



**A Qualitative Exploration of Adult ADHD: Masking, Academic and
Psychosocial Self-Concept and Functioning**

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Declaration

“I declare that this submission is my own work. Where I have read, consulted, and used the work of others, I have acknowledged this in the text”.

Word Count: 5,453 Words.

Signed: *Ailish Power*

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Abstract

Attention deficit/ Hyperactivity Disorder (ADHD) is a common neuro-developmental disorder that affects roughly 5% of children and 2.5% of adults globally. Masking, or impression management, is a coping strategy associated with ADHD that many adopt to conceal neurodivergent traits or manage symptoms. In childhood, educational experiences can trigger masking behaviours as individuals attempt to cope within a predominantly neuro-normative teaching environment. As such, the long-term impact of masking on academic and psychosocial functioning and self-concept is worth further exploration. Using Braun & Clarke's (2006; 2012) thematic analysis method, the current study inductively analyses 22 blog posts from the subreddit r/ADHD created by adults who presented an interest in sharing their experiences living with the condition. The researcher identified four active themes describing the relationship between past academic and social experiences on the development of masking behaviours, and the long-term impact of these behaviours on academic and psychosocial functioning and self-concept. Practical implications outlined in this study include the application of neurodivergent awareness-based programmes or whole-school approaches to teaching in educational settings. Future research suggestions include investigating potential self-concept and masking behaviour differences among those who receive an early ADHD diagnosis versus an adult diagnosis.

Introduction

“To anchor ourselves in intention is to tether our will to our purpose, providing steadfast direction in the storm of distractions.”

- Kevin L. Michel, 2023

1.1 Attention Deficit/ Hyperactivity Disorder: An Overview

Attention Deficit/ Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterised by a persistent pattern of inattention, impulsivity and/or hyperactivity (American Psychiatric Association [APA], 2013). Symptoms are often accompanied by other concomitant deficits, including decreased motivational or emotional management, and poor time management skills (Martella et al., 2020). In 1987, the term ADHD was introduced to the *Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition, Revised* (DSM-III-R). Subsequent changes and updates to ADHD nosology suggest that the clinical picture of the disorder continues to evolve (Prakash, 2021). Most recently, the DSM-5 (2013) classified three ‘presentations’ of the condition rather than three types. These include mainly inattentive, mainly hyperactive and/or impulsive, and a combined subgroup (Epstein & Loren, 2013).

ADHD is among the most common neurodevelopmental disorders, presenting in approximately 5-7% of children, and 2.5% of adults globally (Da Silva et al., 2023). Conversely, Song et al. (2021) argue that adult ADHD is far more prevalent, presenting in 7% of the adult population worldwide. According to Hong (2023), the condition can create a myriad of challenges for the individual. If unmanaged, ADHD can become a chronic health condition requiring intervention (Pelham et al., 2020). ADHD epidemiology is multifactorial, involving environmental, genetic and prenatal contributors (Williams et al., 2023). In childhood, the prevalence of ADHD between males to females is 4:1, whereas in adulthood the ratio is closer to 1:1 (Abdelnour et al., 2022).

Early in the field of research, ADHD was erroneously defined as a disorder of childhood (Weiss, Murray, & Weiss, 2002; Wender, 1998). This assumption is explained by the greater frequency of external hyperactive behaviours evinced in childhood dominating the condition's clinical presentation (Williams et al., 2023). Thus, many physicians are still unfamiliar with the presence of the disorder in adulthood (Prakash et al., 2021). However, Cherkasova et al. (2013) suggested that 70% of children display persistent ADHD from childhood, and Schein et al. (2022), stated that 80% of ADHD adults have at least one other concomitant disorder. This finding suggests that despite a proliferation of research on ADHD over the years, adult ADHD may represent a unique research population that has experienced a paucity of understanding when compared to its childhood variation (Schein et al., 2022).

1.2 Self-Concept: A Brief Introduction

Self-concept (SC) describes an organised system of self-perceptions that shape how people feel about themselves, others, and their social interactions (Leary & Tangney, 2011; Vazire & Wilson, 2012). Environmental reinforcements, both positive and negative, influence SC (Goldstein & Naglieri, 2011). As SC develops and solidifies, so too do the individual's patterns of acting, thinking and engaging with others through reciprocal relationships between the self, and its social and relational environment (Miller, 2017).

1.3 Theoretical Framework of Self Concept

Tajfel and Turner's (1979) Social Identity Theory (SIT) proposes that self-concepts form based on our membership in social groups (Islam, 2014, p.1781-1783). Group membership is also responsible for shaping our perception of other ingroup and outgroup members (Neighbours et al., 2013). SIT aims to determine how individuals define social identity and highlight three key psychological processes in that regard: Self-Categorization, Social-Comparison and Social-Identification (Ellemers, 2024). Self-categorization refers to people's tendency to see themselves as part of a group or

category, rather than as unique individuals, and social comparison refers to the cognitive process of assessing the relative value of a group and its members. Social identification represents the idea that social situations are not perceived as being detached from other social situations (Ellemers, 2024).

1.4 ADHD, Academic Functioning and Academic Self-Concept

A significant amount of past research has documented the negative impact of ADHD on academic functioning and academic self-concept.

Alternatively, Gray et al. (2016) found no evidence of functional deficits in academic performance among adults with ADHD on standardised tests of executive function and GPA scores. However, this qualitative analysis relied on students' self-reported GPA scores, therefore increasing the likelihood of response bias.

Russell et al. (2023) assessed the educational experiences of young people with ADHD using Thematic Analysis. The data corpus consisted of 64 children and 28 parents. The analysis found that individuals started to feel 'different' during primary education, and this feeling was perpetuated by negative interpersonal experiences like bullying or a lack of support from teachers. Interestingly, the study found that the students' education trajectory was positively impacted if their educational needs were subsequently met and supported (p. 941- 959). This finding suggests that the academic environment can play an active role in the mediation or moderation of ADHD symptomology.

Grygiel et al. (2014) conducted a quantitative analysis of 718 Polish students aged 9 to 12 years, of which 38 had an ADHD diagnosis. Results showed that ADHD children experience more rejection from peers and reported lower satisfaction with their social networks. Furthermore, the study demonstrated the presence of peer bias against ADHD students regardless of symptomatology levels or the extent of negative external behaviour they displayed (p. 303-308). This research outcome contradicts the

idea that poor academic and social functioning is directly caused by the problematic behaviour displayed by a child with ADHD (Miller, 2017).

Kwon et al. (2018) reported the experiences of students with ADHD. Twelve Korean university students were interviewed for the analysis. A pattern of ‘continuous worry’ featured thematically. Participants expressed that perceived past negative events fuelled “a perpetual cycle of worry”. This preoccupation affected attitudes towards their current situation and created unreasonable concern and anxiety about their future career prospects. As this study involved Korean students only, potential cultural differences require consideration before generalising the findings. Kwon et al. (2018) emphasise that adult ADHD research across all populations is needed.

