the door closed to my office because every time a person passes by, I'm going to get distracted. Like I need to have a closed-door policy and they really struggled with that they didn't like that because it came off as not very friendly. I had to be like 'well, you know, you guys are all for mental health and for like supporting disabilities and stuff. I have ADHD and I need that. You can't say you're okay with it but then pick and choose which behaviors I'm allowed to have', right?

Participants describe behaving in certain ways when meeting new people. Some see themselves as really reserved, observant, and withdrawn or try to present themselves as less intimidating by slouching or being quiet. Rebecca said she matches people's energy when she is with them: "I'm

very logical and slow and observant whenever I meet anyone, I paste a smile; I got really good at matching energy.” Rachel describes her experiences when meeting new people:

It's hard for me to be friendly with new people. I'm very reserved and tend to keep to myself around new people. I have a feeling it has something to do with how growing up my behavior was always seen as not acceptable, and I always had to calm down and be different and not be myself. So, that's sort of like how I react now because I feel like otherwise people won't want to be my friend.

### *Superpowers*

While ADHD is a stigmatized disorder, many participants found there were things they loved about having ADHD, which I referred to as “ADHD superpowers”. Celebrating ADHD “gifts” was a theme that emerged naturally in various interviews. When looking towards a future where ADHD is less stigmatized, it is imperative to highlight the unique contribution neurodivergent people offer. “I would just say that for all of the challenges there are definitely a lot of bright spots as well,” Matt expressed.

A common superpower listed was excitement: participants found they were more excitable, eager to participate in discussions, had more interests and were more passionate about interests compared to peers without ADHD. Many participants additionally used the word “curious” to describe themselves, believing they also showed greater curiosity towards different subjects and undertakings. Olivia described herself as “excitable”, reminiscing that she would go “all out” for spirit weeks in school while no one else ever appeared as excited. Meanwhile, Ethan described himself curious by nature, “In classes I raise my hand a lot and I try to participate a lot, but sometimes I feel like I do too much because like nobody ever raises their hands in classes. But I

have more to say, so if no one else is going to talk, I'll do it." River, who also enjoyed participating in discussions, found most professors articulated that they appreciated River's enthusiasm.

Quick thinking, creative thinking, analytic thinking, and being quick to pick up patterns were all various phrases that described a superpower I will call "different thinking". Different thinking, for most participants, meant quickly finding interesting connections between concepts and easily coming up with unique propositions or ideas. Olivia explained, "ADHD gives me the ability to think about more than one thing at a time." Likewise, Rachel described her mind: "I have this really warped way of thinking and getting from point A to point B. I like that because I feel like it's creative thinking. I can see like all sides to a problem and even parts that like aren't sides."

ADHD also provided participants with opportunities to find acceptance. Many explained they had been able to avoid toxic friends early in life and learned to become indifferent when other people didn't like them. Matt believed it gave him a unique perspective of the world because of his experiences. Jordan said, "my ADHD is myself; it is a part of me," while River similarly remarked, "I don't know who that person is without ADHD."

### **Discussion.**

In line with Goffman's writing on stigma, participants believed that stigma was due to the misconception around ADHD as a moral failing, that symptoms were easy to control, the most visible symptoms were the most stigmatized, and the overall misunderstanding of ADHD itself. Stigma responses for participants included surrounding themselves with other neurodivergent

individuals, friends who accepted their behaviours, and chose to see ADHD in a positive light. However, stigma responses also included forms of masking such as attempts at active listening, suppressing fidgeting, and acting reserved when meeting new people.

Childhood was a salient factor for participants and accounted for most stigmatizing experiences. As the education system grows more accessible for neurodivergent children, it is important to note whether this factor changes in younger generations, as it served an important role in the explanation as to why participants ended up masking. However, while masking did occur for participants, it was proven to sometimes be more harmful than helpful. For example, participants found *appearing* like they were paying attention inhibited them from properly concentrating on what was being said. Moreover, despite ADHD being a disorder and a disability, most participants saw it positively and as a part of who they are. Masking was mostly seen as something participants did accidentally, apart from situations where they were avoiding being disruptive. The overwhelming proof of self-acceptance, including participants intentionally choosing friends they could be their authentic selves around, demonstrates that participants choose to celebrate their identity of having ADHD. Despite acknowledging they faced stigma in academic and social setting, participants discussed overcoming self-stigma as their main obstacle. Rather than masking, participants recognized stereotypes and misconceptions of ADHD as the root of stigma, as well as how institutions create barriers for them.

