

'I have it, so I understand it, I feel it'

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ORIGINAL ARTICLE

‘I have it, so I understand it, I feel it’: The secondary school experiences of adolescent females with ADHD in England

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Abstract

This research explores how adolescent females who have been diagnosed with attention deficit hyperactivity disorder (ADHD) experience secondary education in England and make sense of their identity. Within schools, responsibility for supporting this population is placed in the hands of teachers, though prior research suggests that teachers feel underconfident in their ability to do so. Informed by a notion from the disability rights movement ‘nothing about us, without us’ (Charlton, *Nothing about us without us: disability oppression and empowerment*. Berkeley, CA: University of California Press, 2000), this study places the voice of people with ADHD at the centre of research. Using an interpretivist approach, qualitative data was gathered through unstructured interviews with five participants and was analysed using interpretative phenomenological analysis (IPA). Findings suggested that participants' experiences of education and identity formation were shaped by internal cognitive differences in skills relating to executive function (EF) and sensory differences. The implications of social construction of the ADHD label had an impact, both on how participants understood their identities, and how teaching staff were reported to respond to ADHD-traits which participants felt they had little control over. Participants reported differences in their perceived ability to self-advocate and described experiences of attempting to adapt their ADHD-traits to reduce the risk of social or educational sanction in response to their differences.

KEYWORDS

ADHD, adolescents, experiences, gender, identity, IPA, neurodiversity

Key points

- Historically, ADHD research has been androcentric and positivist, resulting in female experiences of the condition being overlooked.
- This study sought to understand the lived experiences of a female-only sample of adolescents diagnosed with ADHD using IPA. Quotes and contextual analysis provided a personal and nuanced account of their experiences. The insider researcher position of the first author helped to bridge the hermeneutic gap.
- Participants reported facing challenges in education due to executive functioning differences and sensory-seeking behaviour. The ADHD label affects their identity and self-understanding, as well as how others treat them. Participants reported changing their behaviour to try to cope with unhelpful traits and avoid negative social consequences.
- Many of the conclusions from this study align with those from international research relating to the experiences of mixed-gender adolescents who have ADHD.

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Myths and biases still exist surrounding the condition, and so this study provides representative perspectives for teachers, psychologists and other practitioners who work with this population.

INTRODUCTION

This small-scale qualitative study explores the school experiences and identity formation of five adolescent females in England who have been formally diagnosed with attention deficit hyperactivity disorder (ADHD).

ADHD is a neurodevelopmental condition characterised by 'a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development' (American Psychiatric Association [APA], 2022a, p. 59). The DSM-5 (APA, 2022a) identifies three subtypes of the condition: predominantly inattentive (ADHD-I), predominantly hyperactive-impulsive (ADHD-H) and combined (ADHD-C). These subtypes are identified based on individual differences in the presence of inattention and/or hyperactivity-impulsivity (APA, 2022b; Epstein & Loren, 2013).

Whilst the positivist ontology of this definition categorises the condition as a set of symptoms which are nontypical and discrete, this article posits that ADHD can be defined as the extreme end of a spectrum of attentive and active traits which every person possesses in some quantity (Thapar, 2018; Thapar & Rutter, 2015). The APA definition provides a useful benchmark for describing when these traits have a significant negative impact on an individual's life (Thapar & Rutter, 2015); therefore, where appropriate the word 'traits' is used in this paper, rather than 'symptoms'. Additionally, whilst ADHD has the word 'disorder' in its title, this article acknowledges that this implies that ADHD is a disfunction of normality and something which is undesirable and should be 'fixed'. Instead, the word 'condition' is used to imply that the ADHD neurotype is a state of being and is not inherently maladaptive.

This research explores how adolescent females who have been diagnosed with attention deficit hyperactivity disorder (ADHD) experience secondary education in England and make sense of their identity.

Advocacy in research—my position

An idea grounded in the social model of disability, 'nothing about us, without us' (Charlton, 2000), proposes that the voice of people with disabilities should be at the forefront of research and policymaking. My conceptualisation of ADHD is shaped by professional experiences as an Educational Psychologist, and my status as an insider researcher, as I too have a diagnosis of ADHD.

I had many positive school experiences through my childhood but then became withdrawn and disengaged

through my adolescent years, struggling with independent learning, motivation and executive function (EF) skills. My diagnosis, as it does for many women with ADHD, came late in my education when I was 21. Having a good knowledge of ADHD at the time (due to having a psychology degree and a younger brother who had also been diagnosed) undoubtably protected me from some self-directed stigma. However, my ADHD-related cognitive impairments and the stigmatising social and academic discourse surrounding the condition undoubtedly influenced, and continues to influence, all aspects of my life.

The self-led psychoeducation, which naturally arose through my research as well as my professional role, has enabled me to reconsider how I think about ADHD and how I would like others to conceptualise it. I implemented Charlton's concept in my research, both as an insider researcher and through seeking representation from my participants through the use of unstructured interviews with the aim of presenting a person-led view of ADHD from the participants' experiences.

Dwyer and Buckle (2009) suggest that being an insider researcher can bring a deep understanding of the topic; participants may have spoken about things that they would not have if I had not disclosed my own diagnosis. However, Bukamal (2022) highlights that whilst it can enhance rapport with participants and help them feel comfortable, it also may lead to reduced explanations from participants and potentially blur professional boundaries during interactions between the researcher and participants. My personal reasons for interest in ADHD have undeniably influenced my interpretations, but also drive my scientific curiosity and ethical commitment to my participants to ensure that they have an opportunity to express themselves and be understood.

The theoretical perspective of feminism primarily shapes the vision and values that guide the purpose of this research. Reflexivity has informed my view that the current androcentric nature of ADHD research contributes to a society where females do not have the same advantages as males. This research is therefore rooted in the ideas of representative standpoints, echoing themes from both the Disability rights and the Black civil rights movement. This research assumes that people who are part of oppressed groups are exposed differently to socio-environmental contexts. By being part of these groups, I am able to express concerns, raise issues and gain insights which may be different to that of a researcher who is not categorised by society with the same intersectionality which impacts the participants of this study.