Following a qualitative investigation, Miller (2017) found that young adults with ADHD are subject to recurrent negative feedback and experiences from the environment due to impairments associated with the condition. These experiences can severely impact self-concept and an individual’s ability to function. The condition is exacerbated as a result. This research was carried out using a semi-structured interview design involving eight participants. All eight had a diagnosis of ADHD from a licenced professional. Most notably, all eight participants reported functional impairments in educational settings as being the catalyst for their seeking treatment, and many reported negative feedback from peers in classroom settings. Miller (2017) reported that psychoeducation focuses on skill-building can facilitate individuals with ADHD to establish a healthier self-concept and improve academic and psychosocial functioning. This finding has implications for mental health professionals and educators.

1.5 ADHD: Social Functioning and Social Self-Concept

ADHD is frequently associated with secondary social impairments (Wehmeier et al., 2012). Though there is much consensus among experts that ADHD is biological in nature (Houghton, 2006), an integrative approach to aetiology that includes social factors has been suggested (Ringer, 2019). Children with the condition are approximately four times more likely to experience challenges in socialising with

peers (Imanipour et al., 2021), and many carry these social disruptions into adulthood, especially if the condition goes untreated (Mandriota, 2022).

ADHD adults are more likely to experience repeated circular failures and negative feedback from peers due to social and functional challenges. As such, the accumulation of adverse experiences may contribute to the development of negative cognitions and low levels of social self-concept and self-efficacy (Ramsay & Rostain, 2010, p. 366- 374). Furthermore, negative cognitions and experiences increase the possibility of using maladaptive coping strategies like decreased motivation and increased procrastination (Knouse & Safren, 2010, p. 497-509). Newark and Stieglitz (2010) highlighted concern regarding this maladaptive cycle, outlining that self-concept improvements are difficult to achieve without sufficient adaptive coping strategies (p. 59-72).

Kosaka et al. (2018) reported that individuals with adult-onset ADHD regularly exhibit high levels of executive functioning and above-average IQ scores in childhood despite showing symptoms. Thus, sufficient social adaptation abilities are hypothesised as potential maskers of ADHD characteristics. If social adaptation abilities decrease, functional impairments emerge in adulthood as individuals can no longer compensate for their symptoms. Similarly, Faraone & Biederman (2016) posited that many ADHD adults are subthreshold for diagnosis in childhood due to sufficient social scaffolding. Given that ADHD symptomology is associated with frequent negative educational experiences (Russell et al. 2023) and impairments in social functioning (Wehmeier et al., 2022; Ramsay & Rostain, 2010), consideration of cases where social scaffolding is inadequate in childhood may provide a broader understanding of the issue.

1.6 ADHD Masking

Masking, or impression management, is a coping strategy associated with ADHD that many adopt to camouflage symptoms or conceal functional impairments. Closely linked to neurodivergence, masking is often considered in relation to Autism Spectrum

Disorder (Saline, 2023). Although intended to help alleviate symptoms, masking can have the opposite effect (Patterson, 2024). For example, many report experiencing constant exhaustion and emotional dysregulation (Williams, 2023).

Ginapp et al. (2023) posited that many adults with ADHD frequently feel pressured to mask symptoms during social interactions and find it easier to build relationships with other neurodivergent people. Many experienced stigma and social prejudice related to the condition, and sought engagement or support via online communities. These findings emerged following a qualitative investigation into the lived experiences of young adults with ADHD in navigating interpersonal relationships. Forty-three adults aged 18-35 years took part in the analysis.

Morgan (2023) focused on exploring women's experiences with adult-diagnosed ADHD through a qualitative investigation. Fifty-two women aged 19-56 years partook in the analysis. Participants identified several reasons for the delay in their diagnosis, including the 'successful' use of masking behaviours. Masking strategies employed included repeatedly using the bathroom at school, constant foot tapping and fidgeting. Afterwards, many felt exhausted and experienced emotional outbursts at home. Participants expressed that not receiving a diagnosis earlier caused significant trauma, particularly in interpersonal relationships and academically.

These studies provide meaningful insight into ADHD masking, however, limitations are observed. Both investigations relied on self-selecting groups of people. Ginapp et al. (2023) experienced a high level of non-responses from participants who completed the initial screening survey. Similarly, Morgan's (2023) original sample was reduced from 82 to 52 as 30 participants scheduled to attend the planned event did not show up on the day. This occurrence suggests that many eligible participants' experiences were absent from the data collection.

1.7 The Present Study

The present investigation was inspired by Russell et al. (2023) thematic analysis of the educational experiences of young people with ADHD. Given the limitation expressed in the report and the possibility that the findings were overly positive regarding the academic trajectory of children with ADHD, the current study aims to assist in broadening understanding of the topic.

The current investigation is also influenced by the qualitative investigation conducted by Miller (2017), who focused on exploring how young adults with ADHD construct self-concept. As Miller described, little qualitative research exists aiming to understand the subjective experiences of adults with the condition (Miller, 2017, p. 43). As such, this study intends to focus and centre the voices of adult individuals with ADHD.

The relationship between masking behaviour, academic and psychosocial self-concept, and the impact of masking behaviour on academic and psychosocial functioning have been selected to focus on. Given that many people with ADHD seek support and engagement via online communities (Ginapp et al. 2023), a qualitative content analysis research design has been chosen using the Braun and Clarke (2006; 2012) thematic analysis method.

1.8 Research Questions

The research questions under investigation are:

- 1.) Is there a relationship between masking behaviours and early academic and social experiences among individuals with ADHD?
- 2.) Do masking behaviours affect academic and psychosocial functioning and self-concept among individuals with ADHD?

2. Methodology

2.1 Design

This study employed a qualitative, inductive, thematic-based research design using the Braun and Clarke (2006; 2012) thematic analysis (TA) method. Nowell et al. (2017) state that TA is highly flexible, providing a comprehensive and nuanced data analysis. As the current study was phenomenological in nature and aimed to examine adult ADHD, masking, academic and psychosocial self-concept; TA was deemed most appropriate. For the analysis, social platforms like Tumblr and the ADHD Hive were considered, however, Reddit was selected for its popularity and reputation as a therapeutic community among members. Finlay (2021) highlights that in weaker TA, many researchers overlook their active role or rigidly fix the process. Thus, data assumptions were noted and TA limitations were reflected upon.

2.2 Participants

The data corpus was gathered using convenient sampling via the subreddit r/ADHD. Several search terms were used to identify suitable blogs, these included: 'Education', 'Social-Skills', 'Self-Concept', and 'ADHD Masking'. In total, 22 blogs were selected for the analysis dating from 2018-2024. Demographic information is outlined below (Table 1).

Table 1*Participants demographic information.*

Participant	Gender	Age	Adult ADHD Diagnosis	Year Posted
Participant 1	Male	20	Unstated	2022
Participant 2	Male	Unknown	Unstated	2023
Participant 3	Female	26	Adult Diagnosed	2024
Participant 4	Female	32	Adult Diagnosed	2024
Participant 5	Female	Unknown	Adult Diagnosed	2018
Participant 6	Female	22	Unstated	2021
Participant 7	Female	Unknown	Adult Diagnosis	2022
Participant 8	Male	31	Adult Diagnosed	2022
Participant 9	Unknown	Unknown	Adult Diagnosed	2022
Participant 10	Female	20	Adult Diagnosed	2021
Participant 11	Unknown	Unknown	Unstated	2018
Participant 12	Male	36	Adult Diagnosed	2023
Participant 13	Male	Early 30's	Adult Diagnosed	2023
Participant 14	Female	32	Adult Diagnosed	2024
Participant 15	Female	20	Adult Diagnosed	2022
Participant 16	Unknown	Unknown	Diagnosed in Childhood	2024
Participant 17	Female	Unknown	Unstated	2023
Participant 18	Female	Unknown	Unstated	2023
Participant 19	Female	23	Adult Diagnosis	2024
Participant 20	Female	Unknown	Adult Diagnosis	2021
Participant 21	Unknown	Unknown	Unstated	2021
Participant 22	Female	25	Adult Diagnosed	2022

Figure 1

A pie chart representing participants' gender in percentages.