The implications of this study direct attention from Goffman's work on stigma towards Robert McRuer's work on Crip Theory and Peter Conrad's work on the medicalization of ADHD as a deviant behaviour (McRuer and Bérubé 2006; Conrad 1975; 2010). Crip theory pushes the

argument that society is disabling, and people are only disabled by the absence of accommodation (McRuer and Bérubé 2006). It would aid in building a framework around the disabling world and its impact on the experiences for those with ADHD, which I did not delve into. Further research analyzing how ADHD behaviours and disability are socially and medically constructed would be useful to understand the place individuals with ADHD have in society. I am interested in conducting future research that investigates the disparities between the medicalized understanding of ADHD and real experiences. I additionally suggest that there is continued research needed on stigma towards adults with ADHD outside of academic settings, such as the workplace, as different social environments may create different findings. Further, there should be continued research regarding misconceptions around ADHD, as respondents reported stereotypes to be the biggest sources of stigma.

## **Conclusion**

In their social lives, participants reported that it was more difficult to maintain long term friendships, but they had a handful of strong friendships. Good friends were reported to be those who were accepting of them and participants found they often made friends with other neurodivergent individuals. Childhood experiences included being stereotyped, getting in trouble without expecting to, or being ostracized in school. Getting a diagnosis helped participants make sense of their experiences and find solutions for their challenges.

A major challenge involving stigma, for participants, was overcoming their own views that having ADHD meant they were stupid or unintelligent. Further, participants felt others saw them as lazy and they struggled to avoid appearing as such. Stigma from professors was seen as a

highly challenging obstacle that participants reported at university, however, the most salient form of stigma were misconceptions, misinformation, and stereotypes surrounding ADHD. Fidgeting, active listening, refraining from talking too much, and becoming reserved when meeting new people were the most reported forms of masking. However, self-acceptance was also a prevalent finding, as participants often saw ADHD in a positive light. Participants felt when they did mask, it was often without realizing. However, many participants agreed that masking was sometimes necessary to avoid disruption.

Superpowers that participants reported were being excitable, curious, creative, analytical, and quick. Participants also saw ADHD as a unique opportunity to see the world from a different perspective, to be more self-accepting, to be more empathetic.

A major limitation to this study is sample diversity. People of colour who have ADHD are underrepresented in diagnostic statistics and therefore in studies on ADHD. My study was no exception as the sample group was only made up of White participants. Volunteer bias should also be taken into consideration. People who experience stigma may have been more likely to volunteer to be interviewed so they could talk about it, or vice versa, and people who experience more stigma may be less likely to volunteer because they wouldn't be willing to share their information. Since participants were university students, they were also more likely to have knowledge about social and disability justice-- therefore their outlook on ADHD may be different than other populations. Additionally, universities are typically accepting and informed environments, thus sampling from other settings, such as the workforce, may yield different results. Finally, there is a risk of response bias such as courtesy bias (when respondents try to

avoid coming across as negative) and social desirability bias (respondents want the researcher or others to favour their answers). While my research took place during the COVID-19 outbreak, it was seldom mentioned during interviews and, aside from conducting interviews through online video calls, I do not believe it impacted results.

While masking did occur and was a salient finding, comments about self-acceptance tended to emerge more frequently during interviews. Although my research investigated the negative experiences of having ADHD, what I have valued the most from my findings was the positive light in which participants viewed ADHD. I hope my research contributes to a future where people with ADHD are celebrated as valuable contributors to a neurodivergent world.

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## Appendices

### Appendix A: Recruitment Poster

#### Research Participants Needed: University Students with ADHD

**My name is Hannah Shaw, and I am an undergrad student doing my honours in Sociology at Dalhousie University. I am conducting a research project that aims to understand the social experiences of people with ADHD in a university setting.**

**If you are either a student or professor at a university and have been diagnosed with ADHD at least six months ago, I would love to hear your thoughts and experiences. Participation includes a single interview around one hour in length but can go longer if you have more you wish to share. All aspects are completely voluntary. If you decide to participate, your identity will be made anonymous in all aspects of the research. If you are interested in participating or have any questions about the project, please email me [hmbshaw@dal.ca](mailto:hmbshaw@dal.ca). Thank you!**

**Contact [hmbshaw@dal.ca](mailto:hmbshaw@dal.ca)**



## Appendix B: Interview Guide

Semi-structured interview guide:

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\*Thank them for coming. Consent form and reminders\*

\*Give brief overview/description of the project. Explain why they are chosen study population—there isn't much research on the social experiences of people with ADHD and how they negate negative reactions. Researching this could improve the social experience of ADHD\*

### Interview Questions

1. What is your history of ADHD?
  - a. When were you diagnosed?
  - b. What was your experience/reaction to being diagnosed?
  - c. Looking back, do you think having ADHD affected your childhood?
  - d. Did you ever experience things such as bullying, loneliness, exclusion?
  - e. What were your experiences of school like? Did you always plan to go to university?
  - f. Do you know what type of ADHD you have (Inattentive, Hyperactive/Impulsive, or Combined)
2. Describe your social experiences as an adult with ADHD
  - a. Do you make friends easily?
  - b. How do you imagine people react to your ADHD?
  - c. How do you think people perceive you?
  - d. Do you feel people like you?
  - e. Do you feel people understand what ADHD is like?
  - f. Has it impacted your identity? If so, how?

3. What is your relationship with medications?
  - a. Do you like them?
  - b. Have you ever been on them?
  - c. Do you feel like you are yourself on them?
  - d. Do you think they are essential for success at university?
4. Have you accessed support at university relating to your ADHD? Which ones?
5. What is your experience of having ADHD in university? OR How do you think ADHD affects your experience at university?
  - a. Participating in discussions
  - b. Making friends
  - c. Keeping up with courses
  - d. Getting along with profs
  - e. Feeling like you belong
6. How do you feel about disclosing your status of having ADHD to peers at university?
  - a. Do you think it would make them understand your behavior better?
  - b. What kind of reaction do you think people have?
  - c. What kind of experiences have you had?
  - d. Do you make friends with other people with ADHD?
7. Do you ever notice negative response towards the ways you feel your ADHD shows up in university settings? How do you respond if you do?
8. Are there symptoms of ADHD you try to control at university? An example would be someone with hyperactive symptoms trying to fidget less or talk less, or someone with inattentive symptoms trying to look like they are paying attention.
  - a. Are there certain instances when you do or don't control your symptoms?
  - b. Are you familiar with the term "masking"?
9. Neurodivergent is a recent term that means differing in mental functioning from what is considered normal. Do you ever notice you judge yourself or others with visible symptoms or behaviours that are neurodivergent?
10. Do you think you experience [synonym for "stigma" they may have used beforehand; "prejudice" "negative responses", "bias" etc.]? Do you ever try to act in ways that would prevent stigma?
11. Do you think there is [stigma] towards ADHD and in what ways?
  - a. Ask for examples that make them think this.
12. Can you think of any benefits that having ADHD brings you? Let's call them ADHD superpowers.
13. Some details
  - a. Age
  - b. Ethnicity / BIPOC status
  - c. Gender
  - d. "financial circumstances of parents during childhood" (aka socioeconomic status)

e.

### **Follow up**

1. Thank you for answering my questions and sharing what your thoughts with me. How did it feel to share all of this information with me, as someone you have just met?
2. Is there anything else you would like to add? Any other stories or experiences that you thought of but didn't get a chance to share?

## **Appendix C: Consent Form**



### **CONSENT FORM**

Other Faces: Masking ADHD

*Understanding how Individuals with ADHD deal with Stigma*

You are invited to take part in research being conducted by me, Hannah Shaw, an undergraduate student in Sociology, as part of my honours degree at Dalhousie University. The purpose of this research is to interview individuals diagnosed with ADHD to understand how they deal with stigma, in order to better understand the experiences of those with ADHD. I will write up the results of this research in a paper for my class, called the honours thesis.

As a participant in the research, you will be asked to answer a series of interview questions about your experiences with ADHD. The interview should take about an hour but could go as long as two hours if you would like to share more. It will be conducted in a quiet public location of your choice such as the Halifax Central Library or a café or online, using a videoconferencing platform such as Teams, Zoom or Skype. There is a risk of loss of personal privacy from using internet-based communications. In person, public health guidelines will be followed such as wearing a mask and remaining six feet apart from each other and others in the vicinity to mitigate any risk relating to COVID-19. The risk is no greater or lesser than when using such applications for other purposes. With your permission, the interview will be audio-recorded. A handheld recorder and/or the recording feature within Teams, Zoom or Skype may also be used as a back-up. I will

tell you exactly how I will be recording the interview prior to the start.

