

**THE LIVED EXPERIENCE OF SELF-ACCEPTANCE AMONG ADULTS  
DIAGNOSED WITH ADHD**

by

GILLES VAN DE WALL

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The following committee members attest to  
the successful completion of this thesis

Dr. Marvin McDonald, PhD, Thesis Co-Advisor

Dr. Derrick Klaassen, PhD, Thesis Co-Advisor

Dr. Janelle Kwee, PsyD, Advisory Member

Dr. Emma Climie, PhD, External Member

### **ABSTRACT**

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder estimated to persist into adulthood for one-half to two-thirds of people. Despite this, the extant research has focused on children and adolescents with ADHD, leaving much of the experience of adult ADHD unknown. This study utilized the listening guide methodology to investigate the lived experiences of self-acceptance for seven adults diagnosed with ADHD in adulthood. Data analysis identified four voice groupings: struggle, disconnection, acceptance, and connection. Overall, the participants of this research felt that their ADHD diagnosis provided clarity towards previous life experiences that felt difficult to understand. The voices spoke towards the experience of feeling accepted by others as an integral part of developing an increased capacity for self-acceptance. This research broadens the literature on adult ADHD by providing a perspective that emphasizes the relational nature of living, and connecting with, a diagnosis of ADHD in adulthood.

Keywords: Adults with ADHD, lived experience, self-acceptance

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## CHAPTER 1: INTRODUCTION

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder where developmentally inappropriate symptoms of inattention and/or hyperactivity/impulsivity affect various aspects of daily living across relational, academic, individual, and professional domains (Faraone et al., 2021). Traditionally speaking, ADHD research has focused on the mechanics behind the diagnosis and functional interventions or treatments that allow those diagnosed to adjust in society (Wolraich et al., 2019). While the extant research has focused on diagnosis, management, and treatment there have been more recent calls for the research to turn towards the experiences of the individual diagnosed with ADHD (Brodin, 2012; Seabi & Economou, 2012). Additionally, although much of the research on ADHD has traditionally focused on children and adolescents with ADHD, there has been a more recent shift towards the consideration that ADHD symptoms continue into adulthood for a significant portion of the population (Barkley & Benton, 2022; Eme, 2012; Seabi & Economou, 2012; Wolraich et al., 2019).

Though some ADHD symptoms remit as people age, research shows this is not always the case (Barkley & Benton, 2022). Specifically, peer rejection and socialization difficulties related to ADHD that begin in childhood often persist into adulthood (Brodin, 2012; Eme, 2012). While these authors mention participant experiences of rejection, they do not delve as deeply into the experience of adult ADHD and the influences behind experiences of rejection. Research which does explore the experience of adults diagnosed with ADHD has found similar elements of rejection experiences and difficulties with socialization as reported by participants (Ginapp et al., 2022). Ginapp and colleagues reported common participant experiences of struggling to maintain relationships, often feeling misunderstood by others, and feeling different to others both in the past and within adulthood as components of socialization experiences for adults with ADHD. While the qualitative literature on ADHD has shed light on some of the experiences of ADHD among adults, there remains a call for further research on how ADHD diagnosed

in adulthood may affect patients' perspectives on ADHD as a concept, their sense of self, and their sense of identity (Ginapp et al., 2022).

A particular area of research in this field which requires further investigation is the experience of self-acceptance. Self-acceptance is referred to as a major component in the experience of adults diagnosed with ADHD coming to terms with their diagnosis (Aoki et al., 2020; Henry & Jones, 2011; Jones & Hesse, 2018; Toner et al., 2006; Young et al., 2008). While these researchers relate self-acceptance to the development of self-knowledge through receiving a diagnosis, little was said about what this process involves and what affects it. Additionally, other research has connected the approval of peers and colleagues to the experience of self-acceptance (Willoughby & Evans, 2019). In connection with the presence of socialization challenges and peer rejection found within the literature, this brings into question whether socialization experiences may modulate one's capacity for self-acceptance. Further research into this topic is needed to clarify how self-acceptance is experienced for adults diagnosed with ADHD.

The goal of this study was to investigate the lived experience of self-acceptance among adults who have been diagnosed with ADHD in adulthood. The main theoretical framework for this study was Existential Analysis (EA), which contextualizes the experience of self-acceptance within the fundamental conditions for living a fulfilled life (Längle, 2016). To understand self-acceptance, this project gathered the accounts of seven adults living with ADHD. The voice-centered Listening Guide was used so that the centrefold focus was on the voices of the participants. This approach also allowed space for the current perspectives on ADHD research to be broadened by emphasizing the context and interpretations of those affected by the disorder. It captures the living and breathing experiences of those affected, as experts of their own narratives.

## CHAPTER 2: LITERATURE REVIEW

This chapter provides context for this study within the scope of previous literature on ADHD and presents a rationale for investigating the experience of self-acceptance for people diagnosed with ADHD in adulthood. The chapter begins with a discussion of the mechanisms and concepts related to ADHD in general. The current literature on ADHD within adult populations will then be outlined. An emphasis is placed on literature which discusses socialization experiences due the salience of socialization and peer interactions to this investigation. Afterwards, existing literature on the role of acceptance on positive outcomes after receiving diagnoses in adulthood is reviewed. This is followed by the establishment of the relationship between self-acceptance and ADHD based on previous literature linking the two concepts, followed by a discussion on how self-acceptance is conceptualized in this study. Finally, a rationale for this study is provided after reviewing the limitations of the current literature and the benefits of this research to account for those limitations.

Prior to discussing the previous literature on ADHD, however, it is important to provide definitions for terms and concepts integral to this project. As indicated during the introduction, the intention behind this research is to investigate the lived experience of self-acceptance for adults diagnosed with ADHD in adulthood. To achieve this, an Existential Analysis (EA) framework will be applied. EA is a phenomenological psychotherapy model which aims to lead the person to (mentally and emotionally) free experiences, to facilitate authentic decisions and to bring about a truly responsible way of dealing with life and the world” (Existential Analysis Society of Canada, 2019). Although this definition speaks to therapeutic approaches, this modality is well-versed for conducting research on the human experience in general (Adams, 2019). It offers an approach to understanding the human experience through its firm basis in the philosophical underpinnings of the approach.

As a phenomenologically oriented approach, EA therapists attempt to be fully present, engaged, and free of expectations during the therapeutic encounter so that the experiences of the client are contextualized and understood sufficiently (Cooper, et al.,

2019). Here, lived experience refers to the first-hand experiences and choices of an individual, from which they draw knowledge and meaning. As such, phenomenologically oriented approaches are rooted in understanding the meaning behind the individual's experiences, as informed by their lived contexts and perspectives. The EA framework provides a basis to explore the role of self-acceptance within participants' lived experience of ADHD. The application of this approach to this research is to both define what is meant by self-acceptance and lived experience for this research, and to allow for the participant's experiences of self-acceptance to inform the literature on ADHD as it is lived by those who experience it.

Finally, existentialists define self-acceptance as one's openness towards oneself, encompassing the degree to which an individual can accept their outer experiences and accept what occurs internally; in simple terms, self-acceptance means that I can allow myself to be as I am (Länge & Klaassen, 2019). An important component of this definition is that self-acceptance is not equated with approval or agreement. Instead, self-acceptance, as defined by existentialists, speaks to the capacity of the individual to say 'yes' to themselves rather than having to avoid, change, or fix. This definition of self-acceptance will be applied to this project. The concept of self-acceptance and other principles of EA will be expanded on further during the EA section of the literature review.

### **Attention-Deficit/Hyperactivity Disorder (ADHD)**

ADHD is a chronic neurodevelopmental disorder in which developmentally inappropriate symptoms of inattention and/or hyperactivity/impulsivity lead to impairments in daily aspects of living (Faraone et al., 2021). It is not clear what causes ADHD, but a combination of genetic and environmental risk factors has been identified, including prenatal exposures to environmental risks (such as lead, alcohol, and tobacco), brain injury, and premature delivery. These and other potential risk factors can accumulate in various combinations and lead to a diagnosis of ADHD (Center for Disease Control and Prevention, n.d.). An international consensus statement expressed that ADHD typically begins in early childhood or adolescence, is more common in boys

than girls, and affects 5.9% of youth and 2.8% of adults worldwide (Faraone et al.) The following sections will discuss a broad overview of the mechanisms behind the disorder, followed by an outline of the current literature on ADHD within adult populations.

### ***Overview of the Disorder***

The Diagnostic and Statistical Manual-5-TR (2022) provides a description of the behavioural patterns and symptoms which are typically associated with a diagnosis of ADHD. The following descriptions will be taken from sections referring to adult symptoms for the purposes of our investigation. The DSM-5-TR states that ADHD can be identified by various criteria. Criterion A outlines a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development as characterized by inattention, as well as hyperactivity and impulsivity. Inattention is defined by descriptions such as failure to pay attention to detail, issues with sustaining attention, issues with sequential tasks, forgetfulness, and behaviour which is prone to distractions. The hyperactivity-impulsivity aspect is defined under descriptions relating to fidgeting behaviours, restlessness, excessive talking, and behaviours relating to interrupting or intruding on others.

The remaining criterions B through E pertain to the longevity of the inattentive or hyperactive-impulsive symptoms being present prior to the age of 12, their presence in two or more settings (i.e., school and home), clear evidence that the symptoms interfere with or reduce the quality of daily functioning within the realms of academic, social, and occupational functioning, and substantiative reason to believe that the symptomology is not better explained by a differential disorder. Furthermore, the DSM-5-TR states that a diagnosis of ADHD requires one of three specifiers, either a combined presentation of both inattention and hyperactivity-impulsivity, a predominantly inattentive presentation where hyperactivity-impulsivity is not met, and a predominantly hyperactive-impulsivity presentation if the criterion of inattention is not met. Finally, the DSM-5-TR also discusses a range of potential comorbidities associated with ADHD such as depression and anxiety, other neurological disorders, and personality and behavioural disorders.

In terms of the functional effects and experiences of ADHD on those diagnosed, the Centre for Disease Control and Prevention (CDC) corroborates much of the symptoms described in the DSM-5-TR. The CDC (n.d.) indicates that a diagnosis of ADHD can be comorbid with other disorders such as behavioural or conduct problems, learning disorders, anxiety, and depression. According to the CDC, people with ADHD often require extra academic support, parental and classroom support, and behavioral interventions. The presence of additional mental health factors further emphasizes the need for accurate ADHD screening especially given the fact that an official diagnosis is often required before assistance or supports are offered. Although not fully understood, challenges with peer relationships are also described as common difficulties for those with ADHD (CDC, n.d.).

Although often considered a developmental disorder, ADHD symptoms can persist into adulthood (APA, 2022; Faraone, et al., 2021). Although much of the same symptoms are present for adults with ADHD, the DSM-5-TR describes varying presentations over the lifespan. Adults often show less obvious symptoms of motor hyperactivity, but may continue to struggle with restlessness, inattention, poor planning, and impulsivity (APA, 2022). According to the US National Resource Centre on ADHD, adults diagnosed with the predominantly hyperactive type of ADHD may be more likely to present with behaviours such as fidgeting or restlessness, whereas children may be more likely to engage in excessive physical activities (CHADD, 2018). Adults diagnosed with the predominantly inattentive type of ADHD, however, may still struggle with tasks such as sustaining attention, issues with instructions, and forgetfulness which are similar to the presentation of inattentive ADHD in childhood.

The US National Resource Centre on ADHD further provides descriptions of experiential challenges with ADHD in adulthood which impact performance in the workplace, task completion, and time management challenges among other criteria (CHADD, 2018). They also suggest that adults with ADHD may experience challenges with peer interactions in the workplace or in relationships outside of work due to potential symptoms of impulsivity and inattention. These tendencies can manifest as

behaviors such as interrupting others, being excessively talkative, and challenges listening to others (CHADD, 2018). Similar descriptions of challenges in the workplace due to inattention and challenges with social relationships due to impulsivity are supported by the US National Institute of Mental Health in their description of ADHD symptoms in adulthood (NIMH, n.d.). The NIMH provides similar accounts of challenges in the workplace to the extent of potentially causing job retention challenges and challenges in maintaining social relationships for people with ADHD.

For those whose ADHD symptoms persist into adulthood, it seems that inattention and social intrusiveness can affect task management and relationships. In some cases, these factors result in issues of job retention and the maintenance of social relationships depending on the severity of the disorder (NIMH, n.d.). It is clear that the symptoms of ADHD can disrupt the quality of life and daily functionality of those affected in the adult population. The next section will provide more detailed information into the status of the current literature on ADHD beyond descriptions of symptomology.

### ***Research on ADHD in adults***

The articles selected for our purposes range from quantitative and qualitative studies that investigated the experiences of an ADHD diagnosis, the effects of ADHD on social relationships, research on the individualized experience of ADHD, and the presence of social rejection or peer relationship challenges within the population. I will first briefly discuss systematic reviews of ADHD which have been conducted to demonstrate a clearer understanding of the general scope and direction of the ADHD literature. Then quantitative literature on adult experiences related to ADHD will be discussed, and subsequently the qualitative literature of similar topics will be reviewed.

Systematic reviews on ADHD indicate that the vast majority of ADHD research has focused on the mechanics behind the diagnosis and functional interventions needed to adjust in society (Wolraich et al., 2019). While the research has traditionally focused on diagnosis, management, and treatment, there have been calls for the research to turn towards the experiences of the individual diagnosed with ADHD so that their perspectives are better understood (Brodin, 2012; Seabi & Economou, 2012).



Additionally, the ADHD literature indicates the presence of shifts in the research from the historical focus of children and adolescents to more recent considerations that ADHD symptoms continue into adulthood for a significant portion of the population (Wolraich et al., 2019; Eme, 2012; Seabi & Economou, 2012).

In a quantitative investigation on ADHD, Canu and Carlson (2007) investigated the role of rejection sensitivity in social maladjustment within adult males with ADHD. Based on the experience of rejection sensitivity in previous studies conducted on children with ADHD, the researchers expected to find that participants diagnosed with ADHD would report higher levels of rejection sensitivity. They presented a total of 78 participants (across all conditions: a control group, ADHD-combined type, and ADHD-primarily inattentive type) with a series of questionnaires which measured their ADHD symptoms, rejection sensitivity experiences, and self-esteem among other criteria. Their results indicated no significant differences across all conditions, apart from lower levels of self-esteem in the ADHD conditions and some variation in relationship experiences.

Canu and Carlson (2007) suggested that the lack of identified rejection sensitivity within the ADHD sample could be attributed to a positive illusory bias which has been documented in children with ADHD. The concept of a positive illusory bias involves the overestimation of one's social standing by one's own metric despite evidenced experiences of social rejection (Paulson et al., 2005). Canu and Carlson (2007) suggest that this bias may account for the lack of identified social rejection by a misevaluation of social standing among participants with ADHD. They then conclude that the data provides evidence of ADHD-related impairment of social functioning in adults with ADHD because of the influence on self-esteem and romantic competency exhibited in the ADHD-combined Type condition.

Other studies also indicate potential social impacts of ADHD that persist into adulthood. In their study on social rejection experiences in the ADHD population Michielsen et al. (2015) examined the relationship between ADHD and socialization among older adults with ADHD. The researchers expected to find more social deficits in those diagnosed with ADHD based on previous literature which suggested social

rejection and challenges within this population were present. The participants were asked about social functioning, and participation through criteria such as marital status, social network size, loneliness, social involvement, and education level. The researchers found that most of the expected areas of social functioning deficits were not significant for the ADHD sample, but the higher levels of ADHD were significantly associated with more emotional support given and more social and emotional loneliness. They go on to conclude that while most of the expected areas of social deficits did not produce significant results, the ADHD population did show a greater rate of divorce, fewer family members in their social network, and greater rates of symptoms of depression. The researchers suggested that higher rates of depression are sensible due to greater rates of divorce and less family involvement found within the population to account for this finding.

Another study conducted by Paulson et al. (2005), investigated whether interpersonal rejection effects found in studies on depression would be seen in typical ADHD behaviours among a sample of young adults who do not have ADHD. They hypothesized that the typical behavioural patterns of people with ADHD would elicit rejection responses more than the control condition based on previous literature conducted on children and adolescents. The participants were randomly assigned to one of five conditions which consisted of 20-minute videotapes where an actress would display typical behaviour (based on the DSM-IV) indicative of ADHD, depressive symptoms, social anxiety, combined social anxiety and depression, and normal behavior (i.e., control). After participants viewed their respective video clips, they were asked to imagine they had just interacted with the person in the video and were then asked to complete a series of questionnaires which measured likability, willingness to interact, and their current mood states. These findings relate to the apparent rejection responses of those exposed to typical ADHD specific behaviours. According to Paulsen et al. (2005) these results suggest the presence of social rejection towards ADHD behaviour among peers who do not have ADHD themselves.

The quantitative articles discussed thus far have indicated the presence of social rejection towards those exhibiting ADHD-associated behaviours, but less presence of actual social deficits and reports of social rejection than was expected for the individuals diagnosed with ADHD. Paulson et al. (2005) found that peers exposed to ADHD behaviours were more likely to express strong rejection responses. These findings indicate the presence of active social rejection towards adults with ADHD. This also corroborates the basis of the research conducted by Canu and Carlson (2007) and Michielsen et al. (2015) who both expected to find greater reports of rejection sensitivity and social deficits in their respective investigations based on the rejection experiences towards children with ADHD found in previous literature. In the case of Canu and Carlson, however, those investigated did not yield significant reports of rejection sensitivity, a result which surprised the investigators. They did, however, find deficits in self-esteem and relational challenges within the sample investigated. Similarly, Michielsen et al. did not find greater areas of social deficits in most of the constructs investigated besides the areas of greater depression and smaller social networks.

Despite the presence of some social deficits, relational challenges, and self-esteem, the results summarized so far suggests that those affected by ADHD are less affected by social rejection experiences than initially thought, regardless of the presence of social rejection from peers. In contrast, much of the qualitative literature indicates that people diagnosed with ADHD actively reference rejection experiences from peers, among other social challenges. A qualitative review of 35 peer-reviewed journal articles on the lived experience of adult ADHD conducted by Ginapp et al. (2022) found a common theme of social hardships across the literature they reviewed. Some of the common experiences reported included difficulties building and maintaining relationships, feeling different to others or misunderstood (most notably in childhood but also in adulthood), feeling the effects of stigma about ADHD, feeling the need to mask symptoms, and challenges meeting social expectations.

Another review of qualitative literature on ADHD, which focused on the experiences of adult women across eight studies, found that social rejection experiences,

being bullied, feeling different to others, and challenges with making friends were common experiences across the reviewed literature for women with ADHD (Attoe & Climie, 2023). The presence of these experiences across the qualitative literature on ADHD found by Attoe and Climie (2023) and Ginapp et al, (2022) provides a strong basis to infer that the qualitative literature captures other aspects of the ADHD experience which are less present in the quantitative literature.

Young et al. (2008) conducted a qualitative study using Interpretative Phenomenological Analysis to obtain personal accounts of adjusting to an ADHD diagnosis psychologically. The participants consisted of eight adults who were diagnosed with ADHD in adulthood. Semi-structured interviews were conducted which queried the participants' perceptions of self and their coping mechanisms prior to their diagnosis, as well as their experiences of receiving the diagnosis and taking medication. Many of the participants reflected on experiences of feeling different to others or being labelled as a "problem child." These considerations provide a basis for the experience of social rejection as a negative influence those affected through cycles of negative feedback from others and provide an example of contrast with the quantitative literature reviewed earlier.

According to the results of Young et al. (2008), the process of receiving an ADHD diagnosis in adulthood involves three steps. First, participants engaged in an internal review of a previous sense of self and an evaluation of historical differences from others. This is followed by an emotional process of accepting the diagnosis, and finally the consideration of what the future might look like as someone with ADHD. They conclude by stating that the effects of treatment and diagnosis had a profound effect on the participants as it resulted in a life review process which allowed them to reorient their sense of identity. These results suggest that there are indeed experiences of social rejection among the ADHD population and that the role of acceptance is integral to the process of self-development. This provides additional basis to the importance of investigating the lived experience of self-acceptance within adults diagnosed with ADHD further.

Another investigation by Jones and Hesse (2018) which demonstrated the importance of a diagnosis, utilized a narrative approach to investigate the experiences of adults with ADHD relating to identity formation. There were four identified patterns found from the interviews: becoming or remaining different, resigning to the difficulties including the diagnosis, narratives of a new understanding, and problematic symptoms versus valued traits. The researchers argued that the participants' pre-existing experiences and perceptions of ADHD influenced their considerations for accommodating or rejecting the label of ADHD, and that a stable sense of identification with the diagnosis was integral to their adaptation to the diagnosis. The findings related to the process of reflecting on past experiences of feeling different from others, and an evaluation process of identifying as someone with ADHD suggest similarities with themes identified by Young et al. (2008). Again, we see the importance of the diagnosis itself towards positive outcomes for the future and experiences of social challenges as historical components to the ADHD experience.

Finally, a study by Henry and Jones (2011) investigated the experiences of older adult women with ADHD from an ecological systems perspective which asked nine women over the age of 60 what ADHD looked like across their lifespan, how it has challenged them and whether the diagnosis has changed anything in their experiences. Several themes emerged from their analysis, including peer rejection, feeling different from others, and family and marriage conflict. The researchers reflected that all the themes found were related to the criteria of anxiety, depression, and shame for all participants and that their investigation highlighted the existence of persistent social impairment as an effect of ADHD symptoms. As in the previously discussed articles, these results also provide evidence for experiences of social rejection within the ADHD population, thereby providing further contrast with the quantitative literature. It remains unclear, however, whether the role of social impairment is due to the symptoms of ADHD themselves (as suggested by the researchers) or if they are an effect of feeling rejected, different from others, and experiencing interpersonal conflict historically. The current research hopes to investigate the role of acceptance within ADHD and clarify

how those affected conceptualize their process of self-acceptance in relation to potential experiences of social impairment and social acceptance.

As previously discussed, the bulk of ADHD research has focused on causes of the disorder and treatment options (Wolraich et al., 2019). From this brief overview of selected literature on adults with ADHD, however, it is clear that patterns of challenges with identity and socialization emerged from more recent research on ADHD. Within this scope, the quantitative literature summarized here reported less perceived rejection from adults with ADHD, despite most of the researchers citing the role of peer rejection being present in childhood. In contrast, the qualitative literature expressed that participant experiences of feelings of rejection from peers, challenges with identity, feelings of not accepting themselves, and challenges fitting into the social mold. While the reason for the discrepancy of findings between the qualitative and quantitative literature reviewed here is uncertain, it may relate to the nature of each design being less or more focused on individual perspective and narrative. The contrasting findings in the qualitative and quantitative literature provides a basis to further clarify these topics. The limitations and implications of this current review of the available literature will be further discussed in the rationale for conducting the proposed research section of the literature review.

### **Acceptance**

To conceptualize the experience of acceptance of an ADHD diagnosis in adulthood it is important to define the experience of acceptance and self-acceptance in relationship with diagnoses more generally. Therefore, this section begins by discussing literature on the role of acceptance on receiving life altering diagnoses, including but not limited to ADHD. The intention is to create groundwork of literature on acceptance so that the investigation of self-acceptance and ADHD diagnoses can be approached with greater specificity. This will then be followed by a review of literature which relates ADHD diagnoses and self-acceptance more directly. The literature which connects self-acceptance with ADHD suggests that self-acceptance is integral to positive outcomes in living with ADHD, but it does not provide a clear definition of what is meant by self-acceptance. This section aims to review the role of self-acceptance with an ADHD

diagnosis in the extant research and to provide a rationale that a definition of what self-acceptance refers to is needed.

In a quantitative investigation, Willoughby and Evans (2019) discuss the role of acceptance and self-acceptance in processes of accepting the diagnosis of learning disabilities. In their study they discuss processes of acceptance, compassion, and regulation of learning in those affected by learning disabilities, including ADHD. Based on Wright's (1983) theory of acceptance, they defined acceptance as the general acceptance of a disability in a way that is not devaluing. This is followed by the acceptance of self within the context of the disability. They also state that common components of self-acceptance of learning disabilities include the ability to compartmentalize, to find positives in living with the disability, and achieve self-understanding within the disability. They related all of these constructs to experiences of job satisfaction, academic achievement, self-advocacy, and positive recognition from others in the creation of their scale for assessing self-acceptance. Their investigation found participants who reported higher levels of self-acceptance of a disability reported higher self-regulated learning, and that self-compassion and self-efficacy were also positively associated.