Participants Gender

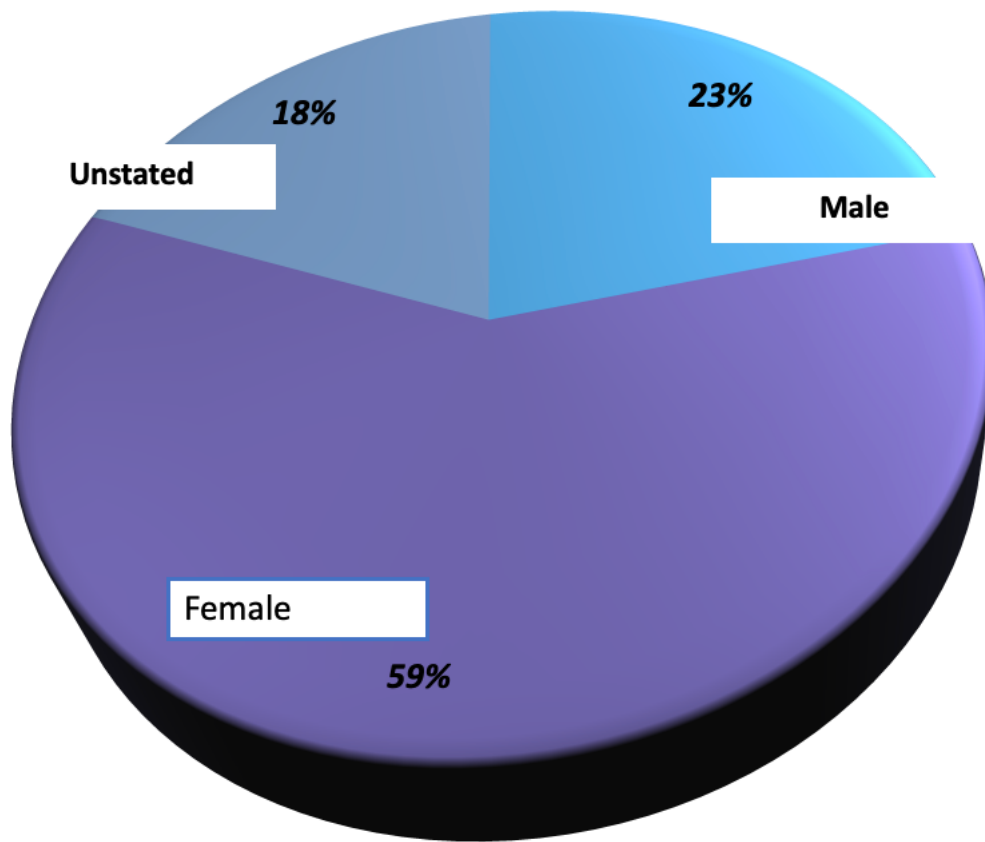


Figure 2

A pie chart representing participants' age of diagnosis, either in childhood or adulthood.

Participants Diagnosis (Childhood or Adulthood)

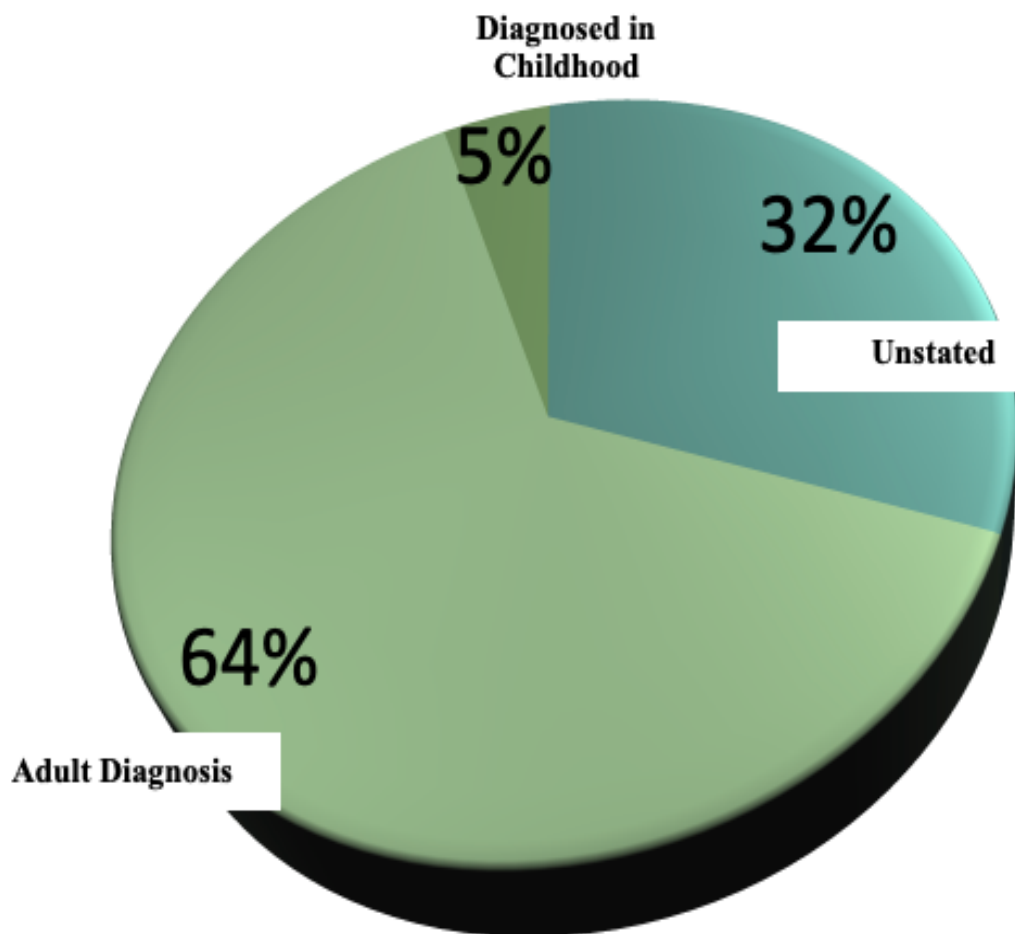
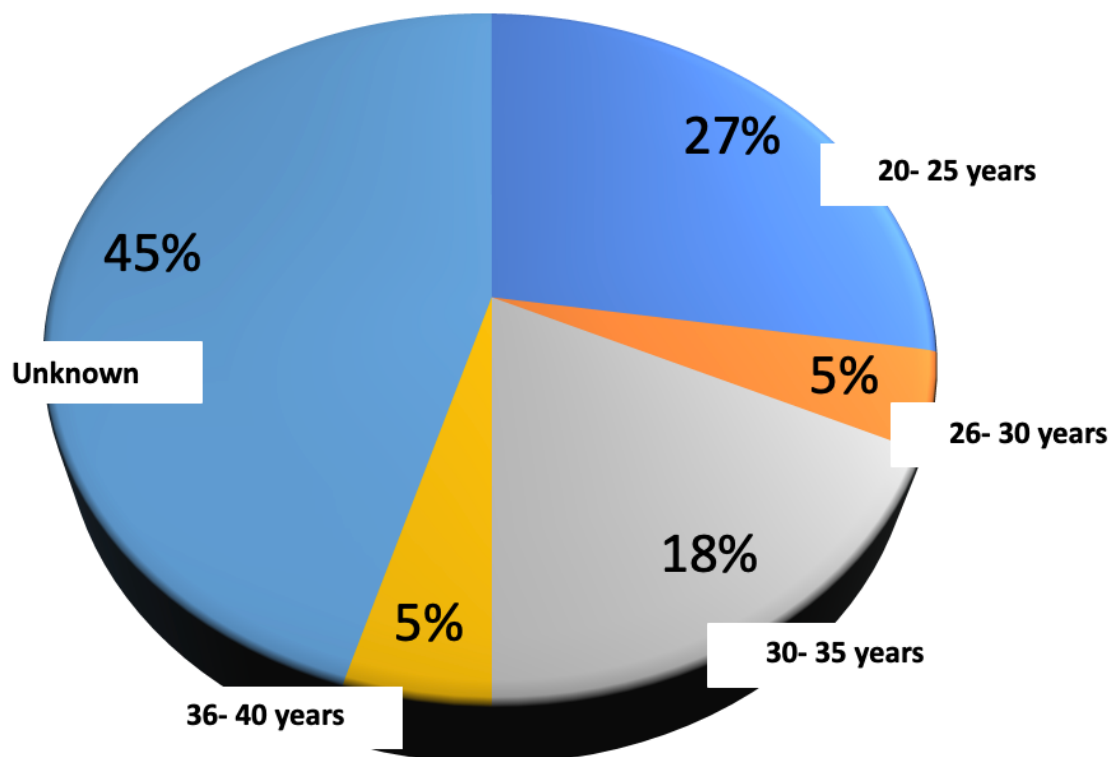