Your participation in this research is entirely voluntary. You do not have to answer questions that you do not want to answer, and you are welcome to stop the interview at any time if you no longer want to participate. If you decide to stop participating after the interview is over, you can do so until March 1, 2021. I will not be able to remove the information you provided after that date, because I will have completed my analysis. At this time, I have no plans for future use of the information besides occasional consultation as I progress with my graduate studies. Therefore, I will not destroy the de-identified transcripts or notes from your interview unless you request that I do so.

Information that you provide to me will be kept private and will be anonymized, which means any identifying details such as your name will be removed from it. Only the honours class supervisor and I will have access to the unprocessed information you offer. If I quote any part of your interview in my honours thesis, I will use a pseudonym, not your real name, and I will remove any other details that could identify you from the quote. I will describe and share general findings in a presentation to the Sociology and Social Anthropology Department and in my honours thesis. Nothing that could identify you will be included in the presentation or the thesis. I will keep anonymized information so that I can learn more from it as I continue with my studies.

The risks associated with this study are minimal but include potential discomfort as I will be asking about your experiences with ADHD. However, you are welcome to withdraw from the interview at any point and to refrain from answering any questions you do not wish to answer.

Aside from the satisfaction of sharing your experiences of having ADHD, there will be no direct benefit to you in participating in this research and you will not receive compensation. The research, however, will contribute to new knowledge of the social experiences of ADHD and may contribute to the reduction of stigma in the long term. If you would like to see how your information is used, please feel free to contact me and I will send you a copy of my honours thesis after April 3, 2021.

If you have questions or concerns about the research, please feel free to contact me or the honours class supervisor. My contact information is [hmbshaw@dal.ca](mailto:hmbshaw@dal.ca). You can contact the honours class supervisor, Dr. Martha Radice by email at [martha.radice@dal.ca](mailto:martha.radice@dal.ca).

If you have any ethical concerns about your participation in this research, you may contact Catherine Connors, Director, Research Ethics, Dalhousie University by email at [ethics@dal.ca](mailto:ethics@dal.ca).

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I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I understand that I have been asked to take part in an interview that will occur at a location acceptable to me, and that those interviews will be



recorded. I understand direct quotes of things I say may be used without identifying me. I agree to take part in this study. My participation is voluntary, and I understand that I am free to withdraw from the study at any time, until March 1<sup>st</sup>, 2021.

\_\_\_\_\_  
Name Signature Date

I confirm I have completed the interview and agree that direct quotes without my name may be used.

\_\_\_\_\_  
Signature Date

### Appendix D: REB Final Report



## ANNUAL/FINAL REPORT

Annual report to the Research Ethics Board for the continuing ethical review of research involving humans / Final report to conclude REB oversight

### A. ADMINISTRATIVE INFORMATION

This report is ( <i>select one</i> ):			
<input type="checkbox"/> An annual report		<input checked="" type="checkbox"/> A final report	
REB file number:	2020-5393		
Study title:	Other Faces: Masking ADHD. Understanding how Individuals with ADHD deal with Stigma		
Lead researcher (named on REB submission)	Name	Hannah Shaw	
	Email	hmbshaw@dal.ca	Phone 5192749061
Current status of lead researcher (at Dalhousie University):			
<input type="checkbox"/> Employee/Academic Appointment		<input type="checkbox"/> Former student	
<input checked="" type="checkbox"/> Current student		<input type="checkbox"/> Other (please explain):	
Supervisor (if lead researcher is/was a student/resident/postdoc)	Name	Dr. Martha Radice	
	Email	mr554926@dal.ca	
Contact person for this report (if not lead researcher)	Name		
	Email		Phone

## B. RECRUITMENT & DATA COLLECTION STATUS

Instructions: Complete **ALL** sections relevant to this study

Study involves/involved recruiting participants:  Yes  No  
*If yes, complete section B1.*

Study involves/involved secondary use of data:  Yes  No  
*If yes, complete section B2.*

Study involves/involved use of human biological materials:  Yes  No  
*If yes, complete section B2.*

<b>B1. Recruitment of participants</b>		<input type="checkbox"/> Not Applicable
B1.1 How many participants did the researcher intend to recruit? <i>(provide number approved in the most recent REB application/amendment)</i>		8-10
B1.2 How many participants have been recruited? <i>(if applicable, identify by participant group/method e.g. interviews: 10, focus groups: 25)</i>		
Eight participants were recruited. The method used was interviews.		
a) In total, since the beginning of the study: 8		
b) Since the last annual report: 8 since initial submission		
B1.3 Recruitment for this study is:		
<input checked="" type="checkbox"/> complete; or		
<input type="checkbox"/> on-going		
B1.4 Data collection from participants for this study is:		
<input checked="" type="checkbox"/> complete; or		
<input type="checkbox"/> on-going		