LITERATURE REVIEW

Prevalence and prior research

Literature in the field of ADHD often falls within the medical model of disability. The topics of diagnostic identification and stimulant medication effectiveness dominate the field, and so research is predominantly from clinical settings, such as psychiatry, paediatrics and clinical neurology. Historically, this research has overlooked the important cultural and social dimensions of disability. However, there have been a growing number of recent studies that seek to explore the voice of those with ADHD to create a more positive discourse grounded in difference and equality (e.g., Frondelius et al., 2019; Jones & Hesse, 2018; Stenner et al., 2019).

The topic of female ADHD is a popular and growing area of study. There is well-documented evidence that in international child populations, there is a higher prevalence of males diagnosed with ADHD than females (APA, 2022b; Hinshaw et al., 2021; Nøvik et al., 2006; Nussbaum, 2012; Rucklidge, 2010). Clinical referrals for boys exceed those of girls (Nøvik et al., 2006), and boys are 2–2.5 times more likely than girls to be diagnosed (Hinshaw et al., 2021).

Research suggests that females with ADHD show modified external traits, when compared with males with the same condition (Hinshaw et al., 2021; Quinn & Madhoo, 2014). However, research which informs the diagnostic criteria is thought to lack representation of females, meaning that the criteria may not represent these potential gender differences (Quinn & Madhoo, 2014). It is thought that females are therefore less likely to be identified and diagnosed, and this means that the female population may be under-represented in prevalence rates (Young et al., 2020). Therefore, it could be argued that these prevalence rates are biased as diagnostic criteria is based on the male presentation of ADHD (McBurnett et al., 1999).

Of the research which seeks to explore participant voices, samples tend to be minority female (e.g., Ringer's, 2020 meta-synthesis review in which females made up 27% of the sample), and research which explores *exclusively* female voices is unusual. An exception can be seen in the work of Stenner et al. (2019) who explores the experiences of adult females who have ADHD. It could be argued that the under-representation of females in both qualitative and wider research in this field means that this important demographic is often overlooked.

Stereotypes, myths and bias

It is thought that the ADHD diagnosis provides a way for individuals to understand their identity (Frondelius et al., 2019; Stenner et al., 2019). For some individuals,

a diagnosis may reframe their understanding of themselves and explain their past differences and difficulties (Stenner et al., 2019). However, the socially constructed stigma associated with ADHD is thought to have profound negative implications for individuals' self-esteem and identity (Frondelius et al., 2019; Jones & Hesse, 2018; Stenner et al., 2019). Frondelius et al. (2019) reflect on how ADHD is a complex diagnosis and acknowledge the difficulties adolescents may have with accepting their differences, conceptualising the diagnosis as a 'double-edged sword' which brings both uniqueness and vulnerability.

International research suggests that negative misconceptions are held about ADHD by education professionals (Greenway & Rees Edwards, 2021; Guerra et al., 2017; Moldavsky & Sayal, 2013). Research suggests that the diagnosis increases teachers' negative expectations of the pupil (Batzle et al., 2009; Ohan & Johnston, 2005; Ward et al., 2021). Toye et al. (2019) found that their knowledge of the condition, and associated stigma beliefs, impacted their attitudes towards the inclusion of pupils with ADHD.

Friendships and belonging are also thought to be impacted by the condition. Bellanca and Pote (2013) explored the attitudes of children in British primary schools towards peers with ADHD characteristics and found that pupils lacked understanding and tolerance of neurodiversity, with older children found to have more negative attitudes than younger children. Social engagement is commonly reported to be an area of difficulty in school; adolescents who have ADHD describe being bullied, excluded by their peers and having unstable friendships (Wiener & Daniels, 2016).

There is a growing body of research which acknowledges the impact of stigmatisation on the identities of young people with ADHD and attempts to explore alternative approaches to pathologizing (e.g., Frondelius et al., 2019; Stenner et al., 2019). These studies emphasise individual differences, reject pathologizing aspects of diagnosis (where difference is equated with diminished social value) and stress a discourse of difference grounded in social equality. The self-advocacy movement within Disability rights provides a strong voice for antipathologizing messages through challenging negative societal perceptions of disabled people. The Disability rights movement has historically been led by those with physical and sensory impairments, but principles related to social models of disability including barrier removal, citizenship rights and antidiscrimination legislation can be easily applied to those with ADHD.

Secondary school experiences for pupils with ADHD

A systematic review by Eccleston et al. (2019) identified both positive and challenging life experiences of young people who have a diagnosis of ADHD across a

number of domains pertinent for school life, including the impact of ADHD on their behaviour and emotions, academic achievement, social experiences and the impact of support. Indeed, Wiener and Daniels (2016) proffer that a diagnosis of ADHD has a *ripple effect*, impacting the participants' experiences and (in turn) self-concept, relationships and mental well-being of adolescent participants.

The *ripple* does not just project out from the individual, but also inwards, whereby social and cultural dimensions have an impact on the young person's experiences in the school environment. Eccleston et al. (2019) suggest that societal pressures have an impact on how adolescents with ADHD experience school. The expectations of others were found to impact boys and girls differently, with girls more often experiencing feelings of inadequacy due to difficulties assimilating with social expectations. Hallberg et al. (2010) found that Scandinavian girls and boys reported feeling embarrassed and ashamed of having ADHD and so tried to hide their diagnosis and behaviours at school. Young people reported experiences of expressing negative emotions through their behaviour, including avoidance, social withdrawal, aggression and non-compliance (Eccleston et al., 2019).