Other fields of research present positive outcomes for individuals who engage in self-acceptance with other kinds of illnesses and disorders too. A study by Lee et al. (2022) investigated the role of self-acceptance on participants diagnosed with autism in their transitions into adulthood. Through conducting focus groups and thematic analysis with parents, practitioners, and individuals with autism, they were able to identify themes of self-advocacy, self-acceptance, lack of understanding, acceptance, and community openness. In the case of this study, self-acceptance and acceptance were differentiated. Self-acceptance was defined as accepting the symptoms of the diagnosis as part of oneself and acceptance was defined more broadly through the understanding and acceptance of the disorder by society and the stakeholders of the individuals with autism. The researchers concluded that the role of acceptance and self-acceptance were integral to the achievement of well-being for young adults with autism.

Another study conducted by Crapolicchio et al. (2020) found that the experience of self-acceptance in its relationship to self-efficacy was integral in terms of positive outcomes associated with women who have been diagnosed with Posttraumatic Stress Disorder (PTSD). These authors defined self-acceptance as “the ability to accept oneself as a person, despite one’s weaknesses and negative experiences.” (Crapolicchio et al, 2020, p. 254). They found that an individual’s level of self-acceptance moderated the effects of symptoms of PTSD, where higher levels of self-acceptance indicated better outcomes and lesser symptoms of PTSD. For our purposes, this outcome brings into question whether the acceptance of an ADHD diagnosis might lead to similar positive outcomes.

### ***The Relationship between ADHD and Self-Acceptance***

Drawing from the literature on acceptance discussed so far, it can be inferred that self-acceptance, in relation to the acceptance of a diagnosis, may be associated with more positive outcomes post-diagnosis. This leads us to the stage of investigating the relationship between ADHD and self-acceptance within the existing literature on adult ADHD to determine whether similar outcomes may apply. It should be noted that although Willoughby and Evans (2019) established a connection to self-acceptance and ADHD, the nature of their design restricts an in-depth understanding of how this process is experienced for people who have ADHD. In turn, this section contains a review of the qualitative literature on the relationship between ADHD and self-acceptance in the hopes of providing more context to these phenomena.

The qualitative review articles discussed in the ADHD literature section of this document highlighted the experience of self-acceptance as one of the recurring themes within the qualitative literature on adult ADHD (Attoe and Climie, 2023; Ginapp et al., 2022). Attoe and Climie (2023) gathered themes across eight peer-reviewed journal articles which discuss the lived experiences of adult women who have ADHD. Within these eight articles, six discussed self-acceptance and relief as components to the process of receiving a diagnosis in adulthood. During their discussion on self-acceptance as a theme, they stated that receiving diagnosis had a positive impact on self-esteem and



allowed the women investigated to be less critical of themselves. They also connected self-acceptance to the development of self-awareness, stating that the diagnosis allowed participants to “make more sense of their lives and more fully accept themselves” (Attoe and Climie, 2023. p. 652).

Correspondingly, the qualitative review article by Ginapp et al. (2022) cited five articles which discussed acceptance (both of themselves and of the diagnosis) as an important aspect to the experience of being diagnosed in adulthood. As Ginapp et al., do not expand on these experiences of acceptance within their article, the five articles cited were further investigated for the benefit of this research. While some of the articles Ginapp et al. cited do not discuss self-acceptance explicitly, the majority do, and the others still provide insight into the lived experience of adult diagnoses of ADHD. These articles will be summarized in this section (among other articles) to ensure that the available literature on ADHD and self-acceptance is represented adequately.

Within their research on ethnic minority women with ADHD, Waite and Tran (2010) did not explicitly name acceptance as a term in their discussions. Instead, they referred to a process of cultivating self-understanding which emerged through the participants embracing their diagnoses. This process allowed the women investigated to move towards achieving goals, experience some relief through the explanation of their symptoms and behaviours, and develop greater senses of identity and self-esteem. Though these researchers did not explicitly name self-acceptance in their investigation, the process of embracing their diagnosis is representative of adjacent language to acceptance, and therefore, still provides helpful insight for this research. Similarly, an investigation of ADHD in college students by Meaux et al. (2009) referred to the process of self-understanding and acknowledging the ADHD as components which led to better outcomes for the participants. They connect the acquisition of insight and knowledge about ADHD towards an increased sense of self-acceptance and control over symptom management. Similar to Waite and Tran’s discussion on the utility of a diagnosis, Meaux et al., make the case that coming to terms with a diagnosis of ADHD provides greater space to cope with its symptoms and develop as an individual.

Toner et al. (2006) utilized a Grounded Theory approach to investigate how 10 adult males diagnosed with ADHD in adulthood live with their disorder. Their participants were aged between 30 and 57 years, all of whom were diagnosed with ADHD in adulthood. Their semi-structured interviews revealed a cycling between “chaos and control” in the lives of participants, both historically and in continuity (Toner et al., 2006, p 251). Toner et al. wrote that the process of naming the ADHD condition brought participants relief through providing explanations for some of their life experiences and behaviours, including experienced challenges relating to others and maintaining relationships. Additionally, gaining knowledge of their condition is what allowed the participants to find acceptance of themselves. This created space for participants to allow themselves to fail at times, as well as respond to their symptoms with the appropriate tools and knowledge. Similar findings were replicated in the investigations of Meaux et al. (2009) and Waite and Tran (2010), and where self-acceptance was associated with the development of self-knowledge.

Two other qualitative investigations on the experiences of adults diagnosed with ADHD in adulthood by Aoki et al. (2020) and Hansson Halleröd et al. (2015) found similar results to the articles discussed so far. Both research teams discussed experiences of relief and self-understanding among participants post-diagnosis. A factor which does not present in the aforementioned literature, however, was the discussion of identity crises experienced by participants following their diagnoses discussed by both Aoki et al. and Hansson Halleröd et al. In both studies participants described a period of existential questioning of their lives so far, asking themselves who they were and what this meant in the context of their new diagnoses.

In terms of self-acceptance, Hansson Halleröd et al. (2015) did not discuss acceptance as a theme in their research, but they did connect the self-knowledge gained through the diagnosis as a pathway for relocating blame from the individual to the diagnosis as positive consequence to self-perception. In contrast, Aoki et al. (2020) do name acceptance of the diagnosis as a key theme in their analysis. The participants of this research discussed initial resistance to their diagnosis as a consequence of self-stigma and

prejudice towards ADHD (Aoki et al., 2020). Over time, however, participants accepted their ADHD as a reality and subsequently experienced less self-blame for struggling with their ADHD symptoms. Aoki et al. also highlight that the process of reaching acceptance was not straightforward, often leading participants to feel they were “going backwards before they reached an acceptance of their condition” (Aoki et al., 2020. p. 6). Although Aoki et al. do discuss acceptance as a process they do not delve further into what that process entailed within this research article.

Young et al. (2008) and Henry and Jones (2011) connect experiences of acceptance to ADHD diagnoses. Both investigations were designed to assess the experiences of adults diagnosed with ADHD, on a scale that was broad and integrated several aspects of their lives. In both articles the experience of acceptance was concluded to be healthy. In other words, accepting the diagnosis and its symptomology as an aspect of their lives was associated with positive outcomes for those diagnosed. Prior to being diagnosed, these individuals cited experiences of feeling different from others in their lives and not having the capacity to grasp where these differences were coming from. Upon receiving the diagnosis, however, they report no longer conceptualize their ‘different’ nature as a negative aspect of themselves.

Young et al. (2008), say that participants were able to gain a new understanding of themselves after considering their experiences of past failures, experiences of social rejection, and other forms of ADHD related hardships within the frame of an ADHD diagnosis. The researchers referenced stages of psychological acceptance towards receiving an ADHD diagnosis which suggest the role of six categories: relief and elation, confusion and emotional turmoil, anger, sadness and grief, anxiety, and accommodation and acceptance. As can be surmised from these stages, after experiencing emotions ranging from relief to anxiety at not being diagnosed earlier, Young et al. write that the experience of accepting ADHD as a part of their lives was integral to the adjustment process because understanding their ADHD allowed them to address their needs moving forward.

Although these stages discuss the role of emotional challenges within acceptance, they do not provide a conceptualization of the process of behind achieving acceptance. That is, they do not discuss how one might come to reach a state of acceptance. Relatedly, they do not discuss the role of self-acceptance directly and instead remain fixed on the acceptance of ADHD itself. On the contrary, Henry and Jones (2011) identified self-acceptance specifically as a theme which was helpful for participants in coming to terms with having ADHD, but they do not provide descriptions of what is meant by self-acceptance aside from associating it with less negative self perceptions among participants. In both cases the questions of how one reaches a state of self-acceptance and what factors besides emotional challenges are associated with it remain unaddressed.

The articles discussed in this section confirm that the acceptance of an ADHD diagnosis led to positive outcomes for those diagnosed. In all articles discussed, experiences of relief and self-understanding are commonplace, and self-acceptance is referred to in most of the articles as a component of the lived experience of being diagnosed with ADHD in adulthood. Additionally, Aoki et al. (2020), Hansson Halleröd et al. (2015), Henry and Jones (2011), and Young et al. (2008), described how their participants engaged in a self-evaluative process after receiving their diagnosis of ADHD. In three of these articles, references to self-acceptance and acceptance of ADHD were factors in the adjustment process to the diagnosis. Beyond discussions of acceptance of the diagnosis bringing greater self-understanding to the participants, the experience behind finding self-acceptance was not fully discussed.

Despite being named as a common factor in the experiences of participants across the literature, the process of reaching self-acceptance and what it entailed beyond greater self-understanding remains unexplored. Understanding how self-acceptance emerges and what it is affected by would add to this field of study by providing context towards the experience of this phenomenon. This gap in the literature provides an opportunity to investigate the lived experience of self-acceptance among the adult ADHD population to

better understand this process. The next section considers potential definitions of self-acceptance so that this phenomenon can be clarified for the purposes of this research.

### **Approaches to Defining Acceptance**

Acceptance and self-acceptance are common topics which emerge in psychotherapeutic practices as clients often come to therapy to seek support with navigating difficult life stages, traumatic experiences, and better understanding themselves. As such, many therapeutic approaches discuss acceptance as a therapeutic intervention or topic for exploration with clients. Although an exhaustive coverage of all potential therapeutic approaches to defining acceptance is outside the scope of this research, the purpose of this section is to discuss some of these approaches. The intention here is to acknowledge these approaches as viable options, rather than to make critical comparisons. To that end, brief summaries of Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT), within the scope of their respective conceptualizations of acceptance, are provided. These approaches were chosen due to their association with the topic of acceptance and because of their prevalence in field of counselling psychology. Afterwards, Existential Analysis (EA) will be briefly introduced as the chosen approach for this study along with a rationale for this decision.

Dialectical Behavior Therapy (DBT) was originally developed as a behavioural therapy to help highly suicidal individuals to create a “life worth living” (Linehan & Wilks, 2015, p. 98). Over time it evolved to incorporate both acceptance and change as keystones to its approach as a psychotherapy (Linehan & Wilks, 2015). The namesake of this model stems from dialectical philosophy, which presents a position of holding two contradictory views as truth. From this perspective stems the concept of adopting a stance of “radical acceptance to the present moment without attempting to change it” (Linehan & Wilks, 2015, p. 99). This conceptualization is what brings together branches of behaviourism, acceptance, and dialectics in this model (Ruork et al. 2022). In different terms, this approach requires the client to accept their life as it is without attempting to change it. This is paired with teaching skills relating to distress tolerance and mindfulness, in addition to teaching change-oriented skills, and adopting therapeutic

approach which openly accepts the client where they are to at to model the contradictory acceptance of conflicting experiences (Linehan & Wilks, 2015). Though this model does not define self-acceptance specifically, it does speak to a stance of accepting reality for what it is, which also draws from Viktor Frankle's approach to reality acceptance in addition to the Zen-Buddhist philosophy behind dialectics (Linehan & Wilks, 2015).

Acceptance and Commitment Therapy (ACT) adopts a similar approach to concept of acceptance found in DBT (Ruork et al., 2022). In both approaches, the acceptance of thoughts and emotions is considered a pathway out of suffering, it is integral to finding a balance of life that does not exist around avoiding or escaping painful thoughts, emotions, and sensations (Ruork et al., 2022). Hayes et al. (2012) define acceptance as the "voluntary adoption of an intentionally open, receptive, flexible, and nonjudgemental posture with respect to moment-to-moment experience" (Hayes et al., 2012), p. 272). In this conceptualization, acceptance is seen as flexible, ongoing, and active as we embrace experiences for what they are in the moment (Hayes et al., 2012). This stance of openness is also required from the therapist as they encounter the client, alongside a strengths-based exploration of what has gotten clients through difficult situations in the past. Like DBT this approach does not define self-acceptance directly, but it represents an argument to consider acceptance as an intentional stance towards life.

The theoretical framework applied to this study is Existential Analysis (EA). EA is a phenomenological approach to therapy which is concerned with helping people live a fulfilled life. This approach seeks to help people understand their behaviour and emotions in a manner which allows them to live authentically, with an 'inner yes' towards their engagement with themselves and the world (Längle, 2011). EA provides definitions of outer and inner acceptance which speak to one's capacity to be as they are without the need to alter themselves. This approach was chosen for this study because of the inherent applicability of EA to exploring lived experience, because it provides a specific definition for self-acceptance, and because of my personal identification with Existential Analysis as a theoretical orientation. As such, EA will be detailed in the next section to provide justification for its application to this study.

### **Existential Analysis and ADHD**

In response to the need to define self-acceptance within the literature, I aim to discuss the application of Existential Analysis (EA) on the topic of self-acceptance. The intention with this inclusion is to offer a theoretical orientation which suits the purposes of the proposed research and provides a strong basis for the exploration of lived experiences. According to the Existential Analysis Society of Canada (n.d.) website, Existential Analysis is defined as “a phenomenological and person-oriented psychotherapy, with the aim of leading the person to (mentally and emotionally) free experiences, to facilitate authentic decisions and to bring about a truly responsible way of dealing with life and the world. Thus, Existential Analysis can be applied in cases of psychosocial, psychosomatic, and psychological caused disorder in experience and behaviour” (n.d.). The following section expands on the topic of EA and establishes a case for the relevance of EA to the experience of self-acceptance among adults with ADHD. Afterwards, a specific EA model for conceptualizing self-acceptance for this research will be introduced so that the experience of self-acceptance can be adequately investigated.

### ***The Dialogical Model of Existence***

Prior to discussing the relevance of EA to ADHD and self-acceptance, it is important to make explicit the relevant EA principles which build into concepts like acceptance and self-acceptance. Understanding these principles is integral because they describe the basis of EA as a therapeutic approach. These principles must be defined so that the principles which follow can be contextualized. It should be acknowledged, however, that the full scope of theory and philosophy behind the development of existentialist schools of thought are beyond our purposes here. Instead, core principles behind existential theory are provided so that the concepts which relate to self-acceptance can be understood more clearly.

Existential Analysis, as developed by Alfried Längle, evolved from the work of Viktor Frankl’s logotherapy and his understanding of existential meaning. The difference between Frankl and Längle’s approaches can be found in part within the adoption of a

phenomenological basis which prioritized emotionality and the lived experience of being human (Cooper, Craig, & van Deurzen, 2019; Längle, 2011). As EA is a phenomenological psychotherapy with roots in existential-philosophical background, concepts such as existence, and understanding the role of existence within human experiences play central roles (Längle, 2011). Längle (2011) provides a practical description of existence within EA terms stating that existence is found within an “emotionally anchored realization of our being in the world” (p.42). Once we can reach the realization that we are in the world we become open to the dialogical nature of our existence and from this perspective we are open to the world, but also able to differentiate ourselves from it, thereby becoming a whole person. In this way, Längle defines human existence itself as dialogical with the world; as we encounter the world through dialogue with other people, things, experiences, and with oneself, we bring ourselves in relation to the world (Längle, 2003b). Furthermore, as dialogical beings we expect to be engaged by the world and are provoked by the world through that which engages or speaks to us, causing us to act or make decisions (Längle, 2003b). In EA terms, reaching an understanding of this dialogical exchange with the world allows us to encounter the world through others and within ourselves (Längle, 2003a).

The central aim of EA can be summarized as intending to “help people recognize and come to terms with their behaviour and emotions... with an inner consent” (Längle, 2011, p.41). It is here where the emotional connection to being in the world becomes relevant again as this emotional connection is what the term “inner consent” refers to. Längle (2011) defines consent as a decision that is based in a sense of inner harmonizing, where we give and receive a felt ‘inner yes’ to the decisions we make as we encounter the world around us. To give our inner consent is to be active in the decisions we make. These decisions are intended to harmonize with our values and our personal sense of reality so that we can experience meaningful encounters with the world which are made up of an inner sense of approval that feels congruent to our sense of self. These concepts relating to our dialogical existence and the process of navigating our interactions with the world are the basis of EA intervention as a therapy model.



### *The Structural Model of Existential Analysis*

This section will discuss the four fundamental motivations (FM) of EA which comprise the Structural Model for EA and which are established as the “basic conditions for a fulfilled existence” (Längle, 2016). These principles are intended to provide a frame of reference for how self-acceptance will be defined and investigated among adults diagnosed with ADHD.

The first principle, or fundamental motivation (FM) is related to the reality of an individual’s experience, corresponding with the question “I am – can I be?” (Längle, 2016, p.41). This principle considers an individual’s experience of being human and the conditions they face as they live their life understanding their existence. For people who live with ADHD, whether diagnosed or not, this principle is possibly the most challenging to confront. According to Reitingner and Bauer (2019), the experience of being in the world is felt most strongly when people are met with acceptance from others. The experience of outer acceptance (through dialogue with the world and others) is said to provide a sense of security in oneself and develop a sense of inner acceptance (Reitingner & Bauer, 2019). According to the previously reviewed ADHD literature, the presence of ADHD is associated with experiences of social rejection and a lack of acceptance from others. Therefore, a lack of outer acceptance may compromise the capacity of inner acceptance (self-acceptance) within those rejected by others.

This first FM is the most relevant principle of EA to the concepts of acceptance and self-acceptance as we will define them. According to the EA student manual for the first FM, acceptance is defined within an understanding that we exist as individuals in the world and that we take up space within the world, what matters here is the degree that we can live with that knowledge and let it be (Längle, 2020). Within this framework, the experience of being accepted by others allows us to feel that we can accept ourselves as we are. Interacting with others relates most strongly to our sense of being in the world and provides us with a sense of “inner ground” (Längle, 2020). In other words, self-acceptance is “sparked by the existence of others” (Längle, 2020). If we are accepted by

others this allows us the capacity of self-acceptance on the basis of being accepted for who we are.

Another component of the first principle is one's capacity to accept the conditions provided to them, whether positive or negative, and make decisions with these conditions in mind if those conditions are considered reliable and steady (Reitinger & Bauer, 2019). If an individual is not fully aware of their imposed conditions, such as in the case of undiagnosed ADHD, it seems that their conditions could not be considered reliable as there are aspects of it that remain unknown. If someone has recently been diagnosed with ADHD, however, perhaps the diagnosis would shed light onto their current and past conditions and provide space for the acceptance of an individual's circumstances moving forward.

The second principle is linked to the individual's relationship to life and their inner world. This principle is based on the question "I am alive – do I like this fact?" (Längle, 2016, p. 42). According to EA, the concept of existing is not determined to be a mere fact, it requires experiences of joy alongside experiences of suffering, both through events of suffering and one's chosen lifestyle (Reitinger & Bauer, 2019). This relates to an evaluation of one's lived experiences to consider whether one enjoys their existence, whether they actively consent to, and accept their experience of living. This principle also necessitates the role of relationships, time, and proximity towards what an individual may value (Reitinger & Bauer, 2019). These aspects consider whether the individual has components to their life which they feel close to and choose to freely engage with. In consideration of someone with social rejection experiences, and thereby potentially compromised relationship experiences, we should again consider to what degree the individual would feel comfortable turning to others as a source of enjoyment in life. As an individual with newly diagnosed ADHD, in what ways might one engage with life and enjoy it?

Along similar lines, the third FM considers an individual's ability to be themselves at any given time with the question "I am myself – am I allowed to be this way?" (Längle, 2016, p. 44). This question encompasses the connectivity of the outer

world towards an individual's unique experience of self. That is, what differentiates them from others. Längle describes this principle as regarding identification, the discovery of the self, and of ethics. For this principle to be fulfilled an individual must experience attention or respect, justice, and appreciation (Längle, 2016; Reitingner & Bauer, 2019). In this way an individual's experience of being appreciated by others contributes to their sense of self worth and their sense of self. If these experiences are not present, however, the individual may experience loneliness and shame (Reitingner & Bauer, 2019).

Alongside the previous two principles, this principle emphasizes the importance of social experiences which are positive and affirming. For those with ADHD who might have experienced social rejection due to their expressions of self (e.g., symptoms of ADHD), it appears that alongside a lack of space for the development of an authentic self, feelings of loneliness and shame might be relevant according to this principle.

The final EA principle, when all others are fulfilled, is a question of how an individual's future will be orientated. The question then is, "I am here – for what good?" (Längle, 2016, p. 45). According to Längle, the emphasis here is on finding purpose and fulfillment by determining a field of activity, a structural connection, and a value in the future. The fulfillment of these activities requires a sense of openness to the world and understanding of how one might need to act in each scenario, emphasizing the role of actively choosing how to act in life (Reitingner & Bauer, 2019). If all these components are present, including fulfilling the previous principles of being there, enjoying life, and finding oneself therein, we can then reach state of a fulfilled existence. Regarding the experience of ADHD in adulthood, the relevance here would be in an individual's capacity to have met the previous conditions for a fulfilled existence and to have adopted a sense of openness to new experiences which allows for a true sense of fulfillment. If the components of the final principle are not met, however, the individual may experience feelings of emptiness, frustration, and despair (Reitingner & Bauer, 2019).

EA establishes an inner and outer dialogical openness, so that an individual can gain insight into their lived experience by actualizing their personal capabilities and by fulfilling the fundamental conditions personal existence (Längle & Klaassen, 2019). As

can be surmised by the descriptions of the fundamental motivations, the aspect of outer world influences is experienced in part through experiences of socialization and the degree to which an individual is accepted by those around them. These experiences contribute to their inner world experience and determine to what degree an individual feels in control of the conditions imposed upon them by life, and in turn their sense of accepting an authentic self. Existentialists define self-acceptance as one's openness towards oneself, encompassing the degree to which an individual can accept their outer experiences and accept what occurs internally (Längle & Klaassen, 2019). Per these principles, it seems appropriate to suggest that experiences of social rejection influence the experience of the outer world experience and in turn influence one's capacity for self-acceptance. Clarifying this process allows for a more defined approach to investigating the experience of self-acceptance among adults with ADHD.

It should be stated that none of the questions presented by the EA framework can be answered by anyone other than the individual who is being asked. These questions are not easily answered, given the gravity of the questions, within the larger lived context in which they are presented. However, these questions offer a framework for understanding the process of self-acceptance within lived experiences for adults with ADHD, which is something that has not been explored in the research.

### ***Self-Acceptance Through an Existential Analysis Framework***

Although Young et al. (2008) and Henry and Jones (2011) reference the role of acceptance and self-acceptance within the diagnosis, they do not discuss a model or conceptualization of how self-acceptance is defined or what such a process entails. Young et al. do provide an account of the emotional stages of receiving a diagnosis which ends in acceptance more broadly, but these stages do not seem to address how these individuals experience self-acceptance outside of understanding aspects of ADHD which are now part of their lives. If the acceptance of a diagnosis is related to better quality of life experiences in navigating the diagnosis, it seems important to clarify what experiences, areas of thought, and challenges might be associated with reaching a state of self-acceptance. Understanding this process may provide an avenue for better outcomes

for those diagnosed in a manner that is more clearly defined and accessible for future research. With that in mind this section provides considerations for how acceptance will be defined for our purposes.

The term acceptance is not one that seems easy to define. The Merriam-Webster (n.d.) definition of acceptance contains multiple definitions which relate back to the verb “accept”, which then contains more threads of definitions pertaining to some sort of receiving, enduring, a form of truth, or a favourable concept or idea. Similarly, the etymology of acceptance and accept relates to the Old French term *accepter*, meaning “to take what is offered” or to “admit or agree” (Harper, n.d.). Where this term becomes more complex is when we consider the human experience, where both external and internal experiences would influence an individual’s sense of acceptance. Within the human experiences of existence, loss, and hardship it becomes more difficult to view the acceptance of a difficult life event as something we find agreeable or something we would take as offered as if we are given the choice.