<b>B2. Use of secondary data and/or biological materials</b>		<input type="checkbox"/> Not Applicable
B2.1 How many individual records/biological materials did the researcher intend to access? <i>(provide number approved in the most recent REB application/amendment)</i>		
B2.2 How many individual participant records/biological materials have been accessed?		
a) In total, since the beginning of the study:		
b) Since the last annual report:		

## C. PROJECT HISTORY

*Since your last annual report (or since initial submission if this is your first annual report):*

C1. Have there been any variations to the original research project that have NOT been approved with an amendment request? This includes changes to the research methods, recruitment material, consent documents, study instruments or research team.

Yes  No

If yes, list the variation here:

*(You will be notified if a formal amendment is required)*

C2. Have you experienced any challenges or delays recruiting or retaining participants or accessing records or biological materials?

Yes  No

If yes, please explain:

C3. Have you experienced any problems in carrying out this project?

Yes  No

If yes, please explain:

C4. Have any participants experienced any harm as a result of their participation in this study?

Yes  No

If yes, please explain:

C5. Has any study participant expressed complaints, or experienced any difficulties in relation to their participation in the study?

Yes  No

If yes, please explain:

C6. Since the original approval, have there been any new reports in the literature that would suggest a change in the nature or likelihood of risks or benefits resulting from participation in this study?

Yes  No

If yes, please explain:

#### **D. APPLYING FOR STUDY CLOSURE**

*Complete this section only if this is a FINAL report as indicated in section A*

D1. For studies involving recruitment of participants, a closure may be submitted when:

all research-related interventions or interactions with participants have been completed

N/A (this study did not involve recruitment of participants)

D2. For studies involving secondary use of data and/or human biological materials, a closure may be submitted when:

all data acquisition is complete, there will be no further access to participant records or collection of biological materials

N/A (this study did not involve secondary use of data and/or human biological materials)

D3. Closure Request

I am applying for study closure

**E. ATTESTATION (both boxes *must* be checked for the report to be accepted by the REB)**

I agree that the information provided in this report accurately portrays the status of this project and describes to the Research Ethics Board any new developments related to the study since initial approval or the latest report.

I attest this project was, or will continue to be, completed in accordance with the approved REB application (or most recent approved amendment) and in compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2).

—

**SUBMISSION INSTRUCTIONS**

1. Submit this completed form to Research Ethics, Dalhousie University, by email at [ethics@dal.ca](mailto:ethics@dal.ca) at least 21 days prior to the expiry date of your current Research Ethics Board approval.

2. Enter subject line: REB# (8-digit number), last name, annual (or final) report.

3. Student researchers (including postdoctoral fellows and medical residents) must copy their supervisor(s) in the cc. line of the annual/final report email.

**RESPONSE FROM THE REB**

Your report will be reviewed, and any follow-up inquiries will be directed to you. You must respond to inquiries as part of the continuing review process.

Annual reports will be reviewed and may be approved for up to an additional 12 months; you will receive an annual renewal letter of approval from the Board that will include your new expiry date.

Final reports will be reviewed and study closure acknowledged in writing.

## CONTACT RESEARCH ETHICS

- Phone: 902-494-3423
- Email: [ethics@dal.ca](mailto:ethics@dal.ca)
- In person: Henry Hicks Academic Administration Building, 6299 South Street, Suite 231
- By mail: PO Box 15000, Halifax, NS B3H 4R2



April 12, 2021

Hannah Shaw  
Arts & Social Sciences\Sociology and Social Anthropology  
Dalhousie University

Dear Hannah,

REB #: 2020-5393  
Project Title: Other Faces: Masking ADHD. Understanding how Individuals with ADHD deal with Stigma

I am writing to acknowledge receipt of the final report for this research project. The research ethics file for this project is now closed. Dalhousie University stores this file for 5 years, after which all records associated with the file may be destroyed.

I would like to remind you of your continuing responsibility to ensure that you maintain any records and data associated with this research consistent with your approved research plan.

Sincerely,

A handwritten signature in cursive script that reads "Catherine Connors".

Catherine Connors | **Director Research Ethics** | Dalhousie University | phone: 902.494.1462