Young people with ADHD are reported to experience academic disadvantage compared with same-age peers, finding schoolwork dull, challenging or experiencing difficulty keeping up with the pace of delivery (Eccleston et al., 2019). Difficulties in EF skills result in adolescent ADHD pupils needing adjustment and/or support for attention, memory, organisation and processing skills (Bauermeister et al., 2007; Wiener & Daniels, 2016).

Eccleston et al. (2019) identified that the 'maturational shift from passive to active' (p.12) was a key theme in ADHD research relating to the experience of young people. It was noted that growing maturity and a developing awareness of ADHD could bring greater autonomy, and caregivers and educational professionals could help young people to take an active role in identifying their own support. Shaw and Sudre (2021) explored the variable course of ADHD through adolescence, and found that for some, traits become more manageable, whilst for others their difficulties increased. It is suggested that secondary school requirements accentuate difficulties for some individuals with ADHD (APA, 2022a). The ADHD Life Transition Model (Turgay et al., 2012) suggests that demands on EF increase as children age, whilst adult support for managing their ADHD may reduce.

The Equality Act (2010), defines ADHD under the umbrella of SEND, mandating that schools have a responsibility to provide reasonable adjustments to pupils' educational provision. However, international research suggests that teacher and teaching assistant knowledge of ADHD is lacking (Greenway & Rees Edwards, 2021; Guerra et al., 2017; Moldavsky & Sayal, 2013). Whilst research suggests that an ADHD diagnosis has the potential to bring additional provision, it also decreases

teachers' confidence in their own ability to support the pupil (Batzle et al., 2009; Ohan & Johnston, 2005; Ward et al., 2021). This reported lack of knowledge of ADHD is particularly concerning as teachers are often asked for their view of pupils' traits during the diagnostic process (Moldavsky et al., 2013; NICE, 2018) and are expected to implement appropriate adjustments for pupils with ADHD in school (e.g., DfE & DoH, 2015; The Equality Act, 2010; NICE, 2018).

ADHD and identity

The impact of an ADHD diagnosis on personal identity differs (Eccleston et al., 2019; Ringer, 2020). Some adolescents conceptualise ADHD as an identity characteristic which forms a core part of who they are, whilst others view it as a separate medical condition which *causes* difficulties, and some are reported to conceptualise it as a label that does not impact their personal identity, but which reflects the views of others (Eccleston et al., 2019). Research suggests that the experience of being diagnosed with ADHD, and the condition's impact on identity, is a complex balance between positive and negative experiences and emotions; its perception differs with individual perspectives and is impacted by cultural understanding (Jones & Hesse, 2018). Frondelius et al. (2019) reported that, on being diagnosed, mixed-gender adolescent participants talked about a range of different emotions: anger, fear, worry, surprise, a sense of handicap and relief. They suggested that participants needed to reconcile with the idea that the diagnosis brings both uniqueness and vulnerability.

The negative feelings associated with having ADHD are often attributed in research to socially constructed pathologizing stereotypes. Participants from Frondelius et al. (2019) recounted difficult memories of a time before they were diagnosed which were related to feeling misunderstood and frustrated. Socially, they were aware of others making assumptions about them based on their behaviour and felt different to neurotypical peers. This impacted their ability to explain their difficulties to others, as some participants described being guarded in who they disclosed their diagnosis to, due to concerns of being discriminated against because of their differences.

Given time post diagnosis, participants from Stenner et al. (2019) suggested that they were able to be more forgiving of their ADHD characteristics, which previously they had perceived as negative traits, suggesting that a formal diagnosis can be useful in improving self-esteem. Accessing accurate information about the condition helped participants to reconceptualise the term ADHD from the negative messages common in public discourse to a label with positive connotations. Eccleston et al. (2019) reported that some adolescents felt that ADHD contributed to identity strengths such as being creative and funny.

Cultural understanding of ADHD contributes greatly to how a young person conceptualises their identity (Jones & Hesse, 2018). It should be noted that the social landscape has significantly changed over the last two decades. The rise of social media has provided individuals with unprecedented access to a vast quantity of content which both creates and dispels myths about ADHD (Yeung et al., 2022). Recent research from Yeung et al. (2022) found that ADHD is one of the most popular health topics on TikTok; however, 52% of videos on the subject were classed as containing ‘misleading’ information. The implications of this on young people with and without the condition is concerning. Whilst the wealth of information available could help to normalise the condition (e.g., Frondelius et al., 2019, found that after diagnosis participants looked up to older people or celebrities with ADHD—the diagnosis became a social attribute and increased their sense of belonging), this is a potentially conflicting backdrop for adolescent females with ADHD as they develop their understanding of identity and self in light of their diagnosis.

METHODOLOGY AND METHOD

Research aim

This research explores how adolescent females who have been diagnosed with ADHD experience secondary education in England and make sense of their identity.

Participants

Five participants were interviewed for this study from three secondary schools. All had been formally diagnosed with ADHD prior to the study. None of the participants had previous involvement with Educational Psychologists, and they were not known to me prior to the research taking place. Table 1 gives a brief introduction to the participants and their self-chosen pseudonyms.

Procedure

Qualitative data was gathered through individual face-to-face, unstructured interviews with each participant. Each interview was conducted over one session, lasting approximately 60min, they were audio-recorded and transcribed verbatim. To limit the impact of fatigue and to ensure that participants felt comfortable in the interview environment breaks were offered. The interviews were unstructured as they were guided by the participants. Participants were given access to the topic ‘what is school like for you?’ before the interview and were encouraged to make notes beforehand about what they would like to talk about.

TABLE 1 An introduction to the participants.

Izuku Midoriya is 14 years old. She is in Year 10 at a nonselective, comprehensive, all-girls secondary school. She has named her pseudonym after the main character of the manga series ‘My Hero Academia’. Izuku was diagnosed with ADHD-I when she was in Key Stage 2 (KS2). She does not take ADHD medication. Izuku told me that she is not aware of any current formalised additional support at school for her ADHD.