Figure 3

A pie chart representing participants' ages at the time of writing the Reddit blog that was selected for analysis.

Participants Age



Please note that although 45% of the participants did not provide their age, the content of their blogs assured the researcher that they were over 18 years old. The researcher only included blogs where the participant's age was evident. If there was any uncertainty about whether the blogger was over 18, the participant was excluded from the data collection process.

2.3 Materials

Reddit posts created by adults describing their experiences with ADHD compiled the corpus. Separate word documents were used to manage each blog and a link to the original post was saved to the researcher's computer only. Pseudonyms for participants were given and quotes were altered to ensure anonymity while maintaining to represent the original message. Blog length varied as emphasis was placed on content quality. During the research process, the decision was made by the researcher to avail of the online coding tool called Delve. This was done to manage the data and to make the process easier as data accumulated.

2.4 Procedure

Braun and Clarke (2006; 2012) six phases of thematic analysis (TA) informed the procedure. Due to the flexible nature of this framework, Maguire and Delahunt (2017) suggest that researchers actively engage with the data and move between steps if necessary. Before commencing, practical coding exercises prescribed by Braun & Clarke (2021) during a recorded seminar were completed. The researcher accessed this seminar through YouTube.

2.4.1 Phase One: Data Familiarisation

Following the data collection, data familiarisation commenced. Braun and Clarke (2006), emphasise that researchers actively immerse themselves in the data at this point. Following an initial read-through, a second reflection focused on generating potential meanings and patterns. A third reading allowed the researcher to create a preliminary list of ideas and impressions.

2.4.2 Phase Two: Generating Initial Codes

Once familiarisation occurred, the researcher began compiling initial codes. Tuckett (2005) and Braun and Clarke (2006) suggest that this exercise supports the

researcher to meaningfully group data points. Semantic and latent codes were generated. Semantic codes were gathered by noting explicit and surface-level meanings. To generate latent codes, the researcher focused on reporting hidden or implicit meanings and nuances within the data by delving beyond the descriptive level. See (Appendix A) for examples of preliminary codes.

2.4.3 Phase Three: Generating Themes

Once initial codes were identified and collated, phase three began. Initial codes were sorted into overarching themes by combining different variations depending on their reliability. Braun and Clarke (2006) highlight the creation of visual representations at this stage. A thematic mind map was drawn to facilitate this process. Some initial codes were presented as themes, whereas others were reported more appropriately as subthemes. Unsorted codes were filed for potential use at a later stage.

2.4.4 Phase Four: Reviewing Themes

After generating initial themes, phase four commenced. Here, candidate themes were revised and refined using two levels (Braun & Clarke, 2006). For level one, the researcher read all collated extracts and considered whether they formed a coherent pattern. If not, the researcher assessed whether the theme should be removed or reworded. For level two, theme validity was considered among the entire corpus. The researcher analysed whether themes ‘accurately’ represented the meanings present in the complete data set. Lastly, miscellaneous codes from phase three were reviewed, used or discarded.

2.4.5 Phase Five: Defining and Naming Themes

Following a review of the themes; phase five took place. Here, the researcher ensured that themes and subthemes made a meaningful contribution to the study. Each

theme was ‘defined and refined’ by noting whether they captured the essence of the data. Attention was given to ensuring the themes were not overly complex or diverse.

2.4.6 Phase Six: Producing the Report

After all themes were developed, phase six began. This involved a write-up of the report. A summarised final revision of the study's findings was recorded. This summary comprised the results gathered from a body of work that the researcher began to accumulate much earlier in the analysis process. All finalised themes and subthemes were presented to communicate the study’s findings to the reader.

2.5 Ethical Considerations

The Department of Technology and Psychology Ethics Committee granted green route ethical approval to the current study. Green route ethical approval was permitted as there was no contact with participants and the data corpus was gathered from a publicly available website accessed without the creation of a profile or password. The present study also complied with the ethical principles published by the Psychological Society of Ireland (2019). Furthermore, the BPS ethical guidelines for internet-edited research were adhered to.

In the following chapter, the results of this analysis will be presented.