The conceptualization of abstract concepts, like the human experience, have traditionally been addressed by existentialists, such as Viktor Frankl whose work on Logotherapy has contributed profoundly to the field of existential approaches to therapy. According to the Wiley Handbook of Existential Therapy (2019), the purpose of an existential approach to therapy is to “allow clients to explore their lived experience honestly, openly, and comprehensively.” (pg. 3). The aim behind this approach to therapy is to investigate how an individual might come to accept, create, and perpetuate their own way of being-in-the-world (Cooper, Craig, & van Deurzen, 2019). This modality incorporates its philosophical underpinnings of phenomenology as a means to understand the human experience broadly and individually, allowing it to speak towards individual therapeutic practice as well as research (Adams, 2019).

To elaborate, Existential Analysis (EA) calls for an approach to therapy that allows for an individual to examine their life critically and consider ways of being which feel more congruent to leading a life which feels more fulfilling. This involves the exploration of previous and current life events, thoughts, and interactions with others

with the purpose of identifying potential areas of personal responsibility over current ways of being. By identifying areas of incongruence between an individual's chosen and habitual ways of being (Cooper, Craig, & van Deurzen, 2019), we promote an individual's capacity to accept and choose their way of approaching the world. Through this process, the individual can gain insight into their life and choose whether to enact change if desired or affirm their current circumstances and learn to embrace their current ways of being.

Within practice, EA involves the dialogical exploration of an individual's feelings in the here-and-now, in addition to exploring their thoughts and interactions with others in the past to illuminate their perceptions toward past experiences, current events, and future expectations (Cooper, Craig, & van Deurzen, 2019). This approach is a good parallel to the descriptions of the self-evaluative process following the diagnosis of ADHD described by Young et al. (2008). According to Young et al., the self-evaluative process involved the consideration of past experiences and future expectations in relation to the diagnosis of ADHD in adulthood. As ADHD is known to typically develop in childhood (APA, 2022), this suggests that there may be associations of unexplained circumstances in the lives of participants which might now be explained by the presence of the diagnosis. The similarities between the approaches and the alleged positive outcomes of engaging in self-reflection suggest that the application of EA to the experience of ADHD in adulthood is fitting.

In addition to the similarities between the self-evaluative process discussed by Young et al. and aspects of the EA framework, the applicability for working with diagnoses within an EA framework has been previously established. According to Längle, (2008), the process of diagnosis is understood to be a process of realizing and coming to an understanding about a particular disorder. This process typically includes reflections on what seems to be important for the client and establishing the existential needs and capacities of the client. This would involve a procedure of coming to understand how an individual is suffering, what their motivation might be for therapy, and their subjective understanding of the disorder they have been diagnosed with

(Längle, 2008). Längle further suggests that one of the major steps in working with EA and diagnoses are in establishing the clients' personal resources which can be found by exploring the Fundamental Motivations which are core to the EA process for living a fulfilled life and in turn living well with the disorder.

### **The Proposed Research**

This section summarizes the review of literature on adult experiences of ADHD and self-acceptance. A discussion on gaps in the literature will be included in this summary. Afterwards, a rationale for the benefits of this research will be provided with the intention of filling the identified gaps in the literature. This rationale will incorporate a discussion on the benefits of utilizing Existential Analysis to answer the research question behind this study.

The literature on ADHD reviewed indicates some conflicting findings within the quantitative and qualitative data on adult ADHD. Canu and Carlson (2007) and Michielsen et al. (2015) expected greater amounts of rejection sensitivity and social deficits in adults with ADHD based on the presence of peer rejection and social challenges in the literature on adolescent and child ADHD. Despite this there were lower rates of each criterion than expected from their participant pool to the surprise of both groups of authors. Additionally, the research conducted by Paulsen et al., (2005) found active peer rejection behaviours towards individuals with ADHD coming from adults who do not ADHD. Considering the evidence of peer rejection and rejection sensitivity found in studies with children and adolescents with ADHD (and in consideration of peer rejecting behaviors coming from adults without ADHD according to Paulsen et al.), the findings indicating less rejection experiences and social deficits among adults with ADHD is surprising.

Canu & Carlson (2007) suggest that their results which showed less rejection sensitivity responses from participants than expected could be explained by the positive illusory bias, which has been evidenced in children with ADHD (Paulson et al., 2005). But in the literature where participants were prompted to discuss their experience of ADHD, the data captured their perceptions of being rejected by peers and detailed the

significant amounts of distress that this caused them (Ginapp et al., 2022). In effect, these results indicated no presence of this bias and contradict the data suggesting that adults with ADHD do not experience higher rates of rejection sensitivity, social deficits, reported cases of peer rejection. Contrasting findings such as these suggest a lack of clarity on the role of social rejection and acceptance within the literature. This provides a basis for the benefits of conducting further investigations which invite the voices of those experiencing ADHD so that we might lessen the confusion within the literature.

The qualitative articles discovered which investigate the experiences of ADHD in adults reference experiences of self-acceptance as a factor in coping with the changes associated with being diagnosed. The general theme discovered was that those diagnosed in adulthood develop a sense of self-knowledge which allows them to reallocate self-blame to their disorder, creating greater space to move forward in life (Attoe and Climie, 2023; Aoki et al., 2020, Hansson Halleröd et al., 2015; Toner et al., 2006). While self-acceptance is referred to in these articles, the process behind reaching self-acceptance, how it is defined, and how it might be attained for others with ADHD was not made clear (Aoki et al., 2020; Henry & Jones, 2011; Jones & Hesse, 2018; Toner et al., 2006; Young et al., 2008). Though many of these authors equate self-acceptance to the development of self-compassion through the self-understanding provided by a diagnosis of ADHD, the importance of clarifying the experiences, thoughts, and challenges associated with reaching a state of self-acceptance remains salient.

A third area in the literature which presents an opportunity for further research is found in the calling for further research within the field of adult ADHD (Attoe & Climie, 2023; Henry & Jones, 2011; Young et al., 2008.) Although there have been more representations of qualitative research in ADHD on adults, there remain several areas which remain unexplored. Ginapp et al. (2022) reviewed 35 qualitative articles on adult experiences of ADHD and identified little research found in several areas including how adults conceptualize their own diagnosis and how ADHD interacts with identity conceptualization. This research provides an avenue for individuals with ADHD to speak



towards their experience of living with undiagnosed ADHD and the process behind developing self-acceptance.

### ***Rationale***

The motivation behind this investigation is to understand the experiences of self-acceptance among individuals diagnosed with ADHD in adulthood. The intention of studying this topic is to address the gaps in the literature revealed from this review. These gaps include conflicting data about the experiences of social rejection and social deficits among adults with ADHD, a lack of clarity behind the definition and process of self-acceptance, and the callings within the research to further investigate the experiences of people diagnosed with ADHD as they conceptualize it. This section will provide a rationale for conducting this research.

Conducting a qualitative investigation of the lived experiences of adults with ADHD would add to the calling for more qualitative research on adult ADHD and contribute to understanding the experiences of those left undiagnosed until adulthood. Investigating these experiences, through the perspective of those affected, would also address the calling in the literature to understand ADHD from the perspective of those affected by it. To that end, the application of the dialogical model of Existential Analysis (EA) provides a strong foundation for exploring the lived experience of adults with ADHD. As stated previously, EA involves the dialogical exploration of an individual's feelings, thoughts, and interactions in order to understand their experiences (Cooper, Craig, & van Deurzen, 2019). This approach asserts that we cannot remove the individual from their lived context, and in the same way, the influence of their lived contexts cannot be removed from the individual. This relationship between the individual and their lived context is what guides towards an understanding of human experience. The inherent relevance of exploring lived experience through the use of the phenomenological perspective is clear.

The dialogical approach of EA is also relevant to the descriptions of a self-evaluative process following the diagnosis of ADHD in adulthood found on our review of the literature on adult ADHD (Aoki et al., 2020; Hansson Halleröd et al., 2015; Henry &

Jones, 2011; Young et al., 2008). In these articles, the authors described how participants engaged in an existential reflection of their identity following their diagnosis. This included reflecting on unexplained life circumstances, challenging social experiences, symptoms of inattention and other criteria which were now explained by the presence of the diagnosis. For some, this existential reflection caused them to question how ADHD changes their sense of self and who they thought they were. As an existential approach, EA is designed to promote personal responsibility and acceptance within the lived experience of being human, with an emphasis on reflections of past, present, and future experiences. Since the literature indicates that an existential life review is relevant to the process of receiving an ADHD diagnosis in adulthood, this provides further justification to the application of EA to this topic.

With the relevance of utilizing EA to explore the lived experience of adults with ADHD stated, we can move towards the relevance of exploring self-acceptance. The experience of self-acceptance was cited as one of the integral themes to positive outcomes for adults diagnosed with ADHD, but the articles referenced provided little description of what the process behind self-acceptance involved. If it is indeed the case that self-acceptance is relevant to outcomes, then understanding how this process is experienced may allow for better interventions for others diagnosed with ADHD in adulthood. EA provides a definition of self-acceptance which will be used as the basis for the interview questions. From the EA perspective, the experience of self-acceptance is necessitated by the experience of outer acceptance. In other words, in order to better accept ourselves for who we are we must first experience acceptance from others. This definition suggests that experiences of social rejection or social acceptance may modulate one's capacity for self-acceptance.

As discussed earlier, much of the qualitative literature on adult ADHD contained reports of difficulties building and maintaining relationships, feeling different to others, feeling the effects of stigma about ADHD, feeling the need to mask symptoms, experiences of being bullied, and challenges meeting social expectations (Attoe & Climie, 2023; Ginapp et al., 2022). At the same time, much of the same literature

reported that self-acceptance was an associated theme for positive outcomes following an ADHD diagnosis in adulthood (Attoe & Climie, 2023; Ginapp et al., 2022). Despite this, none of the articles reviewed discussed positive socialization experiences within their descriptions of self-acceptance based on the reports of participants. This begs the question of whether socialization experiences were relevant to the development of self-acceptance, or if it was simply unaddressed as a factor in the experiences of participants. By investigating self-acceptance from the definition of EA, we can query the socialization experiences of those investigated and determine the relevance of socialization to the experience of self-acceptance. In tandem with bringing more context into the process of self-acceptance, this would also provide an opportunity to clarify the conflicted literature on social deficits and social rejection among the quantitative and qualitative literature.

By providing those diagnosed with ADHD an opportunity to address their experience of the disorder we can better understand ADHD from the perspective of how it is lived, rather than conceptualized. This research seeks to understand the experience of individuals who navigated life with undiagnosed ADHD and how such an experience affected their sense of self. In conducting this research, I intend to shed light onto this under-researched area with the following research question: *What is the lived experience of self-acceptance among adults diagnosed with ADHD?*

### CHAPTER 3: METHODOLOGY

This research project intended to understand the lived experience of self-acceptance in adults diagnosed with ADHD using a qualitative research design. More specifically, the research question was investigated by utilizing the voice-centered and relational Listening Guide. This approach seems especially prudent due to the Listening Guide's emphasis on ensuring that the voices of participants are heard and contribute to the field of research that is being studied on their behalf. In conducting this research, my hope was to bring the experiences of adults with ADHD to the forefront regarding the role of self-acceptance within navigating an ADHD diagnosis. In this chapter the paradigmatic roots of this investigation are explored along with an explanation of the Listening Guide approach and a rationale for the application of this method to this research project. Afterwards, the procedures which relate to participants, recruitment, data collection, and data analysis are discussed. The final parts of this chapter will discuss the researcher's stance within this project and considerations of research quality and trustworthiness.

#### **Paradigm Considerations**

The paradigmatic lens used for this investigation is rooted within the phenomenological paradigm. The intention behind this research is to bring the relational context of how ADHD is experienced for those diagnosed in adulthood, and how they experience self-acceptance, into the literature. As a phenomenological research approach, the Listening Guide pairs well with this research focus and using this method will ensure that the field of research on ADHD involves the voices of the ADHD community rather than through a detached perspective devoid of context. This section will explore the underpinnings of this research project as a qualitative study and then transition into discussions on the suitability of the phenomenological paradigm and the Listening Guide to this study.

#### ***Qualitative Research***

The function of qualitative research is to study phenomena within their natural settings, so that the research can attempt to make sense of or interpret phenomena in

terms of the meaning it brings to people (Mertens, 2015). The intention behind this approach is to explore research questions with inductive and/or abductive reasoning. In this way we can attempt to understand research criteria without the imposition of expectations about which direction the research will go so that the categories of analysis emerge as the study progresses (Mertens, 2015). Where quantitative research attempts to employ deductive reasoning to isolate phenomena and determine generalizable results, the intention here is to instead understand the experience of the participants with in-depth methods of analysis which pay attention to the context-rich circumstances of the lives of participants (Morrow, 2006; Ponterotto, 2005).

### ***Hermeneutic Phenomenology***

Hermeneutic phenomenology originates from the ontologically based philosophy of Martin Heidegger. Heidegger referred to the concept of *Dasein* (“being there”), and the concept of the *lifeworld* (Neubauer, et al., 2019), to represent the notion of a living being through the activity of being-in-the-world (Horrigan-Kelly et al. 2016; Orbanic, 1999). Heidegger’s phenomenology is based on the existential perspective where the “understanding of a person cannot occur in isolation from the person’s world” (Orbanic, 1999, p.138). This perspective aligns with the qualitative approach of championing the context-rich experience of the individual rather than attempting to isolate aspects of their experience.

According to Neubauer, et al. (2019), the process of hermeneutic phenomenology is to understand the layers of “human experience that lay obscured beneath the surface awareness and how the individual’s *lifeworld*... influences this experience” (p. 94). In other words, understanding someone’s experience necessitates considering the context of the individual and how the individual’s context has influenced their experience. The emphasis is that the individual’s lived experience cannot be separated from their lived context. Under the assumption that all experiences tie to an individual’s *lifeworld*, we must then consider the entire lived experience of the individual and delve into interpretations of the phenomenon through their lived experience (Neubauer et al., 2019). In the case of adults with ADHD, the intention behind utilizing this approach is to

understand the context behind the lived experiences of individuals undiagnosed with ADHD as they understand it but also how their lived context may have affected their understanding of ADHD.

In application to phenomenological research directly, the influence of the *lifeworld* is still apparent and irremovable. As beings who are part of the world (or *lifeworld*), this necessitates that the attempt to isolate ourselves from bias (that is, to isolate ourselves from our *lifeworld*) is not wholly possible. Instead of attempting to remove bias, the researcher should acknowledge their preconceptions and allow their subjectivity to be part of the analysis process (Neubauer et al., 2019). This process requires the researcher to maintain perspective on the phenomena being investigated while considering how the data influences the phenomena and how the phenomena may influence their perception of the data (Neubauer et al., 2019). Within this process, however, reflexivity and openness become integral so that the researcher can moderate their positioning and ensure data saturation so that they do not come to an understanding too quickly (Horrigan-Kelly, 2016).

This paradigm prioritizes the perspective of the individual as an active participant in contributing to the field of research and it also considers how the lived context of that individual has influenced their perspectives. This requires an open stance from the researcher which prioritizes the participant's interpretation of their own experience, while keeping perspective and reflecting on how the meanings they have adopted from their cultural, social, and political contexts may influence their interpretations (Neubauer et al., 2019). By adopting this approach, we can investigate phenomena of self-acceptance in adult ADHD as it is lived by the individual, thereby also allowing for the expansion of how the phenomena being investigated is viewed.

### ***Phenomenology and the Listening Guide***

Although this research was conducted from a phenomenological perspective, it should be acknowledged that the Listening Guide methodology finds its roots in the transformative paradigm. It is important that this distinction is made clear and addressed. This section serves to address what the transformative paradigm speaks towards and how

this is compatible with hermeneutic phenomenology as both the paradigm used in this study and the paradigm I identify with on a personal level.

The concept of relational ontology as discussed by Slife (2004) represents my personal connection with the hermeneutic phenomenological approach to research. Slife asserts that practical questions proposed towards theorists are often answered within context and theoretical ones that neglect relational ontology are removed from context. To understand an individual, we need to consider their environments and experiences, or in other words, the context of their life. This perspective seems directly comparable to Heidegger's conceptualization of *Dasein*, wherein you cannot separate the individual from it. In both cases, the relationship with the context is championed as key to the process. Research methods posed towards the of building a narrative from identified themes through engaging with personal perspectives, experiences, and environments are highly appropriate in developing an understanding of research participant lived experiences (Mertens, 2015; Ponterotto, 2005; Neubauer et al., 2019). Understanding these experiences will allow for a better understanding of the context participants live in and utilizing those contexts in research might bring better results in novel ways that are not limited by the neglect of relevant context.

Although based in the transformative paradigm of research, the Listening Guide is also considered a phenomenological approach to research (Gilligan et al., 2003). It carries the notion that each perspective is individual and valid with the inclusion of intentionally empowering those being investigated to transform the field of research which represents them. A key component of the Listening Guide is the notion that the psyche (also referred to as inner world or self) is relational, dynamic, and in constant interaction with social, cultural, and material contexts which constitute human experiences (Tolman & Head, 2021). These experiences are manifested through the telling of our experiences as stories, and the voices emerging from the re-telling of these stories are interpreted in order to understand the psychological process and logic behind the people who share these stories. This perspective is parallel with hermeneutic phenomenology, it highlights the

importance of lived experience and context as inseparable components of understanding these experiences.

Qualitative methods which entail extensive research-participant interaction are what can allow me to connect with participants lived experiences with ADHD in ways that incorporate their life contexts. In this way the Listening Guide is compatible with my personal phenomenological perceptions, and it allows me to go further by addressing the underrepresented voices of those in the ADHD community within the research. To better understand how ADHD is experienced for those within the scope of this study a voice-centered approach is sensical and aligns with my personal values. The next section will expand on the Listening Guide design and how it was utilized in this study.

### **The Listening Guide Design**

This project hoped to provide evidence for the value of considering the perspectives of adults living with ADHD by inviting them to articulate their context-rich experiences of self-acceptance and living with ADHD. To provide context to the experiences of self-acceptance, this topic was explored using a descriptive phenomenological approach, Brown and Gilligan's (1992) voice-focused Listening Guide. A phenomenologically rooted approach helped me conduct this research project on the lived experience of self-acceptance for adults living with ADHD by providing a space in which the voices of participants contribute to the themes identified. Allowing their voices to contribute to themes drawn was intended to deepen the understanding of ADHD as a disorder but also provide a deepened understanding of how one with ADHD has experienced their condition. The value of utilizing this perspective and paradigmatic approach is in empowering those who are being studied and ensuring that their values and outlooks on their own disorder are emphasized.

Gilligan (2015) writes that the attention paid to the voice and the interplay of voices within an interview transcript, the dynamics of the research relationship, and the cultural setting of the research establishes the contextual framework for understanding or interpretation. In this way the voice provides insight into the inner and outer worlds of participants, providing an avenue of communicating experiences which delves deeper



into the lived experience of the participant. In addition to the experience of voices, this approach also provides special interest into the voices of society which are typically silenced or marginalized in typical research or discourse (Brown & Gilligan, 1992). For our purposes of investigating the lived experience of adults with ADHD, this approach is highly applicable due to the importance of lived context and representation of unheard voices within the method, thereby solidifying this approach as an appropriate method for this project.

The Listening Guide method is comprised of a series of sequential listenings, with the intention of bringing the researcher into relationship with the participant's multilayered voice by tuning into aspects of the participant's experience or expressions within relational contexts (Gilligan et al., 2003). Gilligan emphasized the role of an active researcher in the process at each stage of the process so that the subjectivity of each participant's narrative is appropriately engaged with. The following sections describe each of the stages of the Listening Guide as conceptualized by Brown & Gilligan.

***First Listening: Listening for the Plot***

The first listening involves the mapping of the psychological terrain of the participant (Gilligan, 2015). "Listening for the Plot" is intended to direct the researcher to the landscape of the interview, that is, ponder the questions of the subject of the narrative, what is present or missing in the story, and consider what are the salient themes, metaphors, gaps, or emotional hot spots within the narrative. It is also intended for the researcher to explore their own feelings and reactions in the response to the narrative being shared so that it can be distinguished from the voices of the research participant as a form of avoiding countertransference in the research process (Gilligan, 2015).

***Second Listening: I Poems***

The second stage of the Listening Guide process involves listening for the I's within the participant interview process (Gilligan, 2015). This stage is intended to connect the researcher to the voice of the other, with specificity on the first-person presence of their voice in the world. Traditionally, this process involves the selection of every "I-statement (pronoun and verb with or without the object) within the transcript and

listing them in order of appearance” (Gilligan, 2015). The result is the creation of a poetic cadence which establishes a stream of associative thought within the narrative to evoke voices that may not be consciously speaking but are present within the individual.

Following discussions with members of the research team during the analysis process, I chose to include additional context in the I-Poem segments that went behind pronoun and verb. Although this decision may have restricted the detectable patterns or cadences within the streams of associative thoughts, I felt that the added context evoked emotions and highlighted elements of the narratives of each individual in a manner that ultimately benefited the analysis process.

### ***Third Listening: Contrapuntal Voices***

The next stage in the process involves the delineation of voices present within the transcript with specificity to the initial question which guided the research (Gilligan, 2015). This step typically involves multiple readings of the transcript so that the researcher can identify the themes most relevant to the research question. The intention behind this step is to provide the researcher with a mode of understanding the different layers of a person’s experiences in response to the research question (Gilligan et al., 2003). In the Listening Guide, the term voice is used to describe an embodied entity which emerges from a person’s narrative (Tolman & Head, 2021). It represents a dialogue between the person, their lived context, and the subtleties of expression within the narrative. In this way, voice does not just refer to what is said but also how it is said, and this is interpreted through analysis to denote the patterns behind a person’s psychological process and logic (Tolman & Head, 2021).

Gilligan et al. (2003) write that the process begins with specifying the voices we are hearing which denote a certain theme or thread to follow within the narrative and noting how we can identify these themes individually through the remainder of the text by defining the voice. This process will involve labelling a certain voice (typically with an associated colour to highlight a specific thread of voices) and re-examining the transcript for the purposes of finding evidence for that same voice again. This process is repeated for every contrapuntal voice that is identified, followed by individually

highlighting the voice with the appropriate colour where appropriate. In some cases, a voice might have multiple meanings and require several highlights to fully capture the intention behind the voices and represent the relationships between the identified voices in the narrative. These voices could be complimentary or in conflict with one another. The intention is to discover multiple voices within the narrative to represent the multiplicity of voices with the experience of an individual while also assessing whether the voices emerging from the data are meaningful to the narrative being shared through multiple passes by the researcher (Gilligan et al., 2003).

#### ***Fourth Listening: Analysis***

After passing through the transcript a minimum of four times (Gilligan et al., 2003) with evidence of researcher notes and summaries as part of the process to track narratives and voices, the final step involves the summarization of the material that has been identified about the participant with respect to the research question. This step involves a synthesis of the identified themes and narratives discovered throughout the process in the form of an essay which highlights the researcher's interpretations and evidence for interpretations based on the transcripts and previous listenings (Gilligan et al., 2003). This step might highlight the need for modifications of the research question itself depending on the findings of the process and the information provided by participants, thereby representing the transformative nature of the process which relies on the emergent design aspect of the Listening Guide process.

#### **Participants and Recruitment**

The seven participants (see Table 1) in this investigation were adults (19 years or older) who had been diagnosed with ADHD in adulthood by a medical practitioner at least three months prior to the interview date. Of the seven participants, one identified as male and the remaining six all identified as female. Although this particular distribution of gender may have limited the representation of the male experience of ADHD and self-acceptance within the scope of this study, I decided that it was important to include the data collected from the one male participant in consultation with the research team. The reason for this decision was that the focus of this study was on the experiences of

individuals diagnosed with ADHD in adulthood and the relevance of those experiences to the research question. To that end, all participants in this study were diagnosed with ADHD in adulthood and each narrative captures a unique and valuable account the lived experience of self-acceptance. All participant stories were deemed important to include in this study because each one provides insight towards the topic of investigation and therefore allows for more voices of the individuals who live with ADHD to be represented in the field of adult ADHD research.