Aria Montgomery is 13 years old. She is in Year 9 at a small nonselective, comprehensive, all-girls secondary school. She has named her pseudonym after one of the main characters from the ‘Pretty Little Liars’ television series. Aria was diagnosed with ADHD-C when she was in KS2. She takes ADHD medication most of the time when she is at school. Aria was on the diagnostic pathway for autism spectrum disorder (ASD) when I interviewed her. She also has comorbid mental health diagnoses. Aria told me that she is not aware of any current formalised additional support at school for her ADHD but remembers having some extra support in Year 7. She suggested that the level of support she receives in class differs depending on the teacher.

Hallie Parker is 13 years old. She is in Year 9 at a small non-selective, comprehensive, girls secondary school. She has named her pseudonym after Lindsay Lohan's character in the film ‘The Parent Trap’. Hallie received her diagnosis of ADHD-C recently and so is somewhat unsure of what the diagnosis means for her. Hallie told me that she does not have any formalised in-school support for ADHD.

Scooby Doo is 14 years old. She is in Year 10 at a small non-selective, comprehensive, girls secondary school. She has named her pseudonym after the well-known cartoon dog. Scooby received a diagnosis of ADHD-C when she was in Key Stage 1 (KS1). She sometimes takes ADHD medication when she is at school. Scooby also has a recent diagnosis of ASD and has difficulties sleeping. Scooby told me that she does not have any formalised in-school support for ADHD.

Sky Grey is 13 years old. She is in Year 9 at a large all-through, nonselective, mixed comprehensive school. She has named her pseudonym after her pet, ‘Sky’ who has grey fur. Sky received a diagnosis of ADHD-C when she was in KS1. She does not take ADHD medication but has support from an NHS ADHD practitioner for sleeping difficulties. Sky told me that she has formalised in-school support for ADHD. She has access to fidget toys in the classroom and has designated time with the special educational needs co-ordinator (SENDCo) to talk about her feelings.

Two sets of prompt cards were used to help participants organise their responses. The first set of cards were 32 *feeling* words; efforts were made to ensure that there was a balance of positive (e.g., ‘useful’ and ‘friendly’), negative (e.g., ‘dull’ and ‘frustrating’) and neutral (e.g., ‘easy’ and ‘busy’) words in the set to reduce the impact of leading the participants. The second set of cards were 34 neutrally positioned *aspects of school*, for example, ‘lessons’, ‘other pupils’ and ‘grades’.

Ethical implications

The ethical implications of this study have been assessed and reviewed by the Birmingham University Research

Ethics Committee. The freely given informed consent of participants was obtained and documented through the 'opt-in' method and confirmed via a written consent form. As all participants were under the age of 16, an additional parent/carer consent form was required. Information sheets were shared with both participants and guardians, and I also had a preliminary conversation with participants prior to interviews to ensure that they understood what the research was about and what taking part would involve. Participants were made aware that they had the right to withdraw their consent which could be exercised by informing the researcher prospectively, in situ or retrospectively up to 10 calendar days after the interview.

Participants were informed prior to the interview that their information would be shared with the appropriate person if they told me something that indicated a risk of harm to themselves or others. Information of this nature was shared in a timely manner with the participant's schools' designated safeguarding lead; this was done in addition to following local authority safeguarding procedures.

The risk of psychological distress, potential harm and stress to participants was mitigated through individual verbal debriefs after the interviews. All participants were signposted verbally to their school special educational needs co-ordinator (SENDCo), their general practitioner (GP), ADHD practitioner nurse and The ADHD Foundation website if needed. Participants were given my contact information and contact information for my university-based supervisor and were invited to get in contact if they wished to discuss further.

Participants were provided with a letter to thank them for their participation and to debrief them about the study's findings. They were provided with information about how to ask questions or comment on the study's findings if they wished to do so. A double-sided summary sheet detailing the principal findings from the study was included alongside the letter, as well as a detailed list of recommended provision which participants could share with their parents or school if they wished to do so.

Methodology

This research takes an epistemological perspective of constructionism, the belief that truth and meaning are constructed through our interactions with our environment. Therefore, I assume that people can construct the same witnessed phenomenon differently, and there is no single truth to reality (Gray, 2004).

Three theoretical perspectives are relevant to the philosophical foundations of this research: interpretivism, phenomenology (and hermeneutics) and feminism. In taking an interpretive-constructionist stance in this research, it is assumed that each participant will understand and make sense of their school experiences

in different ways. Despite any surface-level similarities (e.g., demographic, diagnosis and gender) it is assumed that they have developed individual schemas of the world and that it is through these schemas that they attempt to interpret their experiences.

The interpretivist paradigms of phenomenology and hermeneutics inform (and are informed) by my stance on interpretivism. Hermeneutics assumes that there is a gap between the way phenomena are experienced and the way individuals communicate their experience of the phenomena, and that this gap is grounded in cultural-historic context (Crotty, 2014). Through the use of interpretive phenomenological analysis (IPA) as the method for this research, I allow cultural, psychological and personal reflections to be overtly explored in an attempt to bridge the gap between what the participant says and what they mean.

Analysis

IPA is a qualitative research approach committed to the examination of how 'particular' people make sense of their 'particular' major life experiences (Smith et al., 2009, p. 16). Dual phenomenological and hermeneutic framing is core to IPA; 'without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenon would not be seen' (Smith et al., 2009, p.37).

This research employs the analytical method outlined by Larkin et al. (2021). After transcription, each case was analysed individually and in detail through a process of reflexive reading in reference to wider exploratory context (descriptive, linguistic and conceptual). This allowed for experiential statements to be defined on the individual participant level which were then clustered and consolidated to define a set of person experiential themes (PETs) for each participant. Once case-level summaries had been constructed for all participants, analysis moved from the particular to the shared as cross-case themes were constructed by grouping and sorting the PETs into group experiential themes (GETs). It should be noted that the GETs presented in this research are not an attempt to generalise findings but are intended to highlight where shared meaning between individual participants has arisen. The analytic structure presented in the results and discussion section of this research has been revised and honed throughout the writing process, and quotes have been used to relate the GETs back to the PETs to ensure the focus of the research remains grounded in the participants' individual experiences.