3. Results

3.1 Overview of Results

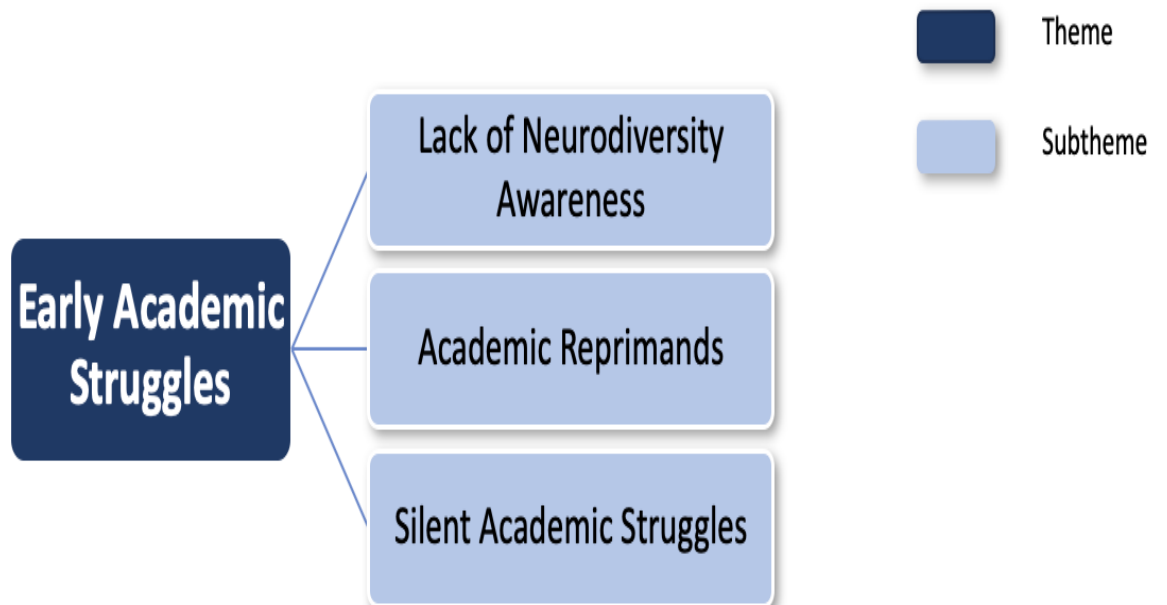
The current study aimed to examine the relationship between early academic and social experiences, masking behaviours, and academic and psychosocial self-concept in adults with ADHD. In total, four major themes and 10 accompanying subthemes were identified in the data. Quotes from the blog posting have been paraphrased to protect the authors' anonymity.

3.2.1 Theme One: Early Academic Struggles

Figure 4

Theme One: Early Academic Struggles diagram and relevant subthemes

Theme One:



Subtheme: Lack of Neurodiversity Awareness

A lack of neurodivergence awareness was shown to significantly impact the early education and social experiences of participants. Many participants described feeling “like an idiot” and suffered years of trauma afterwards as they could not explain their behaviour. Many blamed themselves for their symptoms.

Subtheme: Academic Reprimands

Participants who displayed more external ADHD symptoms during school experienced more academic reprimand and negative attention from peers. Several bloggers described extreme personality changes they experienced following this.

Subtheme: Silent Academic Struggles:

Many participants struggled in silence and did not ask for help. These students wanted to blend in and avoid attention.

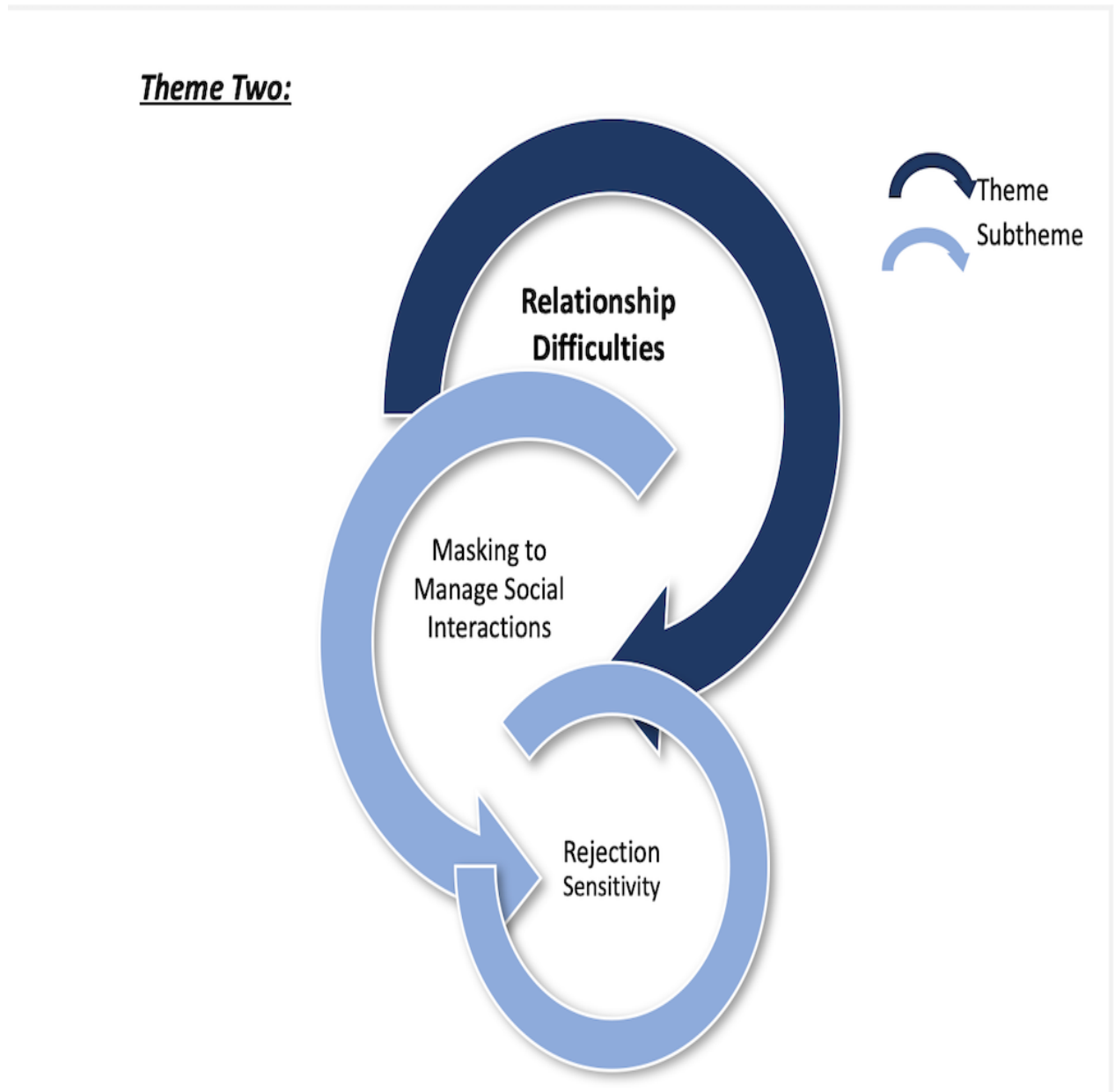
Table 2*Themes 1 and corresponding quotes from participants' responses.*

Theme	Quotes
<p><i>Early Academic Struggles</i></p>	<p><u>Participant 22:</u> “The amount of trauma Ive got from not understanding how I couldn't do well in school is something I never realized”</p> <p><u>Participant 2:</u> “Schools has erased my personality and punished my personality which made me depressed”</p>
<p><u>Subtheme:</u> Lack of Neurodiversity awareness</p>	<p><u>Participant 9:</u> “The strange thing is, despite needing to go to remedial classes, my teachers still thought I was smart and undersdtood the material. I would usually get D's/ C's and just scrape by but get A's in history and English”.</p> <p><u>Participant 18 :</u> “My doctor told me that there were obvious clues in my report cards that I had ADHD. Teachers said things like ‘She understands the problem but just cant communicate it’, ‘She tries her best to be attentive in class but she is not applying anything”</p> <p><u>Participant 1:</u> “But nobody see’s that I am actually working as hard as I possibly can, its killing me that noone understands”</p>
<p><u>Subtheme:</u> Academic Reprimands</p>	<p><u>Participant 20:</u> “Its crazy that our school board literally sat down and thought up 5 traits that essentially make a good student, and chances are if you had ADHD you would struggle with all of them”</p> <p><u>Participant 2:</u> “But as I got older I got in more trouble for talking up; or having funny ideas”</p>
<p><u>Subtheme:</u> Silent Academic Struggles</p>	<p><u>Participant14:</u> “I was good at masking. I was able to focus in class and do well. Of course, I'd be constantly spinning a pen and I was always “quirk”, and when I got homd I felt so exhausted I couldnt do anything.. but I could manage. mostly..”</p> <p><u>Participant 7:</u> “I had good grades and a compliant personality so nobody noticed if I was struggrugling.</p>

3.2.2 Theme Two: Relationship Difficulties

Figure 5

Diagram Displaying Theme Two and relevant subthemes.



Participants discussed finding their secondary school years particularly traumatic. Masking behaviours were relied upon to help students cope, and avoid social rejection.

Table 3

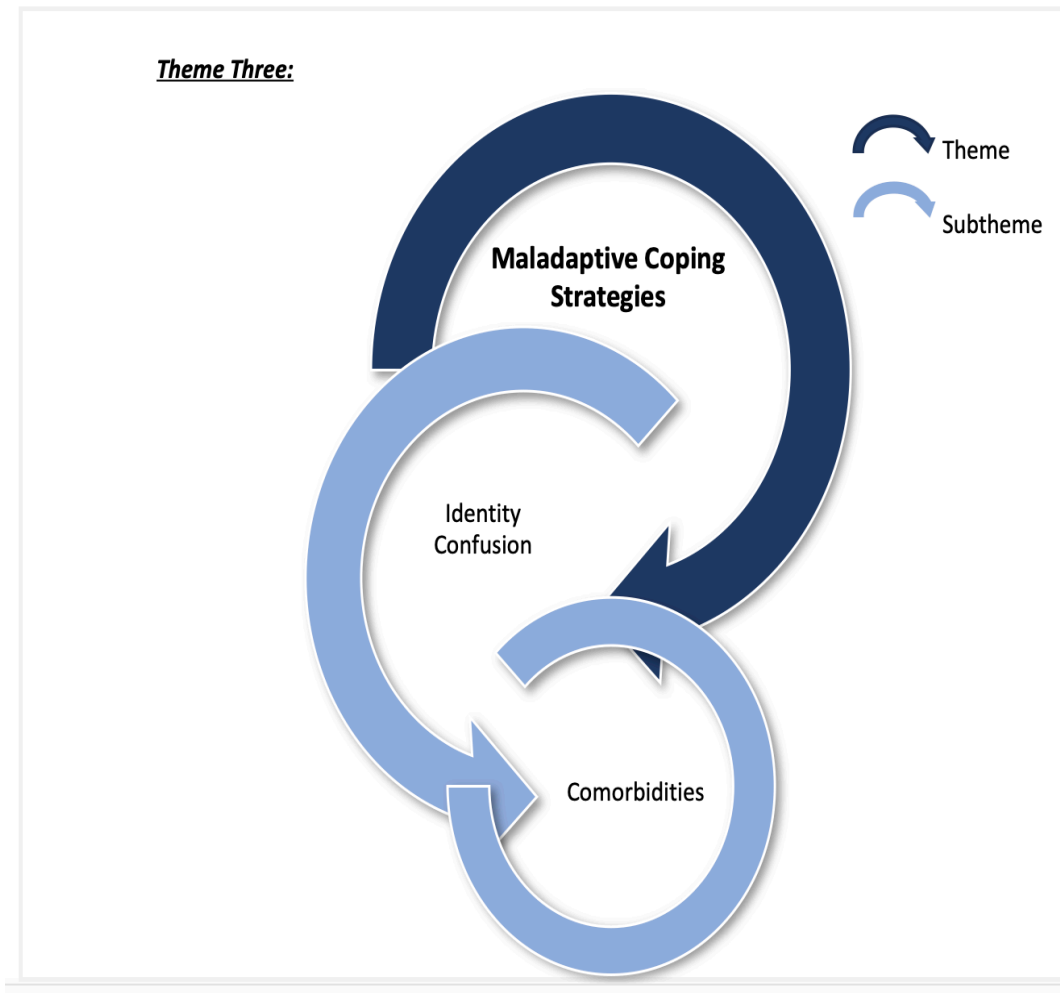
Theme 2 and corresponding quotes from participants' responses.

Theme	Quotes
<i>Relationship Difficulties</i>	<p><u>Participant 5:</u> “The problem is that I am so behind socially so I dont have good communication skills and reading social cues, t’s so hard to make friends”. “Now that I have a full time job and the social demands are high, I notice that I am behind compared to others my age”.</p> <p><u>Participant 2:</u> “I always had a problem with authority figures and fitting it. Started having trouble at school with making friends and teacher”.</p> <p><u>Participant 8:</u> “I am so socially anxious, I cant be spontaneous around anyone, not even family”</p> <p><u>Participant 22:</u> “My parents loved me and tried to help, but being yelled at for years to try harder, and not even having the vocabulary to express how I felt and what was actually going on has had a huge negative impact on my relationship with my parents”.</p>
<i>Subtheme:</i> Masking to Manage Socially	<p><u>Participant 16:</u> “I was struggling and I wanted to fit in. I masked so that my mom wouldn’t have to worry about trying to navigate a third child having adhd”.</p> <p><u>Participant 18 :</u> “I have started to notice that my body has always felt really like tense & anxious around others because I mask”. “ I am bound up so tightly”</p> <p><u>Participant 1:</u> “As I grew older and it became clear that people didnt like the playful, fun extrovert. I withdrew my personality. I masked. I became quieter, introverted, pensive, uncomfortable. More “In my head”. Now, I rarely speak. And I am still anxious and uncomfortable and overwhelmed”.</p> <p><u>Participant 6:</u> “I feel like I must tone “tone down” my personality a lot to fit societies adult standards and match my peers so they dont think I am crazy”. “I find myself masking around everyone, all the time, including family.</p>
<i>Subtheme:</i> Rejection Sensitivity	<p><u>Participant 6:</u> “I feel like I must tone “tone down” my personality a lot to fit societies adult standards and match my peers so they dont think I am crazy”. “I am worried I will be judged by everyone for being me and be seen as immature or overly hyper regardless of how responsible I really am”.</p> <p><u>Participant 17:</u> “I have developed an anxious response and I am terrified my friends and professors will reject my ADHD-laden personality traits”.</p>

3.2.3 Theme Three: Maladaptive Coping Strategies

Figure 6

Diagram Displaying theme three and relevant subthemes.



Exhaustion and burnout disrupt masking abilities and academic and psychosocial self-concept are challenged. Masking triggers anxiety, depression, burnout, self-esteem and self-concept issues.

Table 4

Themes 3 and corresponding quotes from participants' responses.