All interviews were conducted in English. Besides being diagnosed in adulthood and the ability to communicate in English, the only other exclusionary criterion was whether any other debilitating conditions which may have influenced their life experiences more prominently than the presence of ADHD were present (See Appendix B). All participants declared that no other debilitating conditions were present. By avoiding extensive limitations on who can be included in the study, I hoped to facilitate discussions and identify themes which invite the interpretations of individuals with ADHD, while incorporating the context of their lived contexts and diverse cultural experiences. This process allowed for a deeper understanding of how ADHD affects the lives of those diagnosed because the dialogue taking place involved the context-laden experiences of the individual diagnosed.

Participants were recruited through purposeful methods, as is common in qualitative research (Mertens, 2015). This process involved the use of snowball sampling and the nomination of potential participants through other informants. In addition, a digital poster (Appendix A) was shared on social media platforms to promote the topic of study. The recruitment process also relied on intentional sampling through colleagues and personal contacts who were willing to share invitations to participate in the research study with others who were interested in the study. There was also an honorarium offered for participating in the study in the form of a \$15.00 Amazon gift card.

There are no specific numbers of participants required for the Listening Guide. According to Gilligan et al. (2003), sample size is determined instead by saturation of the data, that is, the point at which no new shared voices are emerging from the data to mark

the end of data collection. After conducting a search on comparable studies which use the Listening Guide for reference, participant numbers ranged from six to 10 (Chan, 2020; Killas et al., 2020; Martin, 2021).

**Table 1**

*Participant Demographics*

Name	Self-identified Gender	Age	Date of Diagnosis	ADHD Classification	Marital Status	Self-identified Racial/Ethnic Identity
Isabelle	Female	25	2022	Inattentive	Married	Hispanic
Ajay	Male	29	2020	Unspecified	Single	Indian
Charlotte	Female	24	2021	Inattentive	Single	Caucasian
Anne	Female	32	2022	Inattentive	Single	Hispanic
Abby	Female	30	2022	Combined	Common-law	Caucasian
Michelle	Female	35	2022	Inattentive	Married	Caucasian
Emma	Female	39	2021	Combined	Married	Caucasian

**Data Collection Procedure**

After participants expressed interest in participating in this study a brief screening process was conducted over the video conferencing tool Zoom to determine their appropriateness for the study (see Appendix B). After determining their eligibility, a separate interview time of 60-90 minutes was scheduled based on the participants availabilities and their preference for virtual or in-person meetings. A consent form was then reviewed and emailed to them for their individual review and signing (See Appendix C). The purpose of granting time in between meetings was to allow time for the participants to review the consent forms at their leisure to alleviate any pressure to proceed, this purpose was communicated to the participants. This was followed by a brief

description of what to expect in the next interview and clear communications that there was room for accommodations during the interview (such as breaks, bringing a family member, or access to the questions) should they need it. I also mentioned an opportunity for a shorter follow-up interview to discuss the results of transcript analysis and to receive feedback on the researcher team's interpretations (also to be held over zoom).

A total of eight participants expressed interest in this study, one of which did not meet the eligibility criteria. The reasoning for their exclusion was explained to them along with an offer to inform them of study results. The semi-structured interviews were conducted either in-person or over Zoom as per the preference of participants. Out of the seven participants, only two elected for in-person interviews. All interviews were recorded over Zoom with audio and video recording. The Zoom platform was also utilized to support transcription activities.

To cultivate sensitivity to the participants potential needs, accommodations were again offered at the onset of the interviews and were made available at any time per their request. This included opportunities for taking breaks during the interview, altering of the interview length, and determining a pseudonym of their choice for analysis and publication purposes. This was offered to assist participants in feeling comfortable during their participation and to provide them with adequate support during the process. The consent form was also briefly reviewed at the beginning of the interview to ensure that the participants were aware, informed, and comfortable with the process.

A semi-structured interview guide (see Appendix D) was utilized during the interview. As part of the suggested procedure for the Listening Guide, the researcher ensured that rapport was built with the participant in lieu of reliance on a structured interview guide (Gilligan et al., 2003). As such, the interview began with the expression of appreciation for their participation in the research process along with an introduction of the researcher and the research process and purpose. The interview guide was utilized to guide the dialogue while remaining flexible to navigate topics raised by the participant which were relevant to the research topic. At the end of the interview, several demographic questions (see Appendix E) were asked (with the consent of the participant)

for data gathering purposes. Afterwards an opportunity to ask any further questions, make any further statement, or reflect on the process together was offered.

To end the interview, participants were thanked and reminded of an opportunity for a later follow-up interview to discuss the results of the research team's analysis. We then reviewed a debriefing form (see Appendix F) together which summarized information related to the study, included another reminder of a follow-up interview, and included resources for available support should the participant desire them (and if they were needed during the interview). The debriefing form also reminded participants of their right to withdraw from the study should they desire it, and it contained the contact information of the human research ethics board for Trinity Western University should they have questions or concerns.

### **Data Analysis**

The data analysis procedure for this project closely followed the previously discussed Listening Guide procedure. Once the interviews were conducted, with adequate attention paid to non-verbal communication markers and other researcher notes, the interview recordings were then transcribed onto a Microsoft Word document for the purposes of analysis and password encryption. In addition to noting the pauses, laughter, tears, and hesitations in the dialogue, this part of the process also included noting down my own reactions to the narratives being presented as I became immersed in each narrative. The process of noting my reactions and interpretations were journalled throughout the entirety of the analysis process to ensure that I remained reflective and situated on the topic being investigated. Next, the four Listening Guide stages were implemented.

The first step of listening for the plot took place as the initial pass of the transcript which captured the essence of the narrative being presented. This process allowed me to orient myself, as the researcher, to the participant's story as I recorded my initial understandings of key figures, timelines, and details within their narrative and onto each transcript. These impressions were then written into a brief story narrative which captured the timelines of events, key impressions from the participants on the

phenomenon being investigated, and my own impressions of the participants and their unique contexts.

In the next stage of listening, the I-statements within the narrative were recorded in a separate document to create the I-Poems. This was followed by the process of listening for the contrapuntal voices. This consisted of several passes of each transcript wherein different voices were identified and highlighted using the Microsoft Word highlighter function within the transcript (Gilligan et al., 2003). In adherence to the listening guide design, all of these steps were conducted with a research team comprised of at least one fellow researcher from Trinity Western University (Gilligan, 2015). This helped to create a space for open, in-depth dialogue on the topic being investigated which bolstered reflexivity and credibility towards the themes identified. Finally, the synthesis of each of the above stages, all researcher and research team interpretations, and the themes emerging from the voices across the participant group were analyzed and documented.

After the voices from each transcript had been placed into themes and patterns, both individually and across all participants, the participants were individually contacted for a follow-up interview. The follow-up interview offered a space to connect with the participants on the interpretations drawn out as part of the member checking process (Mertens, 2015). It also offered an opportunity for participants to provide feedback, additional insights, and alterations to their earlier accounts or researcher interpretations if they feel they had been misrepresented. This stage is an integral aspect of the transformative research process relevant to the Listening Guide as it fosters participant empowerment in the process of research and helps to include their voices within the research (Mertens, 2015).

### **Researcher Reflexivity**

In Mertens (2015) and Gilligan et al.'s (2003) descriptions of conducting transformative research they state that there is an ever-present influence of the researcher on the data being gathered and the meaning or interpretations being drawn from it. From this perspective, a researcher's bias influencing the research process is seen as inevitable



and should be embraced rather than be limited. The onus on researchers and their research teams, however, is to note markers of reflexivity and to differentiate the researcher's position from the participants voices throughout the process. Naming the researcher's position helps to ensure that the participant's perspectives are more accurately interpreted and honoured. In the case of this project, reflexivity also speaks to the need to consider my own position within the topic of ADHD and self-acceptance to ensure that I am prepared for potential influences on data interpretation and other research processes.

My relationship to ADHD comes from having a partner who was diagnosed with severe ADHD at an early age. This perspective allowed me to witness the experience of someone with ADHD who had been medicated since age six and was consistently redirected by adults and peers for behaving in ways which were considered unacceptable by societal norms. Although these peers and adults were well-intended much of the time, the factor remained that the "unacceptable behaviours" were representative of my partner's truest sense of self as someone who has ADHD. The symptoms she experienced informed parts of her identity and in effect, the feedback she received from those around her would often ask her to change or alter aspects of who she was. These experiences led her to feel that who she was by nature was not acceptable and needed to change if she wanted to be successful in life.

I share these aspects of her story, with her permission, to emphasize that I have seen how much ADHD can affect somebody in their daily life; it affects friendships, school grades, work environments, relationships with family members, romantic relationships, and one's relationship with themselves. For my partner the narratives around ADHD facilitated self-rejecting behaviours, as she questioned why normalcy felt unattainable for her. Because I witnessed these experiences, I now view ADHD as something that is often misunderstood and feel a heightened sense of sympathy for those who have it. When the time came to select a topic of study for this thesis, ADHD came to mind as a topic and demographic of people that I care about. I realized that I want to be a

component of challenging the narrative on ADHD so that it can be normalized, or so that what is considered normal might be reconsidered.

Regarding the other component of this study, my relationship to self-acceptance emerges more from the general human experience of struggling to find self-acceptance. Unlike ADHD, grappling with self-acceptance is an inescapable aspect of the human experience. In my case, self-acceptance always felt difficult to find or maintain. I often found myself altering my behaviour to match what I thought other people wanted from me in a given moment and felt that their expectations or suggestions were likely better than my own felt senses. During my master's program, however, the concept of self-acceptance through the lens of Existential Analysis felt striking to me. I realized that the times I felt most comfortable with myself were when I was fully open with others and met with open arms. During my attempts to find self-acceptance solely within myself I did not notice the same sense of security. The concept that acceptance from others was integral to experiences of inner acceptance was different than the definitions I had seen prior, and it resonated with me.

All of these components gathered towards the creation of this thesis which asks about the experiences of adults with ADHD who did not know they had it. If they had similar challenges with ADHD as my partner but these experiences went unexplained until recently how would this affect them? How would these adults come to terms with their former and current sense of identity with such a pervasive and influential condition that was unknown to them? Now that my position on the topics of this study has been outlined, the following section will describe how these influences were bracketed to ensure that markers of rigour, trustworthiness, and quality were represented in the exploration of these questions.

### **Rigour**

Quality markers in qualitative research are found not within objectivity and generalizability, but instead in the subjective experience of the participants (Mertens, 2015). Throughout this process there remains a need to establish markers of trustworthiness and quality within the research process to help ensure that the experience

of the participant is honoured. As this project uses Listening Guide method, many of the markers for trustworthiness and quality emerge from the transformative nature of the method. As such, the bulk of this study drew from aspects of transformative approaches to rigour. This is balanced with the emphasis on openness and reflexivity integral to phenomenology highlighted by Neubauer et al. (2019) as the paradigm this research is based on. This section will discuss aspects relevant to both transformative and phenomenological rigour to account for this crossover.

Mertens (2015) provides an account of transformative criteria which are relevant to the production of quality qualitative research based on the associated concerns of social justice. These criteria involve the role of fairness, ontological authenticity, community, attention to voice, critical reflexivity, reciprocity, catalytic authenticity, and social change. The common theme among criteria for quality transformative research lies in an adequate representation of participants and a deep level of respect adhered to their involvement in the research. This section provides a discussion of these criteria as they are relevant to this study.

Mertens (2015) discusses the role of fairness in transformative research as the measure of the degree to which the research question being answered relates to the needs of the people and communities involved. This criterion denotes the involvement of those being investigated within the research agenda. Mertens continues with a description of ontological authenticity as another marker of trustworthy research that is transformative. This aspect represents a deep enough level of the participant's experience of the world being described through the research process. The aspect of community relates to the level at which the researcher can connect with the participants and represent their needs in the research. In the case of attention to voice, this aspect involves the role of the researcher in seeking out the voiceless and providing them with a platform to be heard. The role of critical reflexivity requires the researcher to remain aware of their position in the research and their influence upon the data being gathered. This includes an acknowledgement of privilege and the role of reciprocity in the researcher's consideration for what they can return to the communities being investigated after the

research has been completed. The final two criteria for transformative research involve the level of authentic change that the research process can catalyze and the actual use of the research findings for social change, both of which require careful consideration of the social conditions and implications of the persons and communities who participate in the research.

All the above criteria for quality and trustworthiness involve the assurance that participants voices are acknowledged, represented in the research, and honored throughout the research process. For the purposes of this project, member checks and peer debriefing enhanced attention to participant perspectives on fairness, community, relational ontology, and attention to voice. This process involved checking in with stakeholders and members of the research team for the purposes of verifying the construction and interpretations of the data. The process of checking in with participants took place at the end of the interviews and through follow-up interviews with participants. This strategy ensures that the process of research remains reflexive, and an ongoing process that incorporates the participants as active stakeholders (Mertens, 2015). These check-ins also offer opportunities for reciprocity and for the discussion of avenues for social change which can continue to be informed by the ADHD community and then be represented as recommendations following the completion of the research process to assist in catalyzing social change.

While the accountability for attention to voice seems clear in the Listening Guide process, reflexivity and positioning is integral to the Listening Guide process as well. The first step in the process, Listening for the Plot, allows the researcher an opportunity to position themselves within the participant narrative and to account for transference possibilities. This step can ensure also further accountability for critical reflexivity in conjunction with member checking. The final step of the Listening Guide process, the analysis, also provides an opportunity to assess the need for modifications of the research question itself depending on the findings of the process and the insights provided by participants. There were opportunities for peer debriefing while analyzing transcripts

with the help of a research team to ensure that conclusions were drawn with further credibility as part of Gilligan's (2015) relational representation of the Listening Guide.

Another aspect of rigor which is present in this project lies within the inherent nature of the Listening Guide allowing for in-depth, thick descriptions of participant accounts. The Listening Guide emphasizes careful descriptions of participant circumstances and contexts for the purposes of identifying themes in participant narratives throughout the process (Gilligan et al., 2003). This emphasis can strengthen transferability in research, which Mertens (2015) describes as parallel to external validity. Mertens writes that the use of thick descriptions enables readers to make judgements about the applicability of research findings to their own situations by relying on the sufficient descriptions made available in the research report. These descriptions readily saturate during a process of exploring and identifying themes in the narrative. The use of these thick descriptions also lends itself well to engaging participant experiences and representing their experience of ADHD richly so that future research can benefit from their perspectives.

The hermeneutic phenomenological approach to research asks researchers to "openly acknowledge their preconceptions and reflect on how their subjectivity is part of the analysis process" (Neubauer et al., 2019. p. 95). In similar fashion to the participants of this research, the researcher cannot isolate themselves from their own lived context which will inextricably influence their perception of the topic being investigated, and vice versa. Although this research used the Listening Guide as its methodology rather than hermeneutic phenomenology directly, the importance of openness and reflexivity to phenomenological research design (as emphasized by Neubauer et al.) is germane and should be acknowledged.

### **Ethical Considerations**

The process of conducting any form of research brings with it the need to consider ethical guidelines and standards. This study was approved by Trinity Western University's Human Research Ethics Board which helped to ensure sound ethical

practices were conducted. This process helped identify any potential areas of concern which were corrected prior to the investigation.

The risks and benefits for participation in this study were described for participants to ensure that they were informed and aware of their rights within the research process, including rights to privacy and the right to withdraw from the study which were detailed in the informed consent form (Appendix C). Although this research did not intend to cause participants distress beyond the levels of distress arising in daily life, participants were provided with a resource list with contact information, crisis lines, and various counsellors they could access for support if needed within the debriefing form (Appendix F).

Because this research was conducted using the Zoom platform, additional areas of ethical concern were relevant. The Patriots Act of the USA pertains to the storage of research recordings on servers in the USA. In the USA, zoom software can store files on servers that are under USA jurisdiction. One approved strategy for addressing privacy of research data stored by Zoom is to restrict the time frame for online Zoom storage to ten days. To adhere to this standard, any research data recorded via zoom was downloaded to a locked hard drive located in Canada within the ten-day period.

## CHAPTER 4: FINDINGS

The purpose behind this project was to invite adults diagnosed with ADHD to share their experiences of being diagnosed with the disorder and discuss how such events have influenced their lives. In this case, special interest was be applied to understanding the experience of self-acceptance within the context of receiving an ADHD diagnosis and living with the disorder. The intention of this project was to gain further understanding behind the complex lived experience of self-acceptance within adults who have been diagnosed with ADHD through bringing the voices of people living with the disorder into the research.

After the interviews of the 7 participants were conducted, I, in collaboration with my co-researchers, found 13 voices during the analysis process. These voices were categorized into four main groups: voices of struggle, voices of disconnection, the voice of acceptance, and voices of connection. The voices of struggle included struggle, pressure, internal conflict, and yearning. The voices of disconnection included disconnection from others, misfitting, disconnection from self, and shame. The voice of acceptance was placed into its own category. Finally, the voices of connection included connection to others, connection to self, self-compassion, and resilience. This chapter begins by introducing each participant, providing a summary of their narrative of ADHD and self-acceptance and discussing how the voices appeared within their unique story. Afterwards, an in-depth analysis of each voice is discussed as they relate to answering the question of what the lived experience of self-acceptance is for people diagnosed with ADHD in adulthood.

### **Participant Stories**

Each participant shared a unique account of their experience of ADHD and self-acceptance. Despite the unique experiences displayed, however, there remained similarities across each narrative relating to how ADHD affected them prior to knowing they had it, how being diagnosed with ADHD changed things, and within their stories of self-acceptance. This section focuses on each participant and explores their experiences

with ADHD and self-acceptance along with descriptions of the voices which emerged from the transcript.

***“Isabelle”***

Isabelle (pseudonym) is a 25-year-old woman who had been diagnosed with ADHD for roughly one year at the time of interview. Isabelle is relatively recently married and is currently a student completing her master’s degree in counselling psychology. She described leading a physically active and social lifestyle, in reference to her love of spending quality time with her friends and pets alongside participating in sports and other forms of wellness.

When reflecting on the ways which ADHD may have affected her before she was aware of it, Isabelle stated: “... it touches every area of your life, you know, so I feel like as I talk about ADHD, like, what was it like before being able to have words to understand my own experience?” This quote elucidates the bizarre nature of reflecting on ADHD before receiving her diagnosis as the presence of her ADHD symptoms were intertwined with her lived experience without her awareness. Now, reflecting on her life informed by the presence of ADHD, Isabelle described challenges in adjusting socially, academically, with time management, and within her connection to herself as elements of her journey of ADHD and self-acceptance.

While reflecting on the role of ADHD before her diagnosis, Isabelle shared that she was bullied in elementary school and often felt “like a loner”, resulting in her often choosing to spend more time with her family rather than friends. This was exacerbated by her struggle to connect with her peers in general, such as on the topics of humor or casual interests. The following excerpt from her I-Poem emphasizes the voices of pressure and struggle alongside a voice of resilience which emerged from her story as she was forced to adjust in some way to her sense of misfitting:

I feel like I'm trapped  
I'm always moving forward  
I can't stop  
I just have to keep going



I feel disconnected with other people

I have to

I find that so hard

The voice of shame emerged as she shared about the effects of routinely forgetting the names of her soccer teammates of five years, adding to her challenges in connecting with her peers:

I think it's just like it makes you not want to talk... because what if you said their name wrong? Or maybe they think you don't care about them? Or [I'm] like stuck up or? ... I think it's embarrassing. And also... it makes you feel stupid... makes it feel like there's something wrong with you.

Isabelle's voices of shame, pressure, and struggle emerged together at several points during her story as she provided context to navigating these challenges. The voices of struggle and pressure were representative of the expenditure of significant effort to adjust and change, such as attending tutoring three times weekly to improve her school performance or rehearsing the names of her teammates to ensure that she does not forget their names again. The voice of shame represented the avoidance of feeling different or being seen as lesser.

The voices of connection and disconnection were present in Isabelle's description of building a life with her husband in comparison to what was 'normal' for her growing up. She contrasted feeling understood within her family as she leaves "trails of Isabelle" around the house as natural occurrence to feeling disconnected with her husband who struggles to navigate life in an environment which feels messier. This pattern was captured in the following quote as Isabelle explained the ways in which ADHD continues to affect her connections to others even today:

I think that maybe this is the biggest way that has been a struggle has been leaving a system a family system where who I was, was like, okay, to be in and like, normal... to a system that I'm building with my spouse... I can't help but feel like there's messaging like you're wrong, like you need to do better.

Isabelle discussed the example of matching her husband's standards of cleanliness to illustrate how expectations create a "disconnect" from herself as well as disconnection from others. A voice of yearning contrasts with the voice of disconnection, where the voice of yearning represented Isabelle's desire for connection and belonging:

... I just can only attend to so many things. And the stuff that I actually choose to value, like I'd rather enjoy that like, connection with myself, connection with others, which I think is a strength... it just feels like... like a lot when I'm trying to be mindful of my own experience and to make that connection with other people... because I really like that.

Isabelle explained that her sense of disconnection towards herself and with others was a major aspect of her experience as someone with undiagnosed ADHD. In following excerpt of her I-Poem, she speaks to her inner experience of ADHD in the past as while voicing disconnection:

I couldn't think

I couldn't

I couldn't think

I couldn't share what I was actually experiencing

I couldn't

I felt disconnected from myself

The voices of internal conflict and misfitting also emerged as she reflected on her sense of isolation from others in the past:

I always felt like left behind

I always felt

I could look back

Why didn't I do that?

Why was I so?

I always felt behind

I guess

if I could go back

I would

These excerpts of her I-Poem reflect the ambiguity of Isabelle's sense of alienation from others and from herself, as she lacked the resources and language to understand her experience. Although unaware of why, Isabelle expressed feeling conflicted about her own experiences while also sensing that she did not belong as she was. Expressions of internal conflict and misfitting were threaded throughout Isabelle's story of acceptance

and ADHD, as seen in her descriptions of elementary school loneliness, issues relating to socializing with her soccer team, and even now with her husband.

The voice of self-compassion emerged as Isabelle considered the role of being diagnosed with ADHD. Now equipped with the understanding that ADHD was present for her during childhood, she understands how much effort it took for her to hide symptoms of her ADHD. Voicing self-compassion, she acknowledged that “she did what she could to care for herself”, including creating the persona of a “professional child” to avoid “feeling stupid”. On the diagnosis, she stated: “I think ADHD is a great diagnosis to give words to what is going on”, as it provided Isabelle the insight and language to understand parts of her experience. The knowledge that she has ADHD also provided space for her to care for herself in the immediate sense:

I think in a lot of ways think it allows me to be less hard on myself. Yeah, and to, yeah, have more connection, I think that's the biggest thing is because with the connection allows me to like not only name my experience, but also like, it feels like I can connect with my true self... So being able to, like have ADHD is a bit of a thing. It allows me to say like, Hey, like, I'm noticing, I'm not connecting with this, I'm gonna stand up, I'm gonna do this, you know, like, I'm actually going to listen to what I feel like I need, and I might not even think it, I just do it.

In this excerpt we see the voices of yearning, self-compassion, connection, and resilience emerge together as she provided an example of attending to her own needs. As evidenced in this quote, Isabelle credits the diagnosis of ADHD with creating space for the permission to care for her needs. Despite the permission granted, however, Isabelle resists using ADHD as an all-encompassing lens to interpret her life from, she stated: “It's like befriending and collaborating with ADHD, but also, like, not letting it overtake everything.” Isabelle reported that if she focuses too much on her ADHD it can “block her path”, since her symptoms continue to persist, and she wants to be accountable for them. While reflecting on the diagnosis and the continued symptoms, there also emerged a voice of acceptance as she reflects on ADHD being a “thing in her brain” which she can form a relationship with moving forward to create better patterns of quality of life for herself through collaborating with ADHD.

In speaking towards her story of self-acceptance directly, Isabelle credited connecting more with her faith as the “start of me actually accepting myself”. Following

a traumatic accident in which she sustained injuries, she remembered saying to herself: “I can’t keep pretending” during her recovery, as she reflected on the extent of her “inability to get things done” throughout her life. She stated that finding faith allowed her to lessen her self-expectations and “stop having to control my life in a way that was actually not letting me live”.