RESULTS AND DISCUSSION

In this section, GETs are presented alongside participant quotes, analysis of PETs, and links to relevant literature.

The participants identified their PETs of EF impairment, self-control, and identity as significant themes in education. Figure 1 shows a map of the GETs identified through this research.

Experience of executive function impairment

Prior research suggests that EF deficits, including difficulties with response inhibition (cognitive flexibility, planning and fluency) and working memory, can explain why there appears to be a higher instance of academic failure and underperformance in pupils with ADHD (Bauermeister et al., 2007; Daley & Birchwood, 2010; Langberg et al., 2013). It has been found that females who have ADHD are significantly more impaired in areas of EF than females who do not have ADHD (Biederman et al., 2007; Biederman & Faraone, 2004; Gordon & Hinshaw, 2019; Hinshaw et al., 2007).

Participants described how working memory and planning difficulties have an impact on their ability to anticipate future events. They also linked difficulties with EF skills with experiencing negative self-directed feelings regarding their academic achievement and organisation. For example, Izuku asked me rhetorically,

Why would I forget a textbook every lesson?
Like, there's no point to that...Why would
anybody want to do that?

(Izuku)

Her use of rhetorical questions highlights her frustration at the lack of control she feels in her forgetfulness; forgetting her textbook is useless, annoying and without motive. Her questions feel as though they are aimed at her teachers, suggesting that she feels they believe that her inability to think ahead is an act of willing disobedience.

The link between ADHD and difficulties with chronocognition (the ability to sense the passage of time) is an area of emerging research (Barkley et al., 2001) but is hypothesised to result in experiences of significant difficulties for people with ADHD (Ptacek et al., 2019). For participants, inconsistent chronological perception

appeared to reduce feelings of control in the school environment. For example, Ariya explained,

I sometimes lose track of time and it either goes longer or it... I lose track of it and I don't know what time it is because it's basically gone past the time that I was meant to do whatever I was doing.

(Ariya)

Impact of sensory difference on experiences of self-control

Prior research has found that many young adults describe their ADHD traits as varying in severity based on their environmental context (Lasky et al., 2016). Young and Smith (2017) highlight that 'classrooms are rich and stimulating environments. For a child with ADHD they are also places with a mass of distractions; for example, teachers speaking, children chatting, outside noise from sport or lawnmowers, other classes/people coming and going' (p.3). The link between ADHD and sensory needs is a growing area of study (Ghanizadeh, 2011), with some emerging evidence that females with ADHD show increased hypo- and hyper-sensitivity when compared with neurotypical and male ADHD groups (Bijlenga et al., 2017).

Whilst hyperkinesia (excessive restlessness) is a common characteristic of ADHD (Sempere-Tortosa et al., 2021), there appears to be a lack of research regarding how or why this characteristic arises. In the present study, environmental factors appeared to reduce the participants' perceived agency over impulsive behaviour, leading to difficulties with cognitive engagement. Classroom environments were reported to cause greater instances of sensory-seeking behaviour. For example, Sky told me,

I need my mind on something at all times
(Sky)

suggesting that she feels a need to stay occupied when classrooms are quiet, or tasks lack challenge. Ariya described similar feelings in low-sensory environments:

I'll get really distracted because I'm not doing something at that moment in time. So like, I'm not blocking the noises out, so then I can hear them and then I get distracted trying to figure out what the hell is going on.
(Ariya)

When speaking about experiences of restlessness when in understimulating classroom environments, participants used metaphors of significant bodily discomfort to describe the feelings underlying their behaviours. For

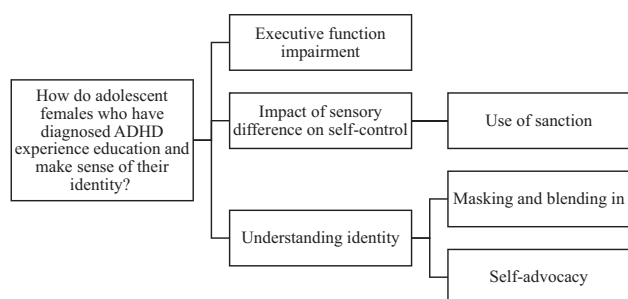


FIGURE 1 A thematic map showing cross-case themes (GETs) relating to how participants described their individual experiences of education (PETs).

example, Izuku described the discomfort that this brings in the classroom as being:

Like an itch, but not an itch...Just a really annoying thing

(Izuku)

This suggests an intense, all-consuming need for immediate sensory stimulation. If impulsivity is an *itch*, and stimulation is *scratching*, the cause of the irritation (the environmental circumstance) is unwanted, a metaphorical allergen, suggesting that the classroom environment is a catalyst for her impulse to seek stimulation.

Sky uses the same metaphor to describe difficulty overcoming impulses in the classroom, saying,

When you have a scab and you really want to itch it but you can't! It's like you're trapped in a room and you can't do anything about it.

(Sky)

Her emphasis on not being able to *do anything about it* suggests a lack of agency in her ability to reduce these feelings of discomfort.

Participants also talked about feeling *trapped* and *suffocated*. Just as when suffocated, the body wills one to breathe, Sky suggested that her body wills her to seek out stimulation, like a survival instinct. Ariya used a similar metaphor:

I sometimes feel a bit trapped...because it's like, I can't leave the room until that lesson's over.

(Ariya)

The metaphors of an *itch* suggest discomfort that comes from within, whilst being *trapped* or *suffocated* appears to relate to an external locus of control suggesting that social conformity and the threat of sanction forbids them to follow their impulses leading to feelings of discomfort.