Theme	Quotes
<p><i>Maladaptive Coping Strategies</i></p>	<p><u>Participant 3:</u> "I did really well in exams even though I crammed the entire syllabus in one or two nights. When I went to college, this didn't work anymore". "So, I started failing miserably, both practicals and theory(at least two to three subjects each semester".</p> <p><u>Participant 6:</u> the masking causes such overwhelming burnout that I cant physical be in the presence of another human being</p> <p><u>Participant 8:</u> "I tend to obsessively masking my syptoms when around people I am not entirely comfortable with"</p> <p><u>Participant 22:</u> "My parents loved me and tried to help, but being yelled at for years to try harder, and not even having the vocabulary to express how I felt and what was actually going on has had a huge negative impact on my relationship with my parents".</p> <p><u>Participant 13:</u> "There is a link between the "wanderlust gene" and ADHD + ADHD masking seems to explain a lot these day".</p>
<p><u>Subtheme:</u> <i>Identity Confusion</i></p>	<p><u>Participant 16:</u> "I had not even realised that I was masking my personality. It's weird to think I wasn't ever my own authentic self and I could not see that right away".</p> <p><u>Participant 10:</u> "The mask had to be on 24/7. I didnt know who I was anymore".</p> <p><u>Participant 1:</u> "As I grew older and it became clear that people didnt like the playful, fun extrovert. I withdrew my personality. I masked. I became quieter, introverted, pensive, uncomfortable. More "In my head". Now, I rarely speak. And I am still anxious and uncomfortable and overwhelmed".</p> <p><u>Participant 3:</u> "I cannot believe I am the same girl who aced exams in school and now I work minimun wage at a job my mom got me".</p> <p><u>Participant 18:</u> "I feel like this is really why my self-esteem and confidence has been shit since I was a kid. I have a hard time remaining confident around new people because I know it's just a matter of time before they see me as an idiot.</p>
<p><u>Subtheme:</u> <i>Comorbidities</i></p>	<p><u>Participant 7:</u> "I really wished things would change fore me now, but I think with time I'm getting back to my old self, with stresses me out and I wont manage".</p> <p><u>Participant 8:</u> "I am so socially anxious all the time".</p>

3.2.4 Theme Four: Delayed Diagnosis

Figure 7

Diagram Displaying theme Four and relevant subthemes.

Theme Four:



An ADHD diagnosis is sought. Newfound empathy or the desire to be empathetic towards themselves was displayed among some participants, whereas others were angry and resentful that the diagnosis had not happened sooner.

Corresponding quotes from participants' responses for theme 4.

Theme: Delayed Diagnosis:

Participant 21:

“I was diagnosed at thirty-five while I was in rehab for alcoholism. I was self-medicating my ADHD with booze. Alcohol provides an instant dopamine hit.”

Participant 5:

“Before being diagnosed in my early 20s, I felt like I missed out on learning basic social skills and reading social cues. Now that I have a full-time job and the social demands are very high, I realise that I am unable to keep up with other people my age. I do not know how to respond to witty banter and I often get blank stares or laughter as though I've said something funny even when I had not or had not meant to.”

Subtheme: Preventable Trauma:

Participant 4:

“My husband and I had this conversation the other day. He was diagnosed with ADHD as a child and I was not diagnosed until 30. He mentioned that I see a lot of my ADHD as a weakness in ways that he does not. I tried to explain to him the effect that years of masking has had on my life (eating disorder, anxiety, depression, lack of self-worth/trust) and just talking him through it was such an eye-opener for both of us. He can manage his ADHD a lot better than me and after this conversation, I have stopped comparing our journeys with it.”

Participant 22

“The amount of trauma I have from not understanding why I could not do well in school is something that I never even realised”.

Subtheme: Self-Acceptance:

Participant 7:

“I objectively know that I should not feel so bad about myself, and yet somehow, I really cannot help it. Maybe someone who has gone through something like this as well would have some suggestions to help me.”

Participant 12:

“I want to be better but there is just so much that I need to fix. There is a “me” under here beneath everything I have put on top of me for years... How do I try to undo all of that?”

Subtheme: Resentment:

Participant 13:

“In my late teens and early 20s, I had a lot of anger issues towards people that have developed and persist today.”

Participant 19:

“I feel like people have failed me in childhood and now I feel like I have wasted time.”

The findings presented currently will be discussed in the following chapter.

4. Discussion

4.1. Overview of findings

This study sought to explore the relationship between early academic and social experiences on the development of masking behaviours among adults with ADHD. The study then aimed to examine how masking behaviours affect academic and psychosocial self-concept and functioning. Following an inductive thematic analysis, four themes actively emerged from the data that provide understanding and insight into the topic.

This investigation was inspired and supported by the qualitative investigations carried out by Miller (2017), and Russell et al. (2023).

4.1.1 Early Academic Struggles (EAS)

EAS presented among most participants and subsumed both the emergence of masking behaviours following silent academic struggles and/or academic reprimands. This first theme is concurrent with the literature. Lovering (2022) argues that some individuals mask ADHD symptoms to manage within their educational environment and/or to avoid negative feedback regarding symptoms like fidgeting or impulsivity. Similarly, Radulski (2023) posits that the reliance on neurotypical teaching techniques excludes neuro minorities and contributes to masking behaviour development as individuals attempt to meet or maintain neuro-normative expectations in school environments.

Morgan (2023) found that women diagnosed with ADHD in adulthood (mainly inattentive), struggled in silence during their early academic experiences. Participants identified several reasons for the delay in their diagnosis, including the ‘successful’ use of masking behaviours. Masking strategies employed included repeatedly using the bathroom at school, constant foot tapping and fidgeting. The current study

supports Morgan's (2023) findings and similar experiences were reported. For example, Participant Three crammed her entire syllabus the night before her exams, and Participant Five would zone out so intensely during class that they did not recall any content covered.

In the wider context, EAS was found to be reflective of a lack of understanding regarding neurodivergence among the general population. This led to the exasperation of symptoms and discrimination in school. This finding was supported by Grygiel et al. (2014), who asserted that neurodivergent students are subject to bullying as their behaviour is viewed as unusual or abnormal by neurotypical students.

4.1.2 Relationship Difficulties

Most participants experienced relationship difficulties. This finding is supported by Miller (2017), who suggested that adults with ADHD experience recurrent negative feedback from their social environment due to impairments associated with ADHD. These experiences can severely impact self-concept and, a person's ability to function. Akin to this, participants in the current investigation reported fractured relationships with family members and friends, and challenges building new interpersonal relationships as adults.

Many participants described the academic and social rejection they experienced as being a causal factor associated with the development of masking behaviours. According to the Cleveland Clinic (2024), many people with ADHD are rejection-sensitive. Individuals are often "people pleasers" who focus intensely on avoiding disapproval from others. Similarly, Nunes-Harwitt (2023) reports rejection sensitivity as a form of emotional response associated with ADHD. Considering this to the current investigation, the rejection reported by participants may be a learned response to recurrent academic and social rejection, or the rejection experiences expressed by participants may be influenced by their being neurologically prone to rejection

sensitivity. Therefore, individuals may develop masking behaviour tendencies and self-concept impairments based upon perceived rejection from their academic and/or social environment rather than actual rejection. As this investigation examined the subjective experiences of adults with ADHD, these findings are inconclusive.

4.1.3 Prolonged Reliance on Maladaptive Coping Behaviours (Masking Behaviours)

Many participants described the exhaustive nature of masking behaviours and the toll of masking behaviours on mental health generally. Participants expressed an inability to maintain masking behaviours in adolescence or adulthood, leading to academic and/or psychosocial self-concept impairments. This finding is supported by Williams (2023), who reports that masking behaviours have an exhaustive effect on well-being. Furthermore, individuals can experience a loss of sense of identity from masking or performing in social situations.

Similarly, Ginapp et al. (2023) posited that many adults with ADHD find it easier to build relationships with other neurodivergent people online due to the exhaustive nature of masking behaviours. This finding was supported by the present study. For example, all participants sought engagement with other neurodivergent individuals through the r/ADHD subreddit.

4.1.4 Delayed Diagnosis

Delayed diagnosis featured significantly and related strongly to the reliance on masking behaviours and self-concept impairments. This finding is supported by the literature. As described by Barkley et al. (2006), many adults are unaware that they have ADHD because of their prolonged use of masking behaviours. This can lead to frustration and confusion, as individuals struggle to understand why they experience functional impairments and challenges managing their daily lives. Similarly, Kosaka et al. (2019) state that symptoms are masked during childhood in individuals with adult-onset ADHD.

Another interesting finding related to delayed diagnosis is the development of concomitant deficits like depression or anxiety due to masking behaviours. Comparing this to the literature, Arnold et al. (2015) states that untreated ADHD leads to adverse effects. More specifically, individuals with a delayed diagnosis “fare worse” than those who receive an early diagnosis (Fairbank, 2023). Masking behaviours manifest as a coping strategy but end up exasperating the impact of the condition. This finding relates to the first theme discussed in this report and further highlights a need for greater neurodivergent understanding in the general population.

4.2. Strengths

The current study holds many strengths. Firstly, this analysis provides meaningful insight into the topic through its research design. As described by Ginapp et al. (2023), many neurodivergent individuals seek support and engagement via online communities. Therefore, such communities provide a diverse research opportunity where a more nuanced understanding of the condition can potentially be captured. Drawing on this, the subreddit r/ADHD was selected for the analysis, which has over 1.8 million members. Secondly, the data corpus is ethnically diverse. Blog posts selected included participants from Ireland, Germany, Spain and the US.

Another strength is the study's transparency and replicability. Notes were stringently taken during the research process and future researchers can easily replicate and compare their results. Lastly, numerous females diagnosed in adulthood took part in the analysis. Also, female participants strongly outweighed male participants. This was an unplanned outcome but contributes to a topical research area by providing insight into the issue regarding gender disparities in ADHD diagnosis rates.

4.3. Limitations

Several limitations are also present in the study. Although the researcher made every attempt to gather blog postings from members who expressed a professionally obtained ADHD diagnosis, some participants may have self-diagnosed. This possibility may impact the result's reliability as the diagnosis is potentially inaccurate. This would result in an unauthentic or skewed perception of the topic developing that is not representative of the true population.

Due to the timeframe parameters applied to the study, the sample size is restricted. Although this was done to ensure academic rigour, it must be acknowledged that the corpus does not represent the entire ADHD population and does not reflect those who report different experiences on the topic. Further studies should aim to include more participants over an extended period to increase authenticity and accuracy.

4.4 Theoretical Implications

Despite limitations within the study, the research adds to the current literature on academic and psychosocial SC among the ADHD population. The current study found that Tajfel and Turner's (1986) Social Identity Theory (SIT) is relevant to the subject. SIT considers how group membership is formed and influences self-concept. Social Identity Theory also explores how group membership affects our perception of ingroup and outgroup members (Neighbors et al., 2013). Considering the myriad of challenges associated with ADHD, academic and psychosocial SC impairments may be increased as individuals feel pressured to mask symptoms in school or social environments to avoid seeming "other". Social Identity Theory empirically supports this idea.

Furthermore, this study expands on the research carried out by Miller (2017) on self-concept development among young adults with ADHD. Miller reported that

symptom-related setbacks influence the development of negative self-concept among individuals with ADHD. The current study found similar results. Many participants reported the emergence of masking behaviours and long-term self-concept disruptions following negative feedback from teachers and/or peers. Applying SIT, individuals with ADHD develop MB's and SC issues following exclusion from other ingroup members resulting in ostracization.

4.5 Practical Implications

The study results highlight the challenges faced by those with ADHD in educational and social environments, emphasising the need to increase awareness and understanding of neurodivergence within educational settings. Applying whole-school approaches to neurodiversity could help policymakers and faculty members implement effective classroom adjustments for students that facilitate their learning needs. Neurodivergent students may rely less heavily on masking behaviours to cope and avoid the mass of adverse outcomes associated with these behaviours.

As neurodiversity includes everyone and not just those with ADHD or Autism Spectrum Disorder, this approach could help every student embrace their learning differences and create better learning experiences and outcomes for all. In Ireland, faculty members could make use of the education departments' 'Wellbeing Policy Statement and Framework for Practice' (2023).

4.6 Future Research

This study highlights a link between early academic and social experiences among individuals with ADHD, the subsequent development of masking behaviours and negative self-concept.

As mentioned, gender was unequal in the analysis. This research could be followed up with an evenly distributed sample. Skogli et al. (2013) report that boys

are more likely to externalise ADHD symptoms and engage in rule-breaking behaviour. As such, males may have a different relationship with masking behaviours and construct their self-concept differently. Future research could help explore this idea.

Furthermore, it may be useful to understand the development of masking behaviours and self-concept among individuals who received an early diagnosis versus an adult diagnosis.

Research into the effectiveness of interventions like whole-school approaches or awareness-based programmes on the unmasking process is required. In the future, the researcher could decide to qualitatively compare individuals' experiences in unmasking through such interventions.

Lastly, Johnson and Ruthford (2019) report that inclusive education designs help all students academically. Future investigation may also look at their effectiveness in fostering relations and acceptance among neurotypical and neurodiverse students.

4.7 Conclusion

The current study explored how adults with ADHD construct academic and psychosocial self-concepts and the role of masking behaviours in this process. This study found that academic and psychosocial experiences play an active role in the development of masking behaviours, and the long-term reliance on masking behaviours results in impaired educational and social functioning and self-concept. Several suggestions are provided that may be of interest to and benefit policymakers, faculty members and students. If the findings in the current study are strategically applied to educational environments through the implementation of interventions like whole-school approaches to teaching, an inclusive and dynamic learning climate may

be created that promotes healthy self-concept development among individuals with ADHD.

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6. Appendices

6.1 Appendix A –Examples of Preliminary Coding Frequency

Codes

Comorbid feelings as a result of masking (11)

Write a description or thoughts about this code

Desire to "unmask" (4)

Write a description or thoughts about this code

Masking behaviour emerging following social difficulties (8)

Write a description or thoughts about this code

Self-Concept before masking (4)

Examples of individuals self-concept before masking behaviours emerged.

Social Difficulties Arising from Masking Behaviour (20)

Write a description or thoughts about this code

Self-Concept Issues (45)

Write a description or thoughts about this code

Work Challenges as a result of ADHD symptoms (7)

Write a description or thoughts about this code

Evidence of masking behaviour (24)

Write a description or thoughts about this code

Medication Treatment (3)

Write a description or thoughts about this code

Adult Diagnosis (12)

This code pertains to participants who have expressed being diagnosed with ADHD in adulthood. A common trend with this code is that participants diagnosed in adulthood tend to exhibit masking behaviour, and academic and social challenges as a result.

6.2 Appendix B- Dissemination

The current major research project will be disseminated in the IADT On Show 2024 Showcase.