Isabelle also credited connecting with her ADHD diagnosis, as well as connecting with others who have ADHD, as important parts of her journey of self-acceptance. While reflecting on the connection between ADHD and self-acceptance, the voices of connection and yearning intertwined as Isabelle recounted sharing the following with her peers: “I just found out I have ADHD... I don't know, if I'm going to be able to work in this field...and they were like... your vulnerability allowed everybody else to show up!” Despite her expectations for being rejected, she was instead embraced through her vulnerability. Similarly, Isabelle discussed connecting with another peer who was also recently diagnosed with ADHD: “I’m not crazy... having that was a real gift to me, to be able to accept myself, and embrace that part of ADHD and own it.” These experiences of connection were important to her story of self-acceptance because they provided Isabelle with context and reliability within her lived experience as someone with ADHD. The practice of vulnerably, and openly turning towards her ADHD alongside others and receiving acceptance from others within that space allowed Isabelle to realize that caring for herself provides a stronger pathway towards connection:

When I'm able to accept myself and care for myself, other people are able to do that, too... And so, I think that has been a real gift... And something that I'm proud of. And why I want to continue to, like take care of myself is because it fosters that connection, not only with myself, but with others. Even if I didn't do anything in particular, you know?

Isabelle’s experience of self-acceptance as someone diagnosed with ADHD in adulthood reflected her desire to connect with herself for the sake of connecting better with others. This is emphasized by Isabelle’s extension to those reading her story who may relate to it. Isabelle spoke to the lonely and isolating nature of ADHD; she wished for those who connect with her story to “own their experience” of ADHD and employ

“tenderness and curiosity” towards themselves as they learn to collaborate with ADHD instead of being defined by it.

Through her story, it is clear how highly Isabelle values the role of relationships in her life as her story evokes a strong voice of yearning to belong and connect with those around her. Although the experience of receiving a diagnosis provided a sense of permission to advocate for herself, Isabelle’s story of self-acceptance feels more salient to her connection with her faith and in the experience of vulnerably connecting with others as precursors being able to turn towards herself.

### *Ajay*

Ajay is a 29-year-old man who was diagnosed with ADHD in 2020. He currently works as a therapist at multiple clinics and provides supervision to student counsellors. Ajay identifies as an athlete and musician, but he champions connecting with his friends and family as his most valued aspects of his life.

When reflecting on his ADHD journey, Ajay stated that the relational nature of ADHD was the most prominent challenge in his story of ADHD and self-acceptance. His story was layered with themes of internalized, shame, pressure, and misfitting, all of which contributed to the development his need to project a “highly successful person” at the expense of connecting with himself. He shared that receiving a diagnosis of ADHD was what allowed him to “unlock the door” to what his experience really was and understand the ‘why’ behind many of his feelings growing up.

When considering how ADHD influenced his life, he stated: “I never really paid attention to what I was feeling because it was too much...so I would just get distracted”. Ajay explained that his tendency to be distracted, an integral component to his experience of ADHD, contributed to internalized experiences of shame and self-criticism. To illustrate this, Ajay shared an example of realizing that he was the only one without questions during a class, leading to self-questioning: “Oh shit, what’s wrong with...like, should I have questions? Am I not paying attention?” This example of distractibility and self-questioning illustrated a voice of shame which felt present throughout Ajay’s story of ADHD and self-acceptance. This was heard as Ajay reflected that his self-concept prior

to his diagnosis of ADHD would have been that he is “dumb” and incapable of doing things as well as others. This “shame cycle”, as Ajay referred to it, was interconnected with his experience of ADHD and tended to emerge during these comparisons to others, leading it to contribute to his assumption that his perspective or way of being is “wrong”.

The experience of comparing himself to others also illustrated a voice of internal conflict which emerged as he discussed understanding his experience. Throughout Ajay’s story he reflected that his tendencies of becoming distracted, comparing himself to others, and feeling different to others was encompassed by the sense that he was both “paying a lot of attention and no attention at all” to his surroundings. While he felt that he was usually in a state of distraction, he also emphasized that he was highly attentive to what others around him were doing and expended effort to replicate, and excel at replicating, whatever he perceived as socially permissible. In this space he explained: “I was so overwhelmed... I worked really hard to project this successful, kind of, functioning person”. The following excerpt of his I-poem speaks to this experience:

I was so young  
I was paying so much attention  
I needed to be right  
If I could understand  
I would then understand  
what I need to do to be okay

This I-Poem passage exhibits the voices of pressure and struggle which emerge and collaborated throughout Ajay’s story. He discussed his tendency to focus on how he was “perceived by everyone else” in his efforts to project a highly functional persona. The following quote further illustrates the emergence of this extreme internalized pressure to perform:

I’d spend so much time practicing soccer or drums or all of these things to then show up like... don’t look at me the brown immigrant kid, look at like the flashy soccer player or the flashy drummer... I would want to look like I was doing it effortlessly, but actually practice it so it all turned into muscle memory... I’d be thinking so much on how I’m being perceived by everyone else.

As referenced in this quote, Ajay expressed that his sense of feeling different to others made factual sense because he was in fact different. This was in reference to criteria such as skin color, systemic education experiences, and familial experiences due to being an immigrant to Canada. With all of these factors present, alongside the experience of being distractable and perceiving that he was less capable than others, the voice of misfitting played a role throughout his story of ADHD and acceptance. As he reflected on how things might have been different if his ADHD was noticed sooner the voice of misfitting became clear:

I don't know  
 I just  
 I wish it was caught  
 I don't really belong here at all  
 I would get distracted  
 I don't belong

In this I-Poem excerpt we see the interplay of misfitting, and the struggle of ADHD come into fruition. This interplay of voices continued as the pressure to perform and the struggle of keeping up with such high personal standards emulated his resilience through times of adversity, but also connected strongly to a voice of yearning which presented itself throughout his story:

I think  
 I needed everything to be good  
 I felt  
 I was good  
 I was so concerned

How well do I fit in?

The voice of yearning represented Ajay's yearning to connect and belong. It was reflected through the pressure he placed upon himself to be seen by others, the personal struggle and challenges brought forth by this pressure, and the sense of misfitting which further induced a sense of yearning to be included. The cyclical nature of these voices

encapsulates how the story of ADHD and acceptance are intertwined in Ajay's lived experience.

While speaking about these childhood experiences, the voice of self-compassion emerged throughout his speech: "I spent last night just reflecting on... all of the things 4, 5-year-old me would have to face. Like immigrating, figuring out all of that out, and I was reflecting on like, oh wow that kid was really scared, really overwhelmed." The voice of self-compassion emerged in this way for Ajay several times throughout his story, signifying the role of the diagnosis in "creating space for [him] to respond to the shame". In one example of this, he expressed feeling more equipped to reduce his sense of shame when he is distracted since being diagnosed. At these times, he is able to put aside the shame and instead ask himself what he can do to reorient himself. Regarding the role of receiving a diagnosis of ADHD Ajay states:

It really was like the door that helped me unlock what my experience actually is. Because when I could... have enough inside me to be like oh, no, I do have some level of capacity... And I'm just distracted, just the curiosity of like, what's the distraction all about? When did that show up? And then that space of... I've been distracted by whole life.

Although the diagnosis of ADHD provided some self-understanding for Ajay, there still remained a sense of internal conflict towards identifying with ADHD wholly. In reference to not aligning with aspects of the stereotypical presentation of ADHD, Ajay voiced his uncertainty: "this is the part where I get confused...of the diagnosis itself... is that even part of it? Is that? I would have assumed I didn't have ADHD". In this sense, Ajay continues to feel out of place within his diagnosis of ADHD.

The experience of not fully finding himself within the ADHD community mirrors the sense of misfitting felt throughout Ajay's story of acceptance. When discussing the process of projecting a highly successful person, Ajay stated that that immediate perfection was necessary as part of one of the "many conditions of how [he] could really be in the world". Although he generally succeeded in these efforts and garnered praise from others, he felt unable to accept their validation: "...they were seeing something that I knew was curated... I'm just not showing you the hours of work... so... I guess I just tricked you." Again, we see the interlayered relationship between the voices of misfitting,



struggle, pressure, and yearning within Ajay's story. Despite the diagnosis of ADHD providing Ajay insight and self-compassion towards his experience, it remains clear that it did not equate to the experience of self-acceptance alone.

When asked directly about his story of acceptance Ajay reflected on his familial experiences. In following, the voice of disconnection emerged as he discussed examples of feeling misunderstood by his mother, such as when he scored his first goal in soccer and reported this to his mother only to be told that he should focus on his homework. For Ajay, these events contributed to instilling the sense that his efforts to do well did not truly matter:

There must be something wrong, though, because if I do the right thing. It doesn't seem to matter, and I would work so hard trying to do the right thing, so that it would matter. But then as soon as something wrong happened, it would be this experience of...see, I told you it doesn't matter.

For Ajay perhaps these experiences of disconnection contributed to his challenges in accepting praise from others despite the internalized pressure and struggle of emulating socially desirable behaviors. Despite his efforts, there remained a sense that he is isolated within these experiences, thereby making it even more difficult to accept validation for his efforts. The following I-Poem excerpt exemplifies the voices of misfitting and pressure within these experiences of disconnection.

I felt really lonely  
I think  
I'm  
I have to figure out the world by myself  
I think  
How do I figure this out?  
I can't really ask

In immediate contrast to the voice of disconnection, the voice of connection followed as Ajay discussed an experience of feeling accepted by others, differentiating from his experiences of acceptance within his family. He shares the example of interacting with a close friend of several years where he expressed something genuinely

vulnerable, and in following asked to be supported in that moment despite his fears. Ajay reflected:

I'm so glad that I had a friend who gave me a hug when I freaked out... As I think about this year, which is like on paper, gonna look really cool. I don't know what moments gonna beat that like, that hug that lasted, maybe like a second. Maybe that was the moment where I was... Just me, and somebody had, like, a level of acceptance towards that.

This quote displays the voice of connection which emerged as Ajay reflects on a moment of vulnerability which was received in kind. This vulnerability, which felt reflective of his true self, free from pretense and protectiveness, was accepted and within these conditions, he was more equipped to receive and accept the connection. In comparison to being unable to accept praise for practiced skills, this experience is more reflective of the concept of acceptance. The experience of receiving acceptance from someone important to him during an expression of vulnerability was a substantial event for Ajay and it demonstrates the value of connection towards the experience of acceptance.

Ajay's story is reflective of the isolating nature of living with ADHD and feeling different to others alongside the added layers of complexity of being an immigrant and wishing to fit in. Although Ajay feels his experience of ADHD is different compared to others, Ajay hopes those who might relate to this research can note the relational nature of ADHD and discover what messages their young nervous systems might have internalized about themselves and about the nature of relationships. Ajay expressed his hope that the next part of his journey of self-acceptance reaches a point where he can give himself the permission to "have needs and be okay with that" with emphasis on the desire to ask for his needs to be met relationally. His desire to embrace vulnerability is accentuated by his intentional decision to not use a moniker for this project, this reflects Ajay's resolve to live through his value of authenticity as he shares his story of ADHD and self-acceptance for the benefit of others openly.

### ***"Charlotte"***

Charlotte (pseudonym) is a 24-year-old woman who was diagnosed with ADHD in 2022. She is currently a student completing her master's degree in counselling

psychology. Charlotte values spending quality time with friends and family during her time away from being a student.

While Charlotte discussed examples of experiencing the traditional ADHD related symptoms, such as challenges with time management and within academic settings, she also discussed feeling the need to justify her existence as someone who struggles with ADHD, often feeling that others will “never truly understand”. Relatedly, Charlotte voiced struggling with the validity of her own experience, in tandem with feeling pressured to meet societal expectations for the sake of acceptance. Her story illustrates the role of relationships and connection as the major factors affecting her experience of ADHD and self-acceptance

To illustrate how ADHD affected her prior to knowing she had it, Charlotte used language such as “immature” and “irresponsible” to describe her self-perceptions and experiences growing up. A voice of shame was present throughout these descriptions, which spoke towards the internalization of messages she received from others about herself while growing up. In turn, this affected how she showed in school and relational settings. To illustrate her experiences, she recalled having to repeat the first grade and reported that the narrative her parents used was that she was more interested in being with friends than doing what she was “supposed to be doing” during class. Charlotte recalled the embarrassment she felt while being forced to walk back into grade one, as she had to sit with new peers and explain to the old ones why she did not advance to the next grade.

This experience was indicative of a pattern in Charlotte’s story where she continually felt forced to justify her own existence. In addition to repeating a grade, this was displayed through other similar experiences, like being unable to recall the instructions of teachers and asking for clarification from classmates who then questioned if she “was even paying attention”. More recently this sense of forced self-justification was represented through advocating for her struggles as a person with ADHD. Her descriptions of these events were enmeshed with a voice of shame but also emerged alongside a voice of internal conflict. As Charlotte had no basis for explaining these

behaviors, she was not able to provide answers to these questions. This led to these questions eventually turning inward, leading Charlotte to question her own experience:

Why did I forget that?

Why didn't I pay attention to that?

Why am I...?

For Charlotte, the voice of internal conflict represented her questioning of the origins of these challenges and, post-diagnosis, whether the diagnosis of ADHD truly explains these challenges. This is further complicated when the perceptions and comments of those around her cloud her interpretation of her own experience, causing further internal dissonance. In response to the voices of shame and internal conflict, a voice of misfitting emerged as Charlotte named feeling different to others as an accompaniment to the questioning of her efforts and experiences. The following quote highlights the voice of misfitting emerging alongside the voice of shame and internal conflict:

I do just like, feel more immature and incompetent than other people my age. And I wonder now if part of that was growing up with ADHD, and kind of feeling like I wasn't able to just like do the things the other people could do like other people just seemed so proactive, right? Like they would just.... I don't know, they just knew how to do life.

Following her description of "feeling different to others" the voice of pressure emerged immediately as Charlotte described altering her behavior in an effort to gain social approval. She recounted becoming the class clown in one setting and realizing that this persona did not garner the same reaction in another class, so she shifted her behavior again to adjust. In different stages of life, she described feeling a pressure to be fun or to be strong for social approval: "...this constant anxiety and constant like, not wanting to be left behind and wanting to be wanted". The pressure to gain social approval emerging from a sense of misfitting is evidenced in this excerpt of her I-Poem:

I remember

I felt such a pressure

I would like count in my head

how many friends I have

Do I have enough?

Am I?

Am I lame?

Am I someone who has a lot of friends?

The voice of pressure was joined by a voice of struggle as Charlotte described the pressure to be strong emerging at times where she felt the need to hide that she was in physical pain or feeling alone. The struggle within her experience of ADHD highlights the nature of masking to adapt to social expectations but it also presents the resilience that Charlotte embodied through adapting to these pressures. Resilience emerged for Charlotte in times of adversity when her struggles to adjust for the sake of acceptance were most present.

Charlotte stated that her more recent challenges with ADHD involve more intimate relational settings rather than within school and broader social pressures. Charlotte shared that she struggles to not feel disappointed in herself at times when she interacts with friends; she feels inadequate as a friend whenever she is late for commitments or forgets details about her friends due to her challenges with time management and memory. One example of this is that she wishes she could more reliably remember the things her friends tell her but often finds herself forgetting, leading to having to ask again while knowing she has been told before. Speaking through a voice of shame, she expressed how this leaves her with the sense that there is no point in putting as much energy into her relationships if “she will forget anyway”.

Despite feeling hopeless at times, these social challenges also seem to leave Charlotte with a strong desire to do better, to prove herself within her level of care for her friends and her value for being considerate. This represents a voice of yearning, both for belonging and connection with those she cares for. But her intentions and desires come into tension with the reality of her ADHD struggles. The following excerpt from her I-Poem emphasises the interlay between her voices of yearning, shame, and struggle within maintaining connection:

I'm so embarrassed

I really want to know  
Am I hurting our friendship?  
I really want to know  
I'm embarrassed  
I feel like a failure  
I'm hurting our friendship

When discussing the impact of receiving a diagnosis of ADHD it became clear that this was a significant step in validating the reality of Charlotte's experience. A voice of self-compassion emerged as she spoke of receiving this diagnosis as if it was a gift in understanding herself better and finding some ground. This process increased Charlotte's grace and compassion for herself currently but also retroactively, as she reflects on how hard she had to work in the past:

...It makes me proud of myself in a way, because now I'm like oh, my word, like you went through a whole like bachelor's degree, without knowing you had ADHD, without medication, like without like any understanding of yourself...there's almost like a pride because... you've shown a lot of resilience. Although the ADHD diagnosis provided language and permission to understand and relate to herself, Charlotte emphasized that the challenges of living with ADHD are very much present and must be voiced to understand her experience of ADHD. To illustrate this point, she stated: "the world that we live in is not meant for ADHD". Charlotte spoke to her frustration with having to justify and adequately explain her challenges with time blindness, completing readings efficiently, managing her time, and other ADHD-related challenges simply so others can understand. She states, "I don't know how to explain to you how hard this is" and reflected further on her frustration with having to feel the need to explain herself at all. This felt especially difficult within groups of friends:

I want to be understood by my close friends, right? I want them to truly know why I forget things about them, or why I'm late every time they pick me up, and it's so disappointing there's so much... Oh, I shouldn't forget the word disappointment when you say, how do I feel about ADHD. Like it is so, so hard to not consistently feel so disappointed in yourself.

As seen in the above quote, the voices of pressure, struggle, and yearning emerge together as Charlotte emphasized her sensitivity to feeling like a burden in relationships. In turn she feels the need to prove the reality and validity of her ADHD symptoms and the way they impact her behaviour. This is complicated by the fact that some of the symptoms she faced are things everyone deals with in a lesser degree, as she explained in this quote: “everyone has imperfect memory, and everyone has struggles managing time”. The following I-Poem excerpt encapsulates how the voice of inner conflict re-emerged as she questioned her experience in contrast to the voice of self-compassion described earlier:

I can't  
 How do I?  
 How do I prove  
 That I actually have an issue?  
 Am I a liar?  
 Am I an imposter?

When asked about her story of acceptance in relation to her experience of ADHD specifically, Charlotte spoke through a voice of disconnection as she shared examples of sensing what she felt was pity from others, rather than true understanding. To illustrate this Charlotte shared an example of preparing food with a friend where she accidentally added dish soap to the veggies instead of oil. When her friend offered reassurance without acknowledgement of the mishap and its inconvenience, Charlotte felt some internal dissonance. In the experience of cooking with soap she felt that understanding might have been better expressed if the reality of what just occurred was dwelled upon amongst the reassurance provided, as the attempt at softening what she deemed as a failure felt invalidating to her internal experience.

In contrast to the voice of disconnection, a voice of connection emerged as Charlotte named feeling most understood by her family members, as they are aware of her tendencies and will laugh with her when she makes these errors. In one particular example, Charlotte shared that with her mother she feels freer to share her experiences of

daily mistakes as aspects of her daily life and share a loving laugh through it. Charlotte experiences these moments of connection where her mistakes are acknowledged but taken in good faith as “true acceptance”. Charlotte’s perspective on acceptance and ADHD in the presence of honest mistakes is best summarised in her own words: “... if you understand me, if you understand my ADHD, you know that I fully care, and I’m just as disappointed as you, and so we can be disappointed together.”

Charlotte’s other reflections on self-acceptance referred to her relationship with God and the sense that she can “give” many of these struggles to him as they are part of his design. Within this, Charlotte feels that God intended for her to be diagnosed with ADHD at this time and that although she feels disappointment at times as she continues to struggle despite her best intentions, there is peace in feeling that she does not need to solve this herself, thereby her a base to stand on. The acceptance she gleaned through her Christian faith appeared to be a solid foundation from which she experienced self-acceptance in the world.

Charlotte’s story of ADHD and self-acceptance speaks towards the complexities of living with undiagnosed neurodivergence as a person who yearns to be seen and accepted for who they are. Her story reflects the role of masking and fighting to show up for others while struggling with neurotypical standards and feeling judged for not meeting those standards. Although Charlotte voices some continued conflict in her identification with ADHD and self-acceptance, she also stated how ADHD provides language for her experience. This provides for her the inner capacity to find grace for her younger self and validate how hard she had to work in the past. The extension of kindness towards herself speaks to Charlotte’s ongoing process of finding peace in her current reality.

### ***“Anne”***

Anne (pseudonym) is a 32-year-old woman who was diagnosed with ADHD roughly one year ago. She recently completed her master’s in counselling psychology and lives alone with her two cats. Anne described an appreciation for connecting with nature and connecting with friends as primary interests.



Although diagnosed in adulthood, Anne reported that restlessness, rejection sensitivity, being “too literal”, and feeling stunted by looming appointments were common experiences for her growing up, all of which she now attributes to ADHD. For Anne, the process of being diagnosed and the experience of being accepted by others within moments of vulnerability created space to accept the reality of her diagnosis and in turn develop a practice of extending self-compassion towards herself. In Anne’s story, the lived experience of self-acceptance incorporates the role of understanding one’s needs, being supported within those needs, and creating space to care for them.

When reflecting on the role of ADHD in her life pre-diagnosis, she noted that her circumstances may be different to others because she was homeschooled until high school. She stated that being homeschooled allowed her some freedom to approach learning in more flexible ways, such as learning through play or moving her body around while learning. A voice of connection was heard as Anne spoke towards the significance of on connecting with the “natural rhythms of what [her] body is asking for” as she navigates life and how this was available to her through home-schooling. This voice of connection to her body was a recurring theme which Anne spoke to several times throughout her story.

Despite the potential dissimilarity of being homeschooled compared to others with ADHD who were not, Anne noted that ADHD was highly apparent in her life upon reflection. To illustrate this, she named several examples of ADHD showing up in childhood; she described how she would “take it personally” when people in her life would move away or leave to illustrate rejections sensitivity challenges, being frequently restless as a child to account for hyperactivity symptoms, putting off tasks and thereby finding herself in “sticky situations” due to procrastination tendencies, and “blurting things out” or struggling to understand “what people are actually meaning”, indicating challenges with social cues.

A voice of struggle emerged when she reflected on beginning high school. This voice was heard as she stated: “I was really bored all the time. And really irritated because it was taking so long... Why are we doing this? This is such a waste of time.”

The voice of struggle in this example represents the restrictive nature of organized education which prevented her from responding to her somatic needs. The voice of struggle spoke towards the antithesis of the freedoms and sense of somatic connection Anne highlighted during her reflections on homeschooling and thereby communicates the struggle within feeling forced to resist listening to the needs of her body. This I-Poem excerpt displays the reality of the struggle of ADHD which Anne stresses is so much more than just “having trouble paying attention”:

I struggle  
 I struggle  
 I wake up  
 I feel like I've been run over by a truck  
 I can't get out of bed  
 I get stuck  
 I get so overwhelmed

Although stating that she feels “neutral” towards the reality of having ADHD itself, she also shared that it was hard “recognizing that this isn't everybody reality”, which the voice of struggle spoke to as well. Immediately following the voice of struggle, a voice of pressure was heard as Anne reflected on comparing her experience to others who are neurotypical. This voice was heard when she said: “I put a lot of pressure on myself to be very high functioning to be very... Be intelligent and be the best in my field, and I don't think I ever realized how much harder I have to work in order to make something like that happen than somebody else.” Further speaking through the voice of pressure, Anne reflected on her tendency to “put on a bravado” and “push it down” when she was struggling with anxiety or struggling to maintain the academic standards expected from her parents. The voice of pressure combined with the voice of struggle as she reflected on noticing a “shift” during her university experiences:

...when I struggled with certain subjects, there was a really strong critical piece that would show up. And be like if you don't do this like you're nothing, right? And so, it's just like it's just this way of being where it's like my body and my mind were asking me, please give me a break this is too much for me... My body and mind needed were very different to what I was allowing myself to do.

This quote illustrates how the voices of struggle and pressure combined to contradict the voice of yearning to connect with herself. The voice of pressure for Anne represents the compulsion to engage with the struggle of contradicting her natural rhythms for the sake of meeting the expectations of her parents and maintaining her status of being “at the top of the pack” academically.

Another aspect of Anne’s experience with ADHD is her frustration towards how hard she must work compared to others. She attributed her frustration not towards the ADHD itself, but rather how she “sees [herself] in relationship to what a North American society dictates what a functional adult looks like”. A unique voice of injustice was heard as she reflected on the role of society on the experience of ADHD:

I don't really think that there's anything wrong with having ADHD. I don't think there's anything wrong with the way my brain functions.... I think what's wrong is the society that we live in that has a very prescribed way of being that that um says if you don't do x, y, or z, then you are less than. You don't deserve basic human rights.

The voice of injustice speaks towards Anne’s frustrations with how ADHD is defined and constricted by the standards of society and towards how she “can’t show up the way society wants me to”, insofar as producing certain levels of “output” in work and school settings.

Although this creates a source of frustration for Anne, it also provided her with insight towards “why things are the way they are” given the differences between the traits of neurodivergent and neurotypical people. Following her reflections on the societal constraints affecting the experience of ADHD, she explained that she reached a point of burnout which prevented her from continuing to push away her somatic needs for the sake of academic prowess. The following I-Poem excerpt captures this experience:

I’ve had to confront this reality

I can’t actually be the things

That I’ve been

I can’t be the things

That I want to be

If I can’t...

Then who am I?

Anne reflected that a significant event within her life a few years prior “knocked [her] world and [her] way of functioning upside down”, abruptly stopping her being to perform to the same level that she could prior. As evidenced in the above I-Poem excerpt, a voice of internal conflict was heard as she reflected on this experience. The voice of internal conflict speaks to Anne’s grappling with her identity when confronted with the abrupt shift in her way of being, placing her within unknown territory. Anne reflected on being forced to stop using her “critical inner voice” to restrict how she presents:

I just... I can't do that anymore. And so, then I don't present that way... Well, I guess ... I don't stand out anymore. And before it was like, that's how I got love, acceptance, care, right? If I'm not on the top of the heap, but rather in the middle, maybe towards the bottom when it comes to functioning... Then what does that actually mean about who I am?

In response to the space of unknown, Anne reported that receiving her ADHD diagnosis “really opened the door into this whole new way of being”. The voice of connection was heard as she reflected on the diagnosis settling in and making sense within her lived experience. She states: “It kind of clicked in. And I was like, oh, I’m not... I’m not just making it up.” A voice of acceptance was also heard as she reflected on the reality of having the diagnosis. This voice became clear during statements like “I can’t be the way society wants me to be.” and “I’m not doing something to be forgetful or hurtful...it just is.” This voice speaks to her ability to find acceptance within the statement of ‘I can’t’ and embrace it as part of her reality. Anne also notes, however, that while she identifies with the diagnosis, she “does not make it her identity”, suggesting there is some tension between giving the diagnosis free reign over her personhood while finding a part of herself within it. This suggests that for Anne, the journey of self-acceptance is variable and complex, sometimes seeming clearly defined as what *is* and what *is not*.

On the difference of a diagnosis, Anne stated that she has been able to “unmask” and extend more care towards the needs of her body, instead of trying to ignore them in the ways she did before. She said: “... having language around it and having accommodations, it has made my life way easier. And I would not want to go back to a

way of being where I didn't have language around that." The voices of self-compassion and resilience were heard as she explained that the diagnosis provided "tools in [her] toolbelt" to assist her during difficult situations or when she might be able to predict her ADHD causing challenges for her, such as using noise cancelling headphones when grocery shopping. For Anne, the voice of resilience speaks to her authenticity in finding her stance on ADHD and what it means to her to better care for herself. This allows her to invest in developing interventions to improve her quality of life, adapting to her current reality. The voice of self-compassion combines with the voice of resilience and nurtures the parts of her that were neglected previously. This allows her to find a voice of injustice and become angry for the sake of others who suffered in the same ways she did. The following I-Poem excerpt captures how Anne extends self-compassion to herself, while expressing voices of yearning, struggle, and injustice altogether:

I was not trying to be bossy  
 I was not trying to control  
 I needed time  
 I  
 I needed grounding  
 I needed comfort  
 I needed compassion  
 I had been met with rejection  
 I've been met with name-calling

Anne's story of acceptance overlaps closely with her reflections on her experience of ADHD, and it continued to do so when she discussed her story of acceptance directly. Speaking towards the way ADHD affected the way she feels about herself she stated the following:

Before I was diagnosed...a lot of times people told me that I was difficult... I was hard to work with...And those things really hurt me because they never felt... like what I was doing. It felt like people just weren't seeing me, but I didn't have words for that. So, I started to internalize some of those words.

This quote captures the messages Anne received from others growing up, illuminating how interconnected the stories of ADHD and acceptance are for her. A voice

misfitting was heard as she reflected on how people were not “seeing” her, as well as within the sentiment of feeling misunderstood within “what [she] was doing”. As shown in the above quote, Anne felt she was not being seen in a way that felt congruent to who she was but lacked a way to communicate this feeling.

The voice of misfitting overlapped with a voice of disconnection emerging in her story, which speaks to the space of feeling detached or isolated from those who are misunderstanding her. The voice of disconnection represents a lack of relational safety to be who she is within relationship to the important figures in her life which she felt rejection from. From the experience of disconnection, Anne shared how she “internalized” some of the words people called her. This would eventually lead to the creation of self-directed shame and pressure to alter her presentation for the sake of receiving “love, acceptance, [and] care” at the cost of her mental and physical well-being. The voice of disconnection was also heard when Anne reflected on other experiences of non-acceptance, particularly relating to her mother and father. This voice was heard from her parent’s responses to her ADHD diagnosis: “When I told them I had ADHD my mom just rolled her eyes, and my dad didn't even acknowledge it.”

Further illustrating the voice of disconnection speaking to relational challenges, on experiences of non-acceptance Anne stated:

My mom and I had a lot of conflict when I was growing up. Increasingly so as I got older and she was the one who, like often would say that I was being difficult, that I was getting bossy and stubborn.

In stark contrast to the voice of disconnection, a voice of connection was also heard as Anne reflected on her story of acceptance. Anne attributes much of her capacity to extend compassion towards herself to others who have extended compassion to her in moments of vulnerability. To illustrate this, she shared an experience of her partner at the time “coming towards her” during “a time where [she] would have been met with rejection.”. Anne said:

I was already like sensory, overwhelmed by the day. So, my cup was already pretty full, and then he cut [the vegetables] the wrong way, and I just started crying and being really upset. But he knows that I have ADHD, and he's like, Hey, is this just a really hard transition for you? And it was like in that moment multiple things made sense in my life.

She shared that this experience is what turned her towards seeking a diagnosis of ADHD, acting as the precursor for embracing a new way of being. Expanding on the influence of this moment of acceptance from another person she said: "...that would have been an instance in which my mother would have been really hard on me. And really dragged me in the dirt... some of the memories that like came back that clicked for me, and I was like, Oh, my mom was wrong the whole time." The voice of connection which emerged from this example illustrates the opposite experience of Anne's experiences of disconnection and misfitting. This voice speaks to a felt sense of relational safety which provided Anne with enough support and space to embrace her insecurities. This allowed Anne to engage in self-compassion and embody resilience in future relationships through voicing her vulnerabilities. Within expressing vulnerability Anne stated: "I'm starting to really believe that, like people, when given the opportunity for compassion, they will step into it."

When asked what message Anne might want to relay to others who may relate to her story she shared: "there is nothing wrong with you." Anne extended validation towards the multifaceted ways that "ADHD can affect every area of your life". ADHD and emphasized her perspective that the "broad understanding of ADHD is very different than the lived experience of ADHD." Anne's advocacy for others to care for themselves expresses her sense of injustice towards the way that ADHD is represented societally, and she expressed an invitation of curiosity towards the cost of not attending to one's own needs amongst the cost of intersectionality and non-acceptance of neurodivergent traits.

Anne's willingness to acknowledge her needs and lay them out plainly for others to respond to displays the power of resilience expressed through vulnerability to care for oneself. Her story exemplifies the power of receiving relational support as a component of self-acceptance. This created for Anne the capacity to choose herself and choose to care for her own needs by further trusting in relational support in the face of the societal messaging she adhered to prior to burning out. This story emphasizes the need to know and care for oneself individually and relationally to avoid mental and physical collapse.

*“Abby”*

Abby (pseudonym) is a 30-year-old woman who was diagnosed with ADHD in 2022. She currently works as a high school teacher and lives with her partner and their two pets. Abby is also a published author, and values creative expression as her outlets.

Abby shared several examples of ADHD affecting several areas of her life, such as attention span, challenges with focusing, overstimulation in public spaces, emotion dysregulation, and, perhaps most notably for her, within “interactions with other human beings”. A major element of her story of ADHD and self-acceptance related to connecting with others and herself. These experiences of connection created space for Abby to extend compassion to herself as she navigates her ongoing struggles with ADHD and her mental health.

The voice of shame emerged immediately as Abby outlined the ways which ADHD may have affected her prior to the diagnosis. This was quickly followed by a voice of internal conflict towards this experience as she questioned why she had these tendencies and struggled to work through them. The following I-Poem excerpt displays the voices of shame and internal conflict:

I  
I always called myself a lazy student  
I was  
I just couldn’t focus  
I got distracted  
I just didn’t care  
I found  
I was always kind of mad at myself  
    Why can’t I just sit down?  
    Do what I need to do  
I just thought  
    This is who I am



Abby continued by describing how she would frequently find herself struggling to regulate her emotions in busy environments, and shortly afterwards discusses how her presentation affected those around her:

... I can't focus... I get really grumpy, and anxiety would be very high and all these things. So not knowing, I just thought, okay, that's just who I am, I guess but it was frustrating for myself, because I want to be an extroverted person. I want to have fun and be able to be in these spaces that are very common. But I was always uncomfortable, and I never really understood why. And people around me would get frustrated with me as well because I'm really good at interrupting people when I'm excited.

As evidenced in this quote, Abby's experience with the symptomology of ADHD in the past resulted in frustration towards herself and a felt sense of frustration from those around her. Alongside illustrating the voice of shame which permeates Abby's story, this quote also evidences the voice of yearning that is present throughout Abby's narrative as well. The voice yearning represents Abby's desire to connect with those around her. She wished that she could connect with them and be present, but she felt uncomfortable within those spaces as her attempts to connect fall short as her excitability is conveyed as interruption. Her sense of feeling uncomfortable speaks to the voice of internal conflict which represents the ambiguous nature of understanding her undiagnosed neurodivergent tendencies.

The experience of feeling misunderstood or out of place within social settings was a common experience for Abby. A voice of misfitting arose when she spoke about some of these experiences, such as her university cohort describing her as "a lot of a person" when discussing first impressions. Although she asserted that this was not intended to harm her, it did cause her to wonder aloud "what kind of person do I portray myself as?" In following the voice of yearning emerged again as she stated: "I know it's not realistic, I just want to be liked by everybody. And so, when I hear things like that, I kind of focus on them too much". These quotes emphasize how the nature of the voices of shame, misfitting, and internal conflict often emerge together throughout Abby's story.

Speaking through the voice of yearning, Abby described wishing that she could connect with others but would often find that her style of communicating would cause misunderstandings or frustration in others. The voices of pressure and struggle emerged

as she reflected on learning to hide her interests from others, as her tendency to speak at length about the things she loves would seemingly bore others or lead to rejection. The following quote represents the pressure to hide aspects of herself and the struggle of keeping herself “in check” for the sake of acceptance:

I felt ashamed of how much I love these things. And then... probably just my overall energy, maybe. Like I've been called bubbly. But I think... I try to be aware of how much I'm being, and I try to tone it down and tone it down and tone it down and, and that's when I'm awkward. And I overthink.

The voice of shame was present as Abby reflected on needing to tone herself down, only to fall back into the cycle of “spiraling thoughts” which caused her interactions with others to feel even greater strain. From her description, it seems clear that the sense of misfitting permeates Abby’s experiences, causing her to yearn for connection and then pressure herself to change for the sake of that connection. This response then gives rise to the sense of struggle within her “desire to prove [herself]” as someone that is “worthwhile” and “valuable” to others as someone that they should “like” and “want to be around”.

When asked whether the ADHD diagnosis shifted anything for her, Abby stated that she found some validation in learning that it is common for people with ADHD to self-disclose in an attempt to connect with others, as this tendency had caused a recent rupture in some friendships for her. This example illustrates how the diagnosis provided some relief in the form of answers towards her lived experience which helped her make sense of her symptoms. Despite the diagnosis seemingly creating space for self-compassion, however, Abby also expressed that her ADHD diagnosis has not changed much for her so far: “It’s mainly that relief piece. But I haven't fully accepted myself yet about it. I think it is still so fresh and I haven't really pursued the solutions yet, so it's one of those pieces where like. Yea I'm not quite... I'm not better, but I'm not worse either”.

Although she did not express a deep connection with her diagnosis, a voice of acceptance was heard as she reflected the following: “It’s a thing in my brain. Its fairly common... Its just, how do you navigate it? I’m fine with it. Its just, I want solutions.”. It seems that although there is (tentative) space for self-compassion provided by the diagnosis, Abby does not feel that the diagnosis itself provided a felt sense of self-

acceptance. Abby also shared that she did not want to “lean” on her diagnosis and that she still “wanted to be me”, which indicates further resistance towards allowing ADHD to account for all of her experiences.

Speaking to her story of acceptance specifically, Abby shared, through a voice of misfitting, that she often felt like a “black sheep” within her family, similar to her sense of disconnect with peers described earlier. A voice of disconnection emerged alongside a voice of misfitting as she reflected on finding solace in book reading growing up despite the protests of her family members who shamed her for not doing the same activities as them. In another example, disconnection was heard as she recounted her mother’s response of “that’s not real, that’s not a thing” to the news of her ADHD diagnosis.

Voicing disconnection again, Abby stated: “this is just one of those things in my life I’m very used to, is a lack of close family ties and friends... people just don’t know how to interact with me or understand me”. The voice of disconnection collaborated with her experiences of misfitting and shame, prompting her to change herself for the sake of acceptance and inclusion. The culmination of the voices of shame, yearning, pressure, and struggle extending from her experiences of disconnection is summarized in the following quote: “I had spent most of my life feeling like I need to behave, or make sure I’m a person people want to be around.” As if in response to these voices, a unique voice of exhaustion emerged as Abby reflected on spending her life masking for the sake of others. This voice was permeated through several points in her recollection of events, but it was felt most strongly when she spoke about hitting a wall of exhaustion and feeling that she could not pretend anymore at one point during COVID. The following I-Poem excerpt captures this voice:

I  
 I don’t know  
 I hit a point  
 I don’t care anymore  
 I need to stop apologizing

In response to people who made her feel that she needed to adjust she stated: “I am being me. Deal with it”. When asked about what allows her to find space to be herself, a voice of connection emerged as she recounted the role of her friends and her partner in encouraging her to “stop apologizing” and take space for herself. The following I-Poem excerpt captures Abby’s reflections on the importance of connecting with the people who matter to her:

I know them  
 I can just sit  
 I  
 I can just talk  
 I  
 I’m just being me

This verse conveys Abby’s experience of feeling more capable of removing her mask and embracing the traits which were previously considered frustrations in the company of people who embrace those aspects of who she is. Abby also emphasized the role of her partner in accepting her “with all her faults”, allowing her space to be herself. Within these retellings Abby’s voice of shame felt significantly less present compared to other components of her story. This was evidenced by Abby’s stating she does not question if she was “too much” or if she made some mistake with these key people. Instead, she can just be herself. Her willingness to embrace these experiences of acceptance also contrasts with her resistance towards fully embracing the ADHD diagnosis. This suggests that these experiences of acceptance provided Abby greater space to heal from her relational trauma in comparison to the diagnosis alone.

Abby noted that her story of self-acceptance is still in development as she learns to navigate her newly found ADHD diagnosis and that she still struggles to allow herself to take up space at times, even with those who help her feel that she can. To illustrate this point, Abby described feeling tension between understanding that her negative self-talk is difficult for her partner to handle, but also that this is her current reality. This difficulty to allow herself to take space also presents itself in her role as an educator where she feels

more able to utilize her self-disclosing her ADHD diagnosis as a tool to inspire her students who may be struggling with a similar experience, despite not feeling the same permission for herself. On her role as a teacher Abby states:

I do feel confident. I think it's because I find it so important... I'm helping give these students tools in a sense right to navigate a world that is really broken. You know, there's like a lot of lack of empathy in spaces... So, I kind of pull myself out of it in the sense that I'm not doing it for myself. I'm doing it for them. So, it's puts me in a whole other mindset. So yeah, I'm much more confident when I'm teaching.

As evidenced in this quote, Abby finds space to use her diagnosis of ADHD as a tool for empowerment and self-acceptance for the sake of her students. Although this contrasts with her ability to embrace it for herself, this quote also brings forth Abby's sense of yearning to connect with others in meaningful ways. This coincides with Abby's decision to participate in this research solely for the sake of empowering women with ADHD who are misrepresented. Within the space of advocacy, Abby wishes to express the following to people who may relate to her story: "...once you have that diagnosis and stuff. And you're starting to understand things, just be kind and patient with yourself, and don't beat yourself up every minute of the day." Abby's words are intended to extend hope to others who might be struggling with ADHD, similar to how Abby holds hope that her own sense of exhaustion towards her lived experience can be mended with the appropriate tools and interventions.

### ***"Michelle"***

Michelle (pseudonym) is a 35-year-old woman who received an ADHD diagnosis about a year ago. She is currently a student completing her master's in counselling psychology and she is also married with two children. Michelle spends her free time volunteering through her church and other community functions, in addition to spending time with her family and friends.

The impact of Michelle's ADHD prior to receiving a diagnosis paints a complex picture. It is interconnected with anxiety and adverse childhood events that shaped the way she survived in her environment. This complex interconnected system left Michelle somewhat unsure which experiences and struggles to attribute to the impact of ADHD

when compared with other mental health challenges and adaptive behaviors to adverse events. In similar fashion her story of self-acceptance intertwines with her experience of ADHD in such a way that makes them feel difficult to parse apart, as both impact the other cyclically.

When prompted to reflect on how her ADHD affected her, Michelle noted that she often struggled in academics growing up. She spoke about being placed in learning assistance due to being “far behind” other students in the same grade due to being withdrawn from school for a year per her mother’s choice. A voice of misfitting was present throughout her reflections, as she spoke of feeling out of place in these academic environments growing up and into her undergraduate studies. On her undergraduate school experience, she noted: “it was a really big learning curve. And I think I just felt really anxious almost the whole time, because... I was aware I didn’t know what everyone else was talking about.”

A voice of struggle emerged alongside the voice of misfitting as she shared the major impact of her ADHD on her experience: “When I reflect on like the impact of that. It’s actually like, I thought I was stupid. Like that there was something wrong with me and my ability to learn, like, I struggle to retain information. I was very insecure about my ability to be smart... For most of my life.” This quote reflects how, upon reflection, Michelle’s struggle with ADHD growing up was most strongly associated with a sense of internalized shame which both emanated from and contributed to her experience of misfitting.

To illustrate the origins of this shame, Michelle shared that she grew up in a (volatile) religious family in which she was often compared to her brother. Sadly, she fell on the downward end of the comparison, recalling that she was viewed as not as smart. She states: “It wasn’t just me wondering, it was “No. you’re smart in your own ways” ... I think if your own parents say it and think it, you think it must be true.” This illustrates how the narrative in her household cemented her suspicions that she was not as smart, while her genuine struggles with grades in school indicated the same to her. This also illustrates the interconnected nature of Michelle’s story of acceptance to her experience

of ADHD as her reflections immediately pivot to these experiences of being shamed by those closest to her. In Michelle's experience of ADHD, her struggle was felt through the notion that she really was less capable than others which then became the lens that she approached life from.

To illustrate further, the following I-Poem excerpt reflects the interrelated nature of the voices of misfitting and struggle alongside a voice of yearning to be seen and noticed:

I look back  
I think  
I wish somebody saw  
I was kind of drowning  
I had to get expelled  
I think in my dream that would have happened first

The voice of yearning continues in following as Michelle discussed grieving that she has ADHD and also that her ADHD was missed. She reflected on receiving a diagnosis of anxiety later in life and feeling flabbergasted that it was not noticed beforehand, which acts as a parallel to her experience with ADHD:

When I was first diagnosed with anxiety a few years ago I was shocked I wasn't diagnosed as a child... I was clearly highly anxious. Like I hated everything. I've had stomach problems since the day I was born, because I've just been stressed like, really, they went away after I went therapy and so like understanding that... was really interesting to me, and like kind of sad and annoyed, all at once. If that makes sense that like. Just being missed all the time. Or it being boiled down to me not being smart, or me not getting it, when in reality like I needed help like, or I needed better support than what I was getting.

Diagnoses such as ADHD, depression, and anxiety (all of which she deals with) were not named and discussed in Michelle's family, rendering them invalidated and unrealized. A voice of disconnection was heard as she shared these experiences of being invalidated and feeling missed by her family. The above quote also signifies the layers of misfitting, struggle, and yearning throughout her story, perhaps emerging from or in tandem with a lack of connection with her caregivers. Michelle continues by describing aspects of grieving the presence of ADHD because "there is an element of people talking

about it getting better”, but in the case of ADHD “[her] brain will always work this way”. Michelle’s voice of yearning resonates alongside a voice of sadness towards the notion that ADHD is present alongside other mental health challenges due in part to experiences of trauma within her family. While noting that others also experience hardships, she also noted that neurotypical brains do not carry the same kinds of challenges as neurodivergent brains. The following I-Poem captures the voices of yearning and sadness as she reflects on yearning for a different life but also yearning to be understood within this want:

I wish it wasn’t there  
I wish  
I wish  
I  
I hope you know what I mean  
I  
I think  
I just wish that wasn’t part  
of who I am

This I-Poem excerpt also elucidates the voice of shame within Michelle’s story, this voice can be heard as Michelle reflects on how she feels about the presence of ADHD in her life. On her feelings towards ADHD, the voice of shame can be heard again as she stated: “I don’t really love it. The word that comes to mind actually is sometimes I feel a little bit embarrassed. I don’t know why what’s the word, though, of like, I don’t really love to tell people about it. I don’t love talking about it.” As seen in this quote, Michelle struggles to be open about her diagnosis and finds herself resistant to discussing it with others.

In contrast with the voice of shame, a voice of self-compassion emerges immediately after discussing her avoidance of discussing ADHD:

But I think that I present very well. I think I can walk into a room, and nobody would ever know that there’s 100, or 1000 things, running through my brain. I’m aware of that. I also am aware that that is something I’ve created around me like



and created to survive well... But there are elements I enjoy, and I've learned to thrive.

While extending self-compassion towards the challenges Michelle has faced, a unique voice of pride emerged too: “I think now I look at as its actually as like something that has really benefited me in like thriving in life and surviving as who I am, is my ability to hold a lot of different things... I think I realized, looking back. that not everyone can juggle things so much”. This voice represents Michelle’s sense of contentment within the reflective acknowledgment of adapting through her hardships.

A voice of internal conflict emerged in following, however, as she expressed uncertainty about whether this ability to “hold so much” came from the survival instincts associated with navigating trauma along with other mental health challenges, or if this is a trait associated with her ADHD. In one example which evidences this voice of internal, Michelle stated: “... what would it have been like if I didn’t have ADHD? I don’t think I have been able to hold so much all the time” compared with this contrary statement made later: “I’ve always been able to hold a lot of different things. I’m not a hundred percent sure if that’s ADHD or growing up in chaos though to be totally transparent”. Here we see how Michelle herself is not sure what to attribute her resilience to, but the voice of pride remained clear as she expressed an awareness of knowing just how much she had to handle and thriving despite it.

Michelle shared that her current experience of ADHD involves a “process of unlearning” some of the harmful messages that she once thought was true about herself. Including “learning that [she] is not stupid” and that she is “doing well even though [her] brain works differently”. She attributed much her ability to extend self-compassion to herself to the receiving the diagnosis of ADHD. Speaking through a voice of acceptance, she stated: “The biggest shift I think would be in my mental health, and like how I view myself... understanding that it’s part of who I am, and it’s not a bad thing. And the anxiety and depression are quite intertwined with it... it’s okay. It is what it is.” For Michelle, the diagnosis provided understanding towards her lived experience and paved the way for the application of self-compassion.

Within her reflections of the diagnosis, a voice of acceptance continued to emerge along with a voice of resilience: “I’ve also really learned through therapy [to] hold whatever comes up... it’s okay to not want this... I can’t control what gene was passed or what wasn’t, and we will thrive, and we will figure it out along the way.” The voice of acceptance was heard within her expression that she is able to incorporate feeling that it is both okay to have ADHD and it is okay to wish she did not have it because in either sense, it is there. At the same time, the voice of resilience could be heard through her expression that she will thrive and figure things out as needed. The voice of resilience represents Michelle’s confidence towards looking into the future knowing that she will emerge through it. Her self-assurance elucidated the sense that the application of self-compassion towards herself and a sense of pride for her adaptability will emerge again as she endures whatever else will come.

The following I-Poem excerpt further captures the role of the diagnosis in creating space for herself:

I think it’s helped me understand and accept myself

I think

I’m not the only one

I feel less alone

I think

I’m not the only one

A voice connection can be heard within this I-Poem excerpt as Michelle considers the role of potentially relating to others who also have ADHD and feeling less alone within her struggles. This voice shifted immediately, however, when Michelle was queried directly about her story of acceptance. In direct contrast with the voice of connection, a voice of disconnection emerged as Michelle reflected further on her experiences of feeling misunderstood and emotionally isolated from others growing up. She referred to her earlier descriptions of shame and misfitting but delved more deeply into the origin of her sense of misfitting, which alluded to experiences of disconnection being the source of these feelings.

A voice of pressure emerged as Michelle discussed feeling the need to hide “what was really going on at home” when questioned by peers or teachers, as instructed by her mother. Despite stating that she was “generally successful” in social settings outside of her family, she remembered feeling that this version of herself did not feel genuine as she was continually hiding aspects of herself, as she was instructed to do by her parents. She faced a common experience of having to mask and hide parts of herself, which she became quite sophisticated at, often presenting a curated version of herself.

The voices of shame, misfitting, and sadness emerged again as she shared her story of acceptance. Particularly while stating: “I think I always felt misunderstood” and “I have a lot of experiences of being myself and that being used against me”. As a result, Michelle stated that she “always felt guarded” and that she “didn’t know what true friendship was.” This emphasized how the pressure to alter who she was for the sake of acceptance was complicated by experiences which encouraged her to avoid being authentic for the sake of her own safety. As a result, Michelle withdrew herself from others and learned to compartmentalize difficult emotions for the sake of survival.

While Michelle shared many examples of non-acceptance within her story, she also highlighted the “support of little people” throughout her life who were instrumental in reducing her sense of internalized shame and helping her find ground to stand on. A voice of connection emerged when Michelle reflected on the support of her husband who did not question her capacity to pursue her dream through grad school and other long-time friends who relate to her and accept her with “all of her flaws” and who have been through “real life” challenges with emphasis on the point that “we all still love each other after”. Michelle feels that with these people there is no need for pretense, and this allows her to feel more capable of engaging in self-acceptance: “...they’ll love me regardless... and they’ve proven to be okay with it, non-judgmental. Like when I don’t fit in all the boxes that I feel like I should fit in”. The voice of connection emerged several times throughout Michelle’s reflections on the support of her husband and these friends throughout her story.

Within these groups of “safe people”, Michelle finds greater capacity to exist alongside her ADHD openly. On the topic of sharing social media posts about ADHD with close friends who have ADHD or with her husband she stated:

...there's a sense of like, ‘yeah, that's you to a T’, of this mutual understanding and acceptance of like, I also do this same thing for no reason.... Cause that's how I thrive... and I think sharing that with somebody helps me feel more accepted.”

While sharing her experience of ADHD with others (outside of her circle) remains vulnerable for Michelle, she demonstrated growth in her own ability to accept herself.

When asked what she would like to share towards others who may relate to his story, she expressed hope that self-acceptance could be available for them too. To others with ADHD Michelle said:

There are aspects that I used to really shame myself for. Or feel like were really bad or like I was crazy... But I think the more you know about it, and why it's happening is also beneficial... I think there's also an element of just like compassion that some days it is hard, and that, like you don't fit into like the society's box of how you're supposed to perform all the time. You're not alone in that... Be okay that it looks different than other people's thriving.

***“Emma”***

Emma is a 39-year-old woman who was diagnosed with ADHD two years ago. She currently works as a youth pastor and is married with two children. To express her love of spending time with her family, Emma reflected that a high point of her life was during the self-isolation period of COVID-19 because it allowed her to spend quality time with her husband and children. Besides family time, she values connecting with friends and working with children through her work.

Emma stated that she always had the sense that something was “wrong” with her. She felt different to others and strived to meet the expectations of others, seeking their approval. She often felt that she was not doing enough, that she needed to work harder, and that she was disappointing others. These experiences manifested as a sense of pressure which Emma initially conceptualized as constant anxiety. When receiving her diagnosis of ADHD, however, relief washed over her as the diagnosis provided an answer for these aspects of her lived experience. Emma noted that the diagnosis of

ADHD and feeling accepted by important people in her life who will embrace her, no matter what, has allowed her to gain a stronger sense of self-acceptance.

When ruminating on the role of ADHD in her life prior to being diagnosed, the voices of shame and misfitting could immediately be heard together. This was heard as she reflected on thinking that “there was something wrong with [her]” compared to others. This was promptly followed by the emergence of a voice of pressure. She stated: “I just thought if I tried harder, I would be able to figure things out”. The experience of pressure became the predominant source behind many experiences of struggle within Emma’s lived experience with ADHD as this voice continued to emerge throughout her story. The following I-Poem excerpt captures the voice of pressure and displays the effect that pressure had on her sense of being:

I would think  
                     If I tried harder  
 I would be able  
 I would get down on myself  
 I need to just do more

Expanding on her experience of feeling pressured to “do more”, she reflected that much of this pressure came from the desire to meet the expectations of others for the sake of approval. In the following quote, a voice of yearning to connect with those around her can be heard through the voice of pressure as she reflected on the ways ADHD impacted her relationships:

I think just like living up to other people's expectations, I would just be whatever I thought other people wanted me to be. And then all while struggling with... the symptoms of ADHD and trying to keep them like under wraps as well as then trying to meet other people's expectations, but feeling like, I'm not always hitting it.

Emma’s experience of ADHD relates to her challenges in academic and work settings, but most prominently, within relationships. While her challenges with academics related mostly towards traits of inattention, Emma chose to highlight that relational challenges were the most impacted. Within these reflections she spoke through a voice of struggle. This voice was heard as she spoke of facing the impossible expectations placed

upon herself. Emma best illustrates this voice herself in the following quote: “I feel like in the morning everyone gets on a bike, and at the end of the day everyone gets off their bike. But I pedal twice as fast. It was so much more effort for me in my own brain to get through a day...And it was constant.” Spoken through a voice of struggle, this quote illustrates the continuous strain ADHD placed upon her on a daily basis alongside the pressure to meet and guess the expectations or needs of others. In effect, Emma’s struggle with ADHD was also experienced as pressure to perform for the sake of others while feeling that she was failing to do so.

In response to the voice of struggle, a voice of internal conflict emerged as she reflected on her lack of access towards understanding these aspects of her experience. She states, “I always didn’t have the words for things. I thought, this was how I grew up. This is my normal brain.” This illustrates how, despite feeling that “something was wrong with her” compared to others, she lacked the language and understanding behind this sense of difference. The voice of internal conflict speaks to the struggle within this space of this unknown, but detectable difference. Further exacerbating this experience, Emma’s sister was diagnosed with ADHD at a young age due to their more hyperactive presentation. Speaking through a voice of misfitting, Emma reflected on how she went undiagnosed, and therefore feels her struggle with ADHD was missed because it was overshadowed. This also added to Emma’s inability to understand her own struggles. Since Emma’s ADHD was unrecognized in comparison to her sister’s, her undiagnosed symptoms were left uninvestigated and unacknowledged by both her and by her parents, leading her to question these symptoms blindly.

The voice of internal conflict emerged again as she spoke about how she “didn’t have the words” to explain her experience or sense of difference to others. Motivated by a lack of answers to her struggles, as well as the added context of her sister’s more ‘obvious’ struggle with ADHD, the voice of shame was heard as Emma settled on the shared notion between family and teachers that she simply “wasn’t that bright”. In expression of her internalized shame, Emma shared that she found herself filling the social roles which seemed most agreeable for those around her. One example of this was

her description of being the “funny one”, leading her to think: “I may not be smart, but I can be funny.” The voices of misfitting, pressure, and shame intertwine in this quote which summarizes this experience:

I made sure I was really good, and I would like hold in when I feel like I wanted to talk, I learned how to hold it in for the most part. Even at school, people probably thought I was shy, but it wasn't that... But for [her sister] it was so obvious, and she struggled so much with school. Whereas me, I was like kind of a mediocre, I still could get by. I usually had to do extra stuff ... so it they just kind of thought that I wasn't that bright. And she demanded more attention.

Emma credited receiving the diagnosis of ADHD as instrumental towards

providing an answer towards much of the unknown within her experience. An immediate voice of connection was detected as she described listening to someone else talk about their symptoms and finding similarities from her own story. This led her to approach investigating ADHD more seriously. A strong voice of relief was heard throughout her retelling of her identification with the diagnosis. On the role of medication in particular she said: “I felt like I could just like be myself because I could hear my myself think”. The removal of some of her symptomology through medication allowed her to be more present with others instead of being at the mercy of her impulsiveness. The voice of relief was also present as she remembered thinking that she's “not the only one who thinks this way”, through connecting with others that have ADHD. Emma states that these changes have allowed her to find positivity within the diagnosis and find ways to live easier with it. The following I-Poem excerpt illustrates the voice of relief found within her experience of a diagnosis.

I could just

I'm

I'm here

I'm present

I was never able to be present

Emma found greater space to be compassionate towards herself because she had greater capacity to understand her previous experiences. The voice of connection emerged again

as she reflected on other important figures in her life who “were along for that journey and were affirming in that”.

In following, a voice of self-compassion, with a voice of acceptance, emerged as she reflected on the role of the diagnosis: “... knowing that piece was just another huge relief coming in. And I think that allowed me to kind of think... okay, it is what it is, I can either take it and think it’s the worse or I can think, what are the positives?” After accepting the diagnosis, Emma feels she is “way nicer to [herself]” and states: “[I am] able to find more ownership instead of trying to excuse things because I was aiming for perfection... I have more grace for myself. I know what I need to be successful the next day.”, reflecting a voice of resilience which speaks to her capacity to actively care for herself.

In contrast to the voices of self-compassion and acceptance, however, a unique voice of tension emerged which contradicted her acceptance of the diagnosis “as it is”. This voice was heard when Emma stated things like “I should be over this by now” or “I should move on” and would often follow her statements of reflective self-compassion. In a follow up meeting with Emma post the initial interview, this voice was queried, and she reflected that she was aware of this tension and wanted to ensure it was added to her story. She attributed the tension to a pulling back towards being what she “should be”, similar to how she would present in the past. This voice represents how the processes of practicing self-compassion and accepting herself are ongoing and intentional interactions with herself as her capacity for both ebbs and flows.

When prompted to reflect on her story of acceptance, Emma referred again to feeling different to other people growing up. Speaking through a strong voice of misfitting, she reflected on sensing that she could understand others well, because of her hypervigilance in seeking to meet their needs, but did not feel understood by others in turn. Emma contributed some of this to the realization that she was not “being herself” in some of these interactions as she was instead seeking approval. As she provided more context towards her experiences, the voices of shame, pressure, and struggle emerged throughout her speech. These voices emerged, encompassed by a voice of disconnection,



as Emma discussed feeling boxed into fulfilling certain roles growing up. The following quote highlights some of these voices:

I felt like... I was kind of boxed into being like this is where you should go. And again, I don't know if that was the story I was telling myself. How I was raised... this is what good girls do. So, you hold in that behavior. And I wanted to be a good girl so bad that I would do anything just to like fit into that box. And so, I think that I just tried to stay in that box as best I could.

This quote displays how Emma's familial context encouraged her to fulfill the expectations of those around her, further feeding her sense that she needed to meet the needs of others for the sake of acceptance. Immediately afterwards the voice of yearning emerged again: "I was afraid that people would say something bad about me, so I tried to do everything I could to make sure that nobody said anything bad about me." As seen in this quote, the sense of pressure to appease others is connected to Emma's eagerness to maintain her connections with others. Put differently, the self-imposed pressure to meet whatever expectations she deemed necessary originated from her craving connection and the avoidance of rejection.

The consequence of this behavior, however, would play a part on Emma's body as social interactions would leave her exhausted without a clear understanding of why, contributing to her reflective experiences of internal conflict and struggle. Emma states: "[I would] just kind of be what I thought that they wanted me to be and do that very subconsciously like not really realizing it until much later.... That's how I would navigate those conversations. And then didn't really know why I was exhausted after when I talked to people." Emma would not realize until receiving her diagnosis that these interactions created a pattern where she was "ramped up to control [her] brain from being impulsive", contributing to her interpretation of her inner experience as anxiety, when it was really an overwhelmed nervous system. The following I-Poem excerpt highlights the voices of struggle and shame as she reflects on simply mishearing someone and feeling so pressured to meet their needs:

I was too afraid  
I  
I think she said

That's not what I told you  
I remember feeling so terrible and shamed  
I just couldn't  
I was still trying  
I was too afraid

In addition to the voices of struggle and shame within this I-Poem is the underlying voice of disconnection. This voice speaks to the lack of relational safety within some of Emma's relationships, as evidenced by her hesitation to ask for clarification in this excerpt of her story. The voice of disconnection was heard more clearly when Emma reflected on being hesitant to tell her mother about her ADHD diagnosis for fear of being invalidated. She states: "I was afraid that she would doubt me, so I couldn't. I knew I couldn't and didn't want to handle that... I've shared things with her before where she has gone straight to denial... I just couldn't". This quote summarizes how the voice of disconnection speaks to her fears of being invalidated and misunderstood by these important figures in her life. This voice represents experiences of emotional isolation which created relational volatility, perhaps paving the way for the experience of struggle, shame, and fear of not meeting the needs of others.

The voice of disconnection contrasted starkly with the voice of connection when Emma reflected on experiences of acceptance in her story of acceptance. On her concept of acceptance, she states:

I think that's been a huge part of my whole life of just like needing to be accepted.... I felt like it was a need to be accepted to survive. However, my need for acceptance, I think, was warped because I didn't really know what I was asking to be accepted for. [It was] I want you to like me and to me that was feeling accepted. If you like me, I feel accepted, and we were okay. However, I feel more like loved and more myself when I've... been like, open and honest of just... this is me... I feel like that to me has been like true and real acceptance when I share the good, bad, and the ugly of myself. And that people want to still do life with me is the real acceptance.

This quote demonstrates the power behind connection in Emma's story. The voice of connection which emerges during these reflections represents the sense of security that Emma feels when she communicates with people that she knows will stick with her

through anything. On discussing the diagnosis of ADHD with her husband, co-workers, and other close friends this voice came forth as she stated: “I know they already accept me”. Perhaps the most poignant example of connection being key is within Emma’s reflections on being vulnerable and how that unlocked her ability to feel understood for the first time:

I met a friend that was super vulnerable herself. And so, then it was then I could [also be vulnerable], and then I think that was probably one of the first times that I felt like. ‘Woah, I feel understood fully’.

Emma was able to find people who were like-minded and made her feel supported through life. Emma shared that spaces where she can be herself with people who have “seen it all and responded with compassion” are what helped her within her journey of acceptance most significantly. Emma reflects that her life has been a story of chasing acceptance but that she never had a sense of what true acceptance was, because the person she would present herself as at times was not really her. The experience of being vulnerable alongside others and being seen within that has been instrumental for finding space to be as she is.

To others who relate to her story, Emma advises others to “learn how to be compassionate with yourself and have grace for yourself”. Within this she noted that “ADHD does not define you, but it can help you live your life a little easier”. Emma believes that searching for the positives within adverse experiences is the key to finding success within them. In finding space for compassion and positivity within oneself, Emma encourages others to “continue looking for the good” for the sake of channeling the positives within one’s experience. Both her story of ADHD and acceptance are tied to the experience of continuing to seek understanding of oneself and finding space to connect with others who respond with compassion.

The following quote summarizes Emma’s growth through the process of “walking out” her diagnosis and life story: “Nobody asked me to be a certain way. And nobody has got themselves together, and like, that's not what real life is... we're all human... Why am I pretending that it that I'm not human?”. In tandem with her faith in God, as well as support from family and friends, Emma stated that her own therapy and diagnosis of

ADHD helped to align her with a deeper understanding of herself. The diagnosis of ADHD was described as a final piece of the puzzle to her experience. It allowed her to create space for herself because “she actually knew what it is”. In turn it aided her capacity for self-acceptance because she was “not looking for something that doesn’t exist” and “trying to be perfect” anymore.

### **The Voices**

Now that the unique stories of each participant have been shared, the following section will delve more deeply into the voices which emerged from the analysis process. The voices were separated into four categories (see Table 2), these categories include: voices of struggle, voices of disconnection, the voice of acceptance, and voices of connection. This section begins with a discussion on how these voices were mapped and what that process represented. In following, each voice will be defined individually, with reference to how they relate to one another and the research question. As noted earlier, unique voices will not be covered in this section as these were discussed in the appropriate narrative section for whom the unique voice emerged from.

**Table 2**

#### *Voice Groupings*

<b>Struggle</b>	<b>Disconnection</b>	<b>Acceptance</b>	<b>Connection</b>
Struggle	Disconnection from Others	Acceptance	Connection to Others
Pressure	Misfitting		Connection to Self
Internal Conflict	Disconnection from Self		Self-Compassion
Yearning	Shame		Resilience

#### ***Mapping the Voices***

In the Listening Guide voices express the inner thoughts and feelings of a narrator to an outside person. As the narrator engages in dialogue with the researcher criteria like

pauses, pitch, tones, and the choices of words used within their narrative reveal the patterns and layers behind what they are communicating. This section speaks to the process of how the voices emerging in this investigation were categorized. The intention is to capture the relational nature of the voices which emerged as they resonated, clashed, and diverted from one another through the participant's individual experiences of being in the world.

In this study four main voice groupings (See Table 2) emerged from the narratives of ADHD and self-acceptance shared by participants. These were the voices of struggle, disconnection, connection, and acceptance. These were considered to be the dominant voices present in the narratives shared. The voices of struggle, disconnection, and connection, however, each contained different dimensions of the main voice being expressed. These dimensions were not heard as fragmented, individual voices but instead different intonations of the more dominant voice heard within each category. The voice of acceptance was placed into its own category as it communicated its own presence unique from the other categories.

The voices of struggle all represented and connected to the degree of strain and effort heard within the stories of participants. They often emerged together, with struggle as an individual voice being layered with the pressure to alter oneself, to question why they feel the need to change themselves, and to wish that things were different. All of these voices individually connect and intersect with the embodied expression of struggle heard across the participant narratives of ADHD and self-acceptance.

The voices of disconnection were often heard along with the voices of struggle, but these voices captured a sense of isolation from others and themselves. While struggle spoke to strain and effort, disconnection as a voice stream captured the patterns of detachment or isolation heard across the participant stories. The voice of disconnection to others often paired with the voice of misfitting, highlighting patterns of seclusion, loneliness, and inaccessibility within their felt experiences of disconnection. The voice of disconnection to self and the voice of shame often paired together as participants communicated their internal experience of feeling the need to change themselves and

ignore their own needs as they yearned for connection or change. Despite the distinction of isolation and seclusion, disconnection often related to expressions of pressure to alter oneself, to question oneself, and yearn for connection or change. These two voice groupings were heard as interconnected yet separate expressions of hardship across the stories of participants.

The voices of connection often contrasted with the voices of struggle and disconnection across the stories shared in this study. The voice of self-compassion in particular was heard as a self-soothing presence extended towards themselves following reflections on hardships and hurt. The voice of connection to others represented care felt from other people during moments of vulnerability and often preluded the voice of connection to self. This was heard when participants shared that their experiences of connection helped them better connect with themselves. The voice of resilience highlighted expressions of inner strength in moving forward alongside ADHD. In all cases the voices of connection represented embracement and warmth extended towards themselves and from other people, accompanied by a better understanding of themselves as people with ADHD.

The voice of acceptance was unique to the other voice groupings. It was heard when participants simply recognized their lived experiences and allowed them to be without expressing the need to alter or change them. This was often associated with the voice of connection to self as participants reflected on identifying with being diagnosed with ADHD. The voice of acceptance speaks to allowing symptoms, experiences, and the diagnosis of ADHD to exist as aspects of their stories. Now that the rationale behind each voice grouping has been discussed, the following sections will detail each voice present across the participant narratives of ADHD and self-acceptance.

### ***Voices of Struggle***

Voices heard in this category are voices of effort, strain, confusion, and longing. These voices were often heard when participants spoke of their experience of ADHD prior to being diagnosed, and often presented when participants reflected on difficult times, expending great efforts, and a sense of feeling restrained in some way without a

clear picture of why. This grouping denotes the expended effort of living according to the constraints of neurotypical expectations, against one's own nature.

**Voice of Struggle.** This voice was heard in each participant's story. It often emerged as participants reflected on the ways that ADHD impacted them prior to the diagnosis, most notably within school, family, and social environments. It was often heard in conjunction with other voices of struggle, but despite overlapping with other voices, this voice brought forth a felt sense of strain as participants navigated these unique adversities and hardships. This voice emerged when participants used descriptive language like: "it was so hard", "I would just forget", "I wasn't able", "I got into trouble", "challenging", "it was too much", "I just got distracted", "I worked so hard", "discouraging", "stressful", "inability", "overthinking", "insecure", "I couldn't adapt", "I struggled", and general descriptions pertaining to the all-encompassing nature of ADHD and what it can affect.

The voice of struggle was heard whenever participants would reflect on the influence of ADHD across areas of their lives. Illustrating this point, Isabelle, Anne, Charlotte, Abby, and Anne all expressed how ADHD affects "every area of your life". Charlotte captured this point well by expressing the following: "It shows up everywhere... it affects how I think, it affects my relationships, it affects my hygiene, it affects my schoolwork. It affects... everything, everything, everything." Although Ajay did not express the same sentiment verbally, his story detailed challenges across physical, mental, emotional, and social life experiences similar to the other participants. To capture the nuance of this voice being heard across several life domains, examples of its emergence were organized into academic, social, and family domains.

Within academic settings this voice emerged as participants discussed challenges with being forgetful, distractable, experiencing disinterest and boredom, struggling with managing time, finding themselves feeling that they are "working harder" than others, procrastinating, and struggling with managing focus. For Isabelle and Charlotte this voice was heard as they reflected on the realization that reading course material would take them significantly longer than their peers to complete, leading them to feel confused and

frustrated with their progress despite working hard to progress. Similarly, Michelle reflected on feeling that she “was stupid” as she found herself struggling to retain information when it was not of interest to her. Michelle described struggling with the public education system when her brain would “check out” because the content of the classwork was “too boring”. This sentiment was shared by Anne as she discussed switching from home-schooling to traditional high school. Anne found herself “bored” and “frustrated” by the pace of the material as it was presented, leaving it all the more challenging to maintain interest and leading to procrastination behaviors, especially in university.

Emma and Abby generalized their academic performances as “okay” and “mediocre”, but the sentiments of being consistently distracted and struggling to maintain focus remained. Abby discussed struggling with executive functioning relating to starting and stopping tasks mixed with procrastination tendencies as barriers to her schooling experience, as well as general life tasks. Similarly, speaking in reference to her challenges maintaining attention in school and underperforming, Emma reflected on how her parents and teachers thought she “wasn’t that bright”, so she adopted the mentality that it was better to not try as hard in school.

This differed from Ajay’s experience, wherein he described “working so hard all the time” to complete assignments as soon as possible to combat his disinterest. Ajay said: “...my brain said, hey, you’re not interested, I’m done. There’s no pushing through... I’m only feeling stressed and overwhelmed and so I would do all the hard work four or five weeks before the paper is due.” This quote expresses how his battle with distractibility and interest-specific attention still impacted his presentation in academic settings.

Although academic challenges were relevant to each participant’s experience of ADHD, all participants stated that their challenges with ADHD were mostly related to social settings. The voice of struggle emerged as participants would reflect on forgetfulness, distractibility, overthinking, issues with focus and time management, self-advocacy, and differing descriptions on how “hard” it was to adjust socially as well as



maintain relationships. On the topic of social struggles, the voice of struggle emerged when Isabelle shared how she would find herself being forgetful of people's names, despite knowing them for a lengthy period of time. This would ultimately discourage her from socializing to avoid the risk of feeling "embarrassed" or "stupid" for misremembering their names. This voice also emerged for Isabelle when she discussed missing certain social cues or senses of humor within peer groups, further leading her to disengage with them socially.