Use of sanctions

Prior research suggests that teaching staff and school managers have low levels of knowledge and stigmatised beliefs towards pupils with ADHD (Toye et al., 2019). Where knowledge of ADHD is low, blame is apportioned to the pupil; restless or sensory-seeking behaviours are viewed without the consideration of environmental influences on the pupil's needs (O'Regan, 2010). Indeed, in the present study, when participants sought sensory experiences, Sky said:

I start talking to my friends in class, I start talking to people. Um, even talking to the teacher, I'll start picking up stuff, fidgeting (Sky)

These behaviours were reported to be met with a lack of understanding from adults, meaning that their ADHD-related sensory-seeking behaviour was often perceived as being intentionally disruptive. Scooby describes teachers as being dismissive of her differences and inflexible:

They say that's not okay...she wouldn't ever listen

(Scooby)

and suggested that teachers rely on punitive measures in an attempt to control her behaviour:

I get shouted at...I get detentions...I'd get suspended again.

(Scooby)

In this research, the whole-school behaviour policies based on behaviourist principles of reward and sanction to shape behaviour may have the function of prolonging the participants' discomfort, leading to more challenging behaviour including avoidance. Some participants talked about being sanctioned as more desirable than staying in their classroom thereby increasing the chance that behaviour which is seen as disruptive will reoccur. Scooby described her experience of actively seeking this form of sanction:

I'll try to get sent to Time Out and then come to Learning Support instead of going to Time Out because it just...I feel like misbehaving is my only way out of it, and it's taken a huge toll on school.

(Scooby)

This suggests that the *punishment* of being sent out of class may act as both a positive and negative reinforcement. For Scooby, lessons are steeped in negative feelings due to her ADHD-related difficulties with EF and the understimulating environment. When she seeks relief from this, her teachers send her out of the room whereby she is *rewarded* with both the removal of the discomfort of being in class (negative reinforcement), and a change of environment to somewhere she feels safe and supported (positive reinforcement). This may have resulted in motivation for intentional rule breaking.

Participants reported that they were occasionally able to consciously suppress unwanted ADHD traits, whereby they adapted their behaviour in order to

comply with teachers' expectations, whilst still reducing uncomfortable feelings caused by trying to control their impulses, though this ability was inconsistent. For example, Sky described adapting her impulsive behaviours so that she can avoid sanction whilst still reducing her negative feelings. She attempts to talk and fidget '*when the teacher's not looking*' and adapts her behaviour, engaging in stimulating activities that are minimally disruptive:

It's not like I have to be loud... I can colour quietly and be listening to the teacher.

(Sky)

This suggests that she understands how her behaviour will be perceived by others and has adapted it in order to act in a more socially desirable manner.

Experience of identity

Participants all suggested that their diagnosis of ADHD impacted their personal identity, often reporting the perception of an 'ADHD identity' which sits alongside and is entangled with their 'true' personality. Ariya explained how she finds this distinction difficult to understand when considering who she would be without it:

If I didn't have it anymore, I don't know, it'd worry me because it'd be a bit weird...I wouldn't be like me, so I wouldn't really know who I was anymore.

(Ariya)

Here, Ariya struggles with the conflicting ideas that her ADHD is a separate part of her identity and could in theory be removed, and the feeling that her identity is intertwined with ADHD traits, suggesting that she would become unrecognisable if those traits were lost. Seeing her identity as split may be informed by the labelling of ADHD as a 'disorder', something that can (and should) be remediated, leaving a person 'healed'. This is similar to findings from Ringer (2020), where the conceptualisation of ADHD behaviours as being external to a child's or adolescent's identity is thought to contribute to feelings of ambivalence, where there is a need to both improve ADHD traits whilst contradictorily seeking to achieve feelings of acceptance.

In the present study, for several participants, learning about ADHD and having time to process have been key in their acceptance of having the condition. Research from Stenner et al. (2019) suggests that after diagnosis, adult women with ADHD reconceptualised the term from one which has negative connotations to a more positive, personal lens through which they can understand their differences. Similarly, findings from Shaw (2021) suggest that reconceptualising ADHD so

that it does not equate to stupidity or low intelligence is an important change for individuals in the acceptance of their diagnosis. In line with this extant research, participants described a changing understanding of how ADHD impacts them (Shaw, 2021). For example, Ariya suggests that having time to learn about the condition has been key in helping her understand and accept her ADHD diagnosis:

At first when I was diagnosed with it I got a bit worried...Um and a little bit upset because like, I didn't know what it was and I wasn't a hundred percent sure if it would affect me [even more]. Now that I know it doesn't and I've already like...I take the meds and everything, and I know that they help and like, I've already had time to accept it.

(Ariya)

When she says '*it doesn't*', '*affect me*' she may be referring to the idea that the diagnosis itself did not change who she was, it was just a 'label' which helped her to explain traits that she already had.

Existing research from Shaw (2021) suggests the ADHD diagnosis helped adolescents to make sense of challenges associated with the condition. In the present study, Sky described how her diagnosis helped her to understand and explain her own behaviour:

It is helpful because then I don't stress myself that... Oh, because it's my ADHD let me just get a colouring book or something, it's my ADHD that's distracting me, I need to calm down, relax, whatever.

(Sky)

It could be suggested that recognising behaviour associated with ADHD traits as separate from herself helps to reduce feelings of accountability and offers a welcomed explanation for such behaviour. Through labelling unwanted behaviour, Sky can independently make use of techniques she finds helpful in reducing unwanted ADHD traits, which helps her to feel more in control.

Research from Frondelius et al. (2019) suggests that some adolescents found explaining their difficulties was easier once they had a diagnostic label. In the present study having a diagnostic label was reported to help some participants to explain their traits to other people. For example, Ariya told me:

I don't necessarily use it as an excuse, but like, it's an easier way to explain why I don't understand it... It explains why I don't always understand things that like, my friends who don't have [ADHD] do understand.

(Ariya)

Ariya talks here about using the diagnostic label as a shortcut to explain her difficulties, not just for other people, but also for herself. In labelling her difficulties as being a separate entity to her 'true' self, she protects her self-esteem. Ariya's wish not to be seen to use ADHD as an 'excuse' is similar to Sky's want not to be judged purely by her diagnosis. She suggested that for teachers to properly support her they have to look further than her diagnosis:

They can't just say, 'oh, she has ADHD', they need to go more into it, talk to the person and get their feelings out and what they're thinking.

(Sky)

This suggests that Sky wants to be listened to as an advocate for her own difficulties and does not want her label to define her.

Masking and blending in

Prior research suggests that both adults and peers have negative attitudes of pupils with ADHD (Bellanca & Pote, 2013; Toye et al., 2019) and adolescents with the condition often experience bullying and social rejection (Eccleston et al., 2019). Some research suggests that adolescents try to conceal their diagnosis from peers in a bid to be seen as 'normal' (Hallberg et al., 2010). In the present study, these negative attitudes appear to be a catalyst for participants who reported experiences of masking their ADHD-related traits in a bid to be viewed as the same as neurotypical peers. For example, Scooby told me,

I looked stupid asking for help [so] I never have since.

(Scooby)

This suggests that the additional support she felt she needed in the classroom highlighted her perceived differences from neurotypical peers and she has therefore attempted to reconcile this through masking her ADHD-traits; in so doing, this has led to a barrier in accessing help from adults.

Research suggests that adolescent girls who have ADHD are more likely to be victims of bullying than their neurotypical peers (Sciberras et al., 2012). In the present study, participants described using coping strategies to mask their differences in order to fit in. For example, Scooby described experiencing '*bullying because I was smart*', but also was bullied when she '*asked for help now and again*'. These experiences appear to have informed her wish to reduce any social signifiers of difference, whether that may be positive or negative. For Hallie, her diagnostic label of ADHD was a signifier

of difference, resulting in her wishing to keep it hidden from her peers at school, saying,

If other people found out...maybe they'd have another thing to bully me for.

(Hallie)

Nguyen & Hinshaw (2020) suggest that individuals with ADHD receive considerable stigmatisation from peers, which may expedite any social difficulties that they experience. Indeed, most participants in the present study viewed their diagnostic label of ADHD as a potential cause for social exclusion, and so were guarded about who they disclosed their diagnosis to, due to concerns of being discriminated against for being different. Sky describes feeling annoyed when she had to disclose her ADHD diagnosis to new people, as,

They're not going to understand it as much as I will, because I have it, so I understand it, I feel it.

(Sky)

Here, she suggests that to fully understand how ADHD impacts her, others would need to experience life from her perspective. Her frustration may refer to trying to describe her feelings through language, which results in a reduced summary of how and why ADHD impacts her. Sky's observation that neurodevelopmental conditions are difficult to understand with no first-hand experience brings to mind the social model of disability, and in particular, the concept of, 'nothing about us, without us' (Charlton, 2000).

Self-advocacy

Test et al. (2005) suggest that 'self-advocacy' can be defined as a component of self-determination, thereby bringing self-regulation, independence and autonomy. They propose that self-advocacy is possible when individuals have a knowledge of their needs and their rights, and possess communication and leadership skills. A review study from Roberts et al. (2016) suggested that skills in self-advocacy support young people with disabilities to have a successful transition through school and into adult life. Eccleston et al. (2019) suggest that where participants felt that their views were not listened to, they experienced greater conflict with others and became 'less compliant' at school.

The participants' experiences of self-advocacy and support (from adults and peers) varied widely. Participants who felt more able to self-advocate and received more suitable and effective support in response reported better student-teacher relationships. For example, Sky appeared confident in her ability to ask for help, saying:

If something's bothering me, I'll talk about it.
(Sky)

Her confidence is reinforced by her willingness to self-advocate in more challenging situations where support is not immediately given (e.g., by a supply teacher). Sky said,

I'll tell [teachers] myself that I need them, explain it and they'll let me have them.
(Sky)

She speaks in an assured manner as if requesting support and receiving it is an inevitable cause and effect.

However, participants capable of self-advocacy who did not receive effective support reported feelings of frustration and unimportance. Eccleston et al. (2019) found that adolescents with ADHD often felt that they were not listened to by those in positions of power such as their parents and teachers. Scooby appeared to have good knowledge of her needs and rights, and was able to explain her feelings well, meaning that many of the component skills and knowledge that Test et al. (2005) suggest lead to self-advocacy are in place. However, despite sustained efforts to communicate her needs and academic desires with her teachers, Scooby told me she feels '*very misunderstood*'. She described how teachers minimise her difficulties and lacked understanding of how ADHD impacts her, saying:

Every time I talk to them about it, it feels like I'm asking for attention, but I'm not, I'm just simply asking for help. And then I don't like the...feeling of me asking for attention, so like, I won't bring it up
(Scooby)

It appears that the experience of being dismissed and denied empathy has informed Scooby's belief that her voice does not matter. She had limited opportunities to be taken seriously and this has resulted in her feeling unable to ask for help.

Scooby has surmised that having a trusted adult advocate for her is more effective than directly advocating for herself; she feels her voice does not matter:

It's like, two adults communicating about something that I need. That way I feel like it'd be heard a lot more because a teacher has actually realized something and brought it up.
(Scooby)

Here, Scooby suggests that through reducing her own advocacy and getting an adult to advocate for her she may be more likely to gain support, minimising her own voice. She feels that her voice holds no power

within her school system, and therefore believes that she is not able to make change by advocating for herself (Test et al., 2005).