Similar to Isabelle, this voice emerged for Charlotte as she shared the following around the role of being forgetful within social relationships: "Sometimes it even like discourages me from investing in relationships... it discourages me from putting as much energy and effort into getting to know someone or getting to know as many people, because I know I'm just going to forget what they've told me". This quote illustrates how ADHD sometimes hinders Charlotte's ability to connect with those around her, as struggling to remember things they share with her causes her to feel "embarrassed" or "shameful" and therefore less inclined to engage socially with others.

For Anne and Abby, struggle was heard as they reflected on challenges with "maintaining close friendships". Like Isabelle, Anne spoke about missing social cues and misunderstanding what others are "actually meaning", citing the following example: "...you ask me how I'm doing but you don't actually want to know how I'm doing, you're just asking". The voice of struggle was also heard as Anne spoke about rejection sensitivity relating to "taking things really personally" or "blurting things out" at inopportune times during efforts to connect. Just like Anne, Abby also shared how interrupting others during attempts of connection hindered her social experiences too. For Abby, this voice was also present as she reflected on overthinking or fixating on social interactions in fear that she said something wrong, causing her to "beat herself up for hours". Abby also shared that loud spaces and too many people around her would cause her to lose focus, feel a heightened sense of anxiety and become "grumpy" further hindering her ability to be present with others.

In contrast to the other participants, Ajay, Emma, and Michelle's social experiences were described differently, but the sentiment of ADHD mainly affecting socialization remained. Although all three described having generally good social relationships with peers, the voice of struggle mainly emerged as they discussed their inner experiences in these interactions. While Ajay did share that his tendency to become distracted or forgetful when interacting with friends has presented itself before, this voice emerged most strongly as Ajay discussed his concerns within how he was being perceived. Ajay described how his hyper awareness towards how he was presenting would lead to fearfulness about failure and the development of internalized "conditions of how [he] could be in the world", ultimately leading him to feel isolated from others.

Emma's social experiences presented similarly, as she described some examples of missing social cues influencing peer relationships. But for Emma the primary emergence of struggle was heard within her descriptions of "trying to fill a role" to meet the expectations of others rather than act freely as herself, eventually leading her to feel isolated. Along similar lines, Michelle described a "thriving" social life but also stated she is "wary to let people into [her] inner world" for fear that people will not understand her. This quote represents how Michelle felt it was unsafe to freely be herself in the presence of others, speaking towards the voice of struggle within feeling isolated internally, similar to Ajay and Michelle. In addition to the aforementioned descriptions of contention relating to socialization, the experience of feeling unable to freely be oneself without masking was shared by Isabelle, Charlotte, Abby, and Anne during their descriptions of social challenges related to ADHD as well. Although still relating to the voice of struggle, these experiences will be delved into further in voices of pressure, misfitting, and shame sections of this document.

The voice of struggle permeated not only peer interactions for each participant but within family interactions as well. In differing contexts, each participant described some form of conflict or challenge as they related their experience of ADHD and acceptance to parental or sibling interactions. These experiences ranged from feeling forced to fit a certain narrative to appease their parents, feeling unseen or out of place within their

family, feeling pressured to find a place within the family system, or within direct conflict with family members on events relating directly to their experience of ADHD. While acknowledging the emergence of the voice of struggle in between the other voices, these experiences of familial conflict will be detailed in the Disconnection voice grouping section both to avoid repetition and because the primary voices heard relate most strongly to that section.

**Voice of Pressure.** The voice of pressure emerged for every participant when they spoke about feeling compelled to behave in certain ways or hide aspects of themselves primarily for the sake of approval or inclusion, otherwise termed as “masking” by some participants. In this form, the voice of pressure spoke to feeling the need to be different, as well as live differently, from what they were currently doing. This voice was heard when participants used language like: “I have to”, “I had to”, “I need to”, “I need to do better”, “good enough”, “forced”, “cost”, “pretend”, “I can’t”, “I worked really hard”, “how can I adapt?”, “how can I adjust?”, “what do I need to do?”, “I feel trapped”, “anxiety”, “I tried to be perfect”, “hiding”, “earning connection”, “I ignored”, and “I would obsess”.

This voice was heard most often when participants would speak about expectations, both from themselves and the (perceived and actual) expectations of others. Emma voiced pressure in the following statement: “I would go into social situations bouncing around like: what do they want from me? What am I supposed to say? What am I not supposed to say? What do I do? Where do I stand? Here? Is this okay?” In reflection, Emma attributes this behavior to a desire to be accepted by others by constantly “aiming for perfection” by predicting what they may need from her.

Ajay’s reflections on the role of ADHD in his life spoke towards the pressure of trying to predict the wants of others in a very similar way to Emma. Ajay recalls operating under the assumption that the wants and needs of others were “probably correct” when his “probably weren’t”, leading him to fixate on adapting to and mimicking what was deemed as socially desirable around him, such as being a musician

or an athlete. The following quote speaks towards the pressure behind Ajay's desire to seek perfection within these activities as means of social approval:

I can't just be freely myself. If something would happen, I'd have to really observe what that thing is. Observe what's happening in the world, and then figure out not only can I do that, but what's the perfect way to do that?

Like Emma and Ajay, Isabelle also reflected on expectations she placed on herself to "show up polished and perfect". Isabelle spoke about working hard to meet the expectations of adults in her life through school or extracurricular activities. In reflection, Isabelle pinpoints just how much anxiety she experiencing as she continued to pressure herself to hide her neurodivergent tendencies of becoming distracted or disorganized. To illustrate this, on the topic of time management, Isabelle reflects:

When I have to attend to time limits, I feel like I'm being choked. Like, I have a thing with clocks, I just feel like it produces anxiety. I feel like I'm trapped. And I'm always moving forward, and I can't stop... I just have to keep going.

Anne and Charlotte voiced their frustrations towards the societal expectations placed on individuals with neurodivergence to meet the standards of neurotypical people despite the mechanical drawbacks of ADHD preventing this as a possibility. The voice of pressure emerged for both as they reflected on the extent of these expectations and the toll placed on themselves as individuals as these outward expectations eventually turned inwards. Charlotte reflects on her frustration with taking longer than others to complete her readings and in managing her time blindness within academic settings:

...it's going on in a world that is not built for ADHD. Like, they have given me a number of readings that they would not have given me if this world was built for ADHD, and you know they're expecting me to be on time, because this world, or you know this society that we're living in right now is very time oriented.

The voice of pressure was also heard as Charlotte reflected on feeling pressured to "stay relevant" and maintain a certain number of friends to ensure she is fitting in through forcing herself to "be fun and be seen as a really fun person". This speaks towards the shared experience between all participants of feeling pressured to alter oneself for the sake of social approval.

Anne reflected on realizing the significance behind how much pressure she was placing on herself to "be very high functioning... be intelligent and be the best in my field". While voicing her frustration towards the standards placed on neurodivergent

populations, she noted that a critical voice would emerge as she struggled in certain school subjects and tell her “if you can’t do this, you are nothing”. In social settings, Anne spoke to the voice of pressure too as she reflected on masking by “putting on a fake act” to hide her struggles within maintaining these standards “in every social situation”. Anne went on to voice the cost behind what she termed as a “violent way of being” towards herself. She said:

...before I ignored. I kind of did the whole like grit your teeth and bear through it. I can't. I can't do that anymore. I mean I can... But then the underside cost is, my mental health gets really bad to the point of like suicidal ideation.

Similarly to Anne, the voice of pressure emerged for Abby as she shared that her expectations were impossible for her to maintain and meet, eventually causing her mental health to suffer significantly. Speaking through pressure, she reflected on various attempts to “be better” and make sure she was “someone other people wanted to be around”. This often led to Abby feeling the need to “tone down” her presence to avoid losing relationships.

Although part of Abby’s experience of pressure related to her own expectations for herself, she reported that much of the narrative surrounding expectations came from her the expectations of her parents and the consequences associated with not meeting them. Isabelle, Emma, Anne, Abby, Michelle, and Ajay also reported similar sentiments of feeling pressured by parents to fulfill certain expectation. Although each narrative contained differing levels of impact behind parental expectations, each one voiced pressure in a manner that felt different from presumptions behind the wants of others. Instead, these expectations were explicitly stated and spoke towards pressure as a more tangible force.

For Michelle, the pressure behind explicit external expectations was voiced loudly as she spoke of feeling “forced” to learn in ways that did not align with the kind of learning styles that work for her. Pressure was heard as she described significant “stress”, “overwhelm”, and “anxiety” throughout adverse familial and school experiences. Similar to other participants, pressure also related to her internal experiences too, as she reflected on changing her behaviors to appeal to her mother for the sake of acceptance.

The voice of pressure speaks towards the effort extended by participants to sustain the masks they wore for the sake of inclusion. For each participant struggle was apparent within the experience of pressure. This often presented itself through voicing how difficult these experiences were to endure, resulting in the interplay between the voices of pressure and struggle. In differing ways, all participants experienced the cost of pressure on their mental health, although for some this sentiment was stated more explicitly than others; Anne, Isabelle, Emma, and Abby in particular all spoke towards the sentiment that they “can’t pretend anymore”, expressing a sense of exhaustion from keeping up the front to hide imperfections and struggles for the sake of inclusion. Although this sentiment was not explicitly shared by Ajay, Michelle, and Charlotte, it is clear that the experience of pressure to be desirable for the sake of societal expectations created a domineering presence throughout their lives.

**Voice of Internal Conflict.** The voice of internal conflict showed up when participants would reflect on feeling contention within themselves as they grappled with the unknown origins of their unrevealed neurodivergent tendencies. This was heard when participants would reflect on questioning themselves or their actions in association with the sentiment that they “did not know” or “did not have the language” to explain their sense of struggle or felt sense of difference to others. This voice overlaps with the voice of pressure, which speaks towards the need to change themselves in some way. Where it differs from pressure, however, is that this voice speaks towards the internal dissonance within their experiences of struggle and pressure. The voice of internal conflict spoke towards themes of internal friction, grappling with the unknown, and identity development.

Isabelle referred to her experience of life prior to knowing she had ADHD as “weird”; she states: “I felt like I couldn’t think... I couldn’t share what I was actually experiencing”. For Isabelle, there was a sense of awareness that she struggled with certain tasks more than others, such as remembering names or other social experiences, but she could never explain to others or herself why she could not remember names or why she could not adapt to social expectations, all of which was represented by a voice of

internal conflict towards her lived experiences. The sentiment of not having words to explain one's inner experience to oneself or others was shared by Emma, and spoke towards a similar experience of internal conflict:

I just thought there's something different. There's something different in the way I compute, there's something different. But I just thought... I don't know, I didn't have the words, but I just thought, they don't see... they're not seeing what I'm seeing right now

The voice of internal conflict emerged similarly for Charlotte, Ajay, and Abby, when each illustrated feeling that “something” was wrong with them, but the reason behind that something remained inaccessible. This was illustrated well by Charlotte as she reflected on feeling inner confusion towards her behaviors in the past through statements like: “Why? Why would you do that? Why would you not just show people that you are hurt?”, “Why did I forget that? Why didn't I pay attention to that?”, “Why can't I show that person that I'm dependable?”, and “Why can I not just wake up early?” Similarly, internal conflict was heard in several areas as Ajay recalled his tendencies to become easily distracted in several life settings, leading him to question why he cannot “pay attention” in the same way as others. For Abby, internal conflict was less present compared to other participants, but this voice did emerge through Abby's reflections on her recurring procrastination tendencies, leading to overlap with shame and self-criticism. It spoke towards her internal frustrations towards herself as she questions “why [she] can't just sit down, deal with it, and just do what [she] needs to do?”

While each participant stated that they “didn't know” that many of their life experiences could be explained by ADHD in reflection, Anne and Michelle voiced a different tone of internal conflict encapsulated as the unknown. In contrast with the other participants, Anne and Michelle did not discuss developing an awareness that their internal experiences seemed to differ compared to their peers. Instead, they reflected on thinking that their experience was “normal” and therefore they did not experience tension within struggling to explain their experiences to others or themselves. Despite this difference, the experience of struggling to mask their neurodivergence was still present and resulted in self-criticism in resemblance to the other participants. Voicing this

unknown and its relationship to struggle, Anne stated the following when reflecting on her masking tendencies:

I didn't know that that was just neurodivergence... I didn't realize that's what that was. It was just... It was something that I consciously did often. But I didn't have language for that. I just thought that that's what everyone did... and I was doing that every day of my life.

In a similar way, Michelle voiced the unknown as she reflected on her tendencies to push herself too far and burnout as byproduct of ADHD leading her to be too productive:

I'm thinking of those times like I was known to run 10 events in a weekend and just be totally fine. I can look back and see these little pockets of things that, like people really loved, that I could do that really benefited like the jobs I got along the way. But I would quickly burn out because I didn't know what it was, and that I still needed to rest, even though I technically could run 10 events in a weekend, should I?

Another way in which internal conflict was voiced related towards the theme of identity. For Anne this accompanied the realization that she was no longer able to maintain her internal standards which previously brought her praise and fulfillment:

If I can't be high functioning, then who am I?... If I'm not on the top of the heap, but rather in the middle, or maybe towards the bottom when it comes to functioning, then what does that actually mean about who I am?

For other participants, internal conflict was voiced as they related ADHD and its symptoms to their conceptualization of who they are and to what level it might explain their lived experience. Emma questioned what it would mean if ADHD could not account for her experiences, as she described some initial dissonance in identifying with her diagnosis:

... if I don't, then what is actually wrong with me, right?... What is wrong then?... If it's not that, then am I just... it is this a normal person's brain? Or is this a, my brain kind of thing?

For Ajay internal conflict was heard as he grappled with identifying with ADHD:

I would have assumed that I didn't have ADHD... And I think that goes to the confusion about ADHD. A lot of people with ADHD miss dates, miss appointments... I'm like neurotically organized... It was confusing in how functional I was from it.

In Charlotte's case, internal conflict emerged as she relates the applicability of her diagnosis of ADHD to the experience of imposter syndrome:



Do I actually have this like? I don't want to be an impostor. Whose saying that I have this disorder when I don't like, do I actually struggle with this and this or do I not? But then I kind of realized that, like my whole life, I have had a tendency to feel like an impostor in every way which I think to an extent is normal, and so I don't know if it's more than normal.

Isabelle and Michelle also voiced internal conflict when reflecting on the applicability of ADHD towards their experience. Isabelle expressed that she is careful to assign to much of “who [she] is” to ADHD, she stated: “I like ADHD, but also by just looking at it from a clinical perspective, sometimes it's hard to like really to accept it for me, like how it's embodied.” In a similar vein, Michelle discussed the difficulty within assigning responsibility towards ADHD to account for her personality traits compared to other life events, as evidenced by her stating: “I’ve always been able to hold a lot of things. I’m not one hundred percent sure if that’s ADHD or growing up in chaos though to be totally transparent.”

The voice of internal conflict was closely associated with voices of disconnection which will be discussed more explicitly in that section of this document. To clarify the relationship of internal conflict to the experience of ADHD, however, it should be understood that the voices of misfitting and shame often emerged with internal conflict. This would occur when participants would reflect on the realization that they feel different to others, leading them to proceed towards self-criticism for being different. The point of difference between these voices, however, was that the voice of internal conflict speaks towards grappling with the unknown or being forced to contend with what was undiscovered. This voice speaks towards the internal bristling between what was unexplainable about what was being experienced, it captures the struggle within asking themselves “why am I” or “who am I?” and having no response.

**Voice of Yearning.** The voice of yearning emerged when participants expressed longing for some form of change to their circumstances. These desires for change were often compared to past or current experiences which were undesirable or difficult. This voice was heard through themes related to yearning for connection with others, yearning for connection with self, and wishing for a different reality. Across all participants, this

voice was often associated with language which expresses yearning such as: “I want”, “I wish”, “I need” or “I needed”, and “I don’t want”.

Yearning for connection with others was voiced by all participants. Isabelle voiced this type of yearning when she spoke directly about her ‘wants’ relating to connection, both with her husband and in “showing up” for others. In the context of feeling disconnected to others previously, Isabelle voices yearning for connection: “I didn’t want to be stupid. I wanted to show up... I was like a professional child, and I look back and it’s kind of sad”. This voice also emerged as she spoke about “wanting to show up” for her partner as someone who struggles to relate and adapt to aspects of her neurodivergence as they build their lives together.

Along similar lines, Anne and Abby both expressed how they “want to be friends” or “want to connect” with others. Their reflections express not just a desire to connect but a desire to be seen as genuine within their attempts to connect. Following her reflections on previous attempts at connection which were misunderstood, Anne expresses yearning for connection with others through clarifying her position on connecting:

Now if I want to be friends with someone, I’m pretty open about it, like, ‘Hey, I am neurodivergent. And so, the way I do things might be a little strange, and also, if it comes across strange, tell me, because I probably don’t know it does.’

Abby similarly voices yearning for connection through expressing her intentions to connect which are sometimes misunderstood by others:

It’s not that they want to one-up a person, but I want to show, ‘Hey? I understand you; I’ve been through something similar.’. So now we can connect... I always wanted to be that a caregiver in that sense, too. I want to be that person they can turn to for help.

Similar to Isabelle, Abby, and Anne, Charlotte voiced yearning relating to through expressions which crave relationship. Yearning was voiced strongly as Charlotte reflected on sometimes feeling that her ADHD causes her to be burdensome towards her friends. This conflicts with her desire be understood within her intentional approach to connection: “I don’t want to be a burden to this person. I want to be a source of good in their life... I don’t want them to think negatively about me. I don’t want them to not trust me.” Charlotte’s voice of yearning also speaks towards the struggle of yearning so badly to connect while harboring misgivings on the perspective of the other: “I just feel kind of

insecure... Are you thinking that that was annoying or stupid... what are you actually thinking of me?" Charlotte's uncertainty towards the stability of connection relate to Michelle's voice of yearning which expresses the need for safety and stability within connection. Although she was not expressing specific wants, yearning for connection was heard by the research team as Michelle spoke about relational safety:

I'm sure we all have these experiences of where we kind of test the waters a little bit of like... Can you? Do you know who I actually am? And they've proven to be okay with it, non-judgmental. Like when I don't fit in all the boxes that I feel like I should fit in.

In contrast to the other participants, Emma and Ajay voiced yearning for connection implicitly through their felt sense of pressure to alter themselves for the sake of connection. Although all participants voiced pressure to alter themselves, the voice of yearning was heard as Ajay and Emma detailed altering their presentation based on their predictions towards what others expected of them. Ajay illustrated this voice through statements like: "I needed everything to be good, so that I felt like I was good. Because I was so concerned about, 'how well do I fit in?'" and "I was paying so much attention to every small thing, trying to understand what was happening... Because if I could understand what was going on for someone's experience in the outside world, I would then understand what I needed to do to be okay with that". In a similar way, this voice was heard as Emma expressed statements like: "I would just be whatever I thought other people wanted me to be" and "I was afraid of not belonging. Like that was always there... When I actually look back, there was tension there of making sure people liked me."

Yearning was also heard as participants expressed their desire to connect with themselves in response to feeling constricted by neurotypical environments. This intonation of yearning was pronounced as Anne reflected on her homeschooling experiences allowing her to "follow the natural rhythms of [her] body", whereas structured school environments led her to feeling forced to ignore "what [her] body and mind were asking" her for. Isabelle also expressed yearning relating to connecting with herself as it relates to finding connection with others, she states: "To have more

connection, I think that's the biggest thing because with connection [to others], it allows me to not only name my experience, but also feels like I can connect with my true self".

For Abby, yearning for connection with herself was expressed through her desire to advocate for herself rather than placate the needs of others through self-sacrifice: "I want to get to that point where I'm not apologetic for who I am as a person... I don't want to hear that anymore. And it makes me uncomfortable. I don't like feeling like that." In Emma's case, yearning for connection to herself was expressed through her journey of self-discovery following her diagnosis of ADHD which conflicted with the identity she felt was pushed onto her by her caregivers. Using the metaphor of being given a box to fit into, Emma expresses curiosity about her own experience: "Why do I have this box? What is the actual truth in that box, and what actually is real truth?"

The third way that the voice of yearning was heard emerged when participants expressed wishing that their circumstances were different in some way. Isabelle voiced yearning in this form when she stated how she "wished that [she] had more time with [her] friends" instead of acting as a "professional child" in her youth. Adding to this, Isabelle reported that, if she could go back "she would do things differently". For Ajay, yearning was voiced when he reflected on wishing that his ADHD was noticed: "I wish it was caught that I have that, because when people would say that I was doing something good or well, I could never take that in." Later, Ajay continued, expressing further wishes that things had been easier: "...I wish it was caught, because maybe who in those moments, rather than me, being like 'ah I don't really belong here at all', because I would get distracted and assume that's why I don't belong. If it was caught, maybe I would have had more space to be like, 'Oh, no, I can. I can actually belong here. I just get distracted. And that's okay.'

Similar to Ajay, Michelle reflected on how she wished "somebody saw that [she] was kind of drowning there", in reference to her challenges with school and peer relationships growing up. On considering what might have been different her ADHD was known, Michelle said: "I would think like even the support staff at school, that were always like my support workers and learning assistance would then at least have that

knowledge to be able to better support what it was. Or understanding that it's not about me trying harder.”. Michelle also voiced yearning towards wishing that she did not have ADHD:

I wish it wasn't there. I wish my brain didn't work this way... Like the constant threads of thoughts like running at all times. I just wish that that wasn't part of who I am. Of course, I've learned to thrive and like can find the silver lining and all of that. But if I was honest and I had a choice, I wouldn't choose this.

Like Michelle, Abby also expressed the desire to be someone other than who she is.

While discussing her challenges with procrastination, Abby shared: “I wish I wasn't like that. I wish I could, just, you know, make my life easier, and then pick away at something that's like a big project, say, like a ten-page essay”. The voice yearning for Abby and Michelle in these examples expressed an honest perspective on the challenges associated with having ADHD and aching for reprieve from these challenges.

In all intonations of yearning, this voice expresses the urges, desires, and wishes of people who have experienced hardship in relationship to their ADHD. Whether it be through social challenges which restricted participants from connecting with others in the way they would have wished they could, restrictive environments which blocked their ability to express or address their somatic rhythms, wishing that somebody noticed they were struggling so that their challenges could have been mitigated, or simply wishing that ADHD was not a part of their reality, all participants suffered in some form. The voice of yearning responds to their suffering, it speaks towards craving something which is different. For some participants what they crave may be more attainable, but for others this voice contributes to their struggles through the creation of aching regret and mourning what cannot be.

### ***Voices of Disconnection***

All participants voiced disconnection in their narratives. The research team found that disconnection was voiced in four ways: disconnection from others, misfitting, disconnection from self, and shame. Though each voice carries different tones and traits, there are themes of distance, detachment, and invalidation represented in each voice.

**Voice of Disconnection from Others.** This voice was present when participants would reflect on feeling invalidated, misunderstood, and distant in relation to those

around them, both in familial and social contexts. It would often emerge as participants reflected on their unique stories of acceptance. Disconnection from others was especially heard when neurodivergent traits which were difficult for others to accept or understand were discussed. According to the participants, this often resulted feeling judged or misrepresented by others. Isabelle voiced this when she reflected on feeling misunderstood by her partner as they build their lives together, she recalled:

He just does not understand ADHD. And he sees it more as an excuse, and so that is painful... I can't help but feel that there's messaging like, 'you're wrong, you need to do better, you suck at this.'

Isabelle also voiced disconnection from others when she spoke of ADHD being called over diagnosed affecting her own relatability with the diagnosis, causing her to reflect: "...what if I'm the one whose been an overdiagnosis? What if it's all in my head? That can be really scaring and invalidating." Like Isabelle, Charlotte also voiced disconnection from others on the topic of feeling invalidated regarding their ADHD diagnosis. Charlotte said:

It definitely kind of frustrates me and gets me on edge if I'm like reading an article about like oh, '8 reasons why ADHD is actually a superpower', or like if I hear people talking about like the 'strength of having it'. I'm like, okay, so maybe I'm a little more creative because I have ADHD. But I do not think you understand how difficult it is to live with, and how this makes everything in my life harder.

Charlotte went on to describe patterns of feeling misunderstood by others within her ADHD, as evidenced by statements like: "I have no idea how to explain to how hard this is". In this pattern, Charlotte discussed feeling compelled to "prove" her ADHD to others because "everyone struggles with forgetting things, everybody struggles with not focusing, so how do you prove to people, 'no! I have that on a way more extreme end!'" Charlotte's experiences of disconnection regarding her ADHD are summarized by her