Participants who felt unable to self-advocate talked about having elevated feelings of difference to others and helplessness regarding their right to support. For example, when comparing herself to other pupils with additional needs, Scooby told me:

I'm not saying like, I deserve to be treated the same as them.
(Scooby)

Her use of the word 'deserve' suggests an internal locus of control; she sees being supported by teachers as a reward, which she has not earned, whether that is because of her inherited belief that asking for support is a form of 'attention seeking' or due to her self-labelled intentional disruptive behaviour.

CONCLUSIONS AND IMPLICATIONS

Strengths and limitations

The current study is the first research that has used IPA and a female-only sample to explore experiences of school and identity for adolescents who have ADHD. Through focusing on this population, this research provides new perspectives for professionals who work with those with the condition. Many of the conclusions from the present study are aligned with conclusions from international research relating to the experiences of mixed-gender adolescents who have ADHD (Eccleston et al., 2019; Ringer, 2020).

It was hoped that through the use of IPA, the uniqueness of the individual participants' experiences would be maintained. IPA was an appropriate research method to engage with this particular topic area as the participants' gender alongside the nature of their needs means that their voices often go unheard in traditional research. The use of direct quotes and contextual analysis points to a commitment to keeping participants' experiential accounts personal and nuanced.

It is hoped that this research will raise awareness of how myths and biases still exist regarding ADHD and the impact that these may have on adolescent females' school experiences and identity formation. This research has given the participants a platform from which to explain their personal experiences and advocate for themselves. By privileging the participants' voices, it is hoped that their first-hand experiences can cut through the 'noise' of stigma and myth which is commonly associated with the condition.

The potential for bias is a clear limitation of this study. My position on ADHD, which is informed by

my own experiences, will have affected the way I have interacted with participants and interpreted their words (Bukamal, 2022). However, in choosing to use IPA as an analysis method, my ability to understand the conceptual background of the topic in depth helps to bridge the hermeneutic gap between what is *meant* and what is *said* by the participants. Reflexivity is a running theme through this work in an attempt to acknowledge the issue of bias and incentive and mitigate the issue. However, it could also be argued that reflexivity serves to perpetuate the researcher's voice, diminishing the voice of the participants (Finlay, 2002). The use of unstructured interviews is a particular strength in reducing bias in this study. By choosing not to employ an interview schedule, the participants remained the experts in their own experiences and were able to guide the conversation in a holistic manner, allowing this research to be directed by their accounts rather than an anticipated theory.

IPA is criticised for seeking to understand experiences whilst not seeking to explain why they occur (Tuffour, 2017). In the research area of ADHD, within-person biological and medical explanations of difference are well established, and psychological research often looks for indicators of cognitive difference. Therefore, it is felt that the use of IPA and the focus on experience is appropriate, as it is outside the realms of this study to fully explore why participants' experiences occur. To mitigate this limitation, I have attempted to provide societal, cultural and individual context to give readers an understanding of the environmental background within which this study is positioned.

Summary of research

This small-scale study concludes that the experiences of adolescent females with ADHD are complex and often contradictory. The participants appeared inconsistent in their ability to draw on EF skills such as memory, planning and processing when engaging in learning. Intrinsic motivation appeared to be an important factor in supporting participants to engage in classroom activities, as they were better able to control their impulsive behaviours. However, managing EF skills continued to be a difficulty even when participants were well-supported.

Variability in environmental factors appeared to reduce their perceived agency over impulsive behaviour, leading to participants experiencing difficulties with cognitive engagement. Low-sensory environments were reported to cause greater instances of sensory-seeking behaviour. The participants used metaphors of significant bodily discomfort to describe their feelings when in understimulating classroom environments, where seeking stimulation felt 'like an itch' that could not be scratched due to a lack of agency. To cope with these feelings, participants sought sensory experiences, but were often met

with a lack of understanding from adults whose role was to support them, meaning that their ADHD-related behaviours were often punished. Ultimately, this appears to have reinforced participants' masking behaviour and reduced their opportunities to ask for support, as participants felt that they were expected to behave like their neurotypical peers. Whole-school behaviour policies based on behaviourist principles of reward and sanction to shape behaviour may have the function of prolonging the young people's discomfort, leading to more challenging behaviour including avoidance of in-class environments.

Participants all suggested that their diagnosis of ADHD impacted their identity, often reporting the perception of an 'ADHD personality' which sits alongside and is entangled with their 'true' personality. They broadly considered having their traits labelled as 'ADHD' as a positive as this helped them to understand and explain their own behaviour, as well as helped them to explain their behaviour to others. However, most participants also viewed their ADHD as a potential cause for social exclusion, and so were guarded about who they disclosed their diagnosis to. For several participants, time and learning about the condition had been key in their acceptance of having ADHD.

Their experiences of self-advocacy and support (from adults and peers) varied greatly. Participants who felt more able to self-advocate and received more suitable and effective support in response reported better student–teacher relationships. However, participants capable of self-advocacy who did not receive effective support reported feelings of frustration and unimportance. Participants who felt unable to self-advocate reported elevated feelings of difference to others, and helplessness regarding their diagnosis.

The identification of 'ADHD' as a socially constructed label to indicate 'other-ness' and 'disability' impacted participants experiences at school. It particularly influenced how peers and teachers interacted with participants, and how participants felt about themselves and their learning. Whilst participants' difficulties could also be attributed to internal cognition, wider societal attitudes to the condition influenced school attitudes and organisational ethos, which then acted as a barrier to the participants' academic and psychological well-being. Therefore, I conclude that adolescent females who have ADHD are disadvantaged by more than simply the cognitive impairment which the label suggests, but also by social barriers.

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CONFLICT OF INTEREST STATEMENT

All authors declare that they have no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data available on request due to privacy/ethical restrictions.

ETHICS STATEMENT

The ethical implications of this study have been assessed and reviewed by the Birmingham University Research Ethics Committee. The freely given informed consent of participants was obtained and documented via a written consent form. As all participants were under the age of 16, an additional parent/carer consent form was obtained for all participants. Participants were given the right to withdraw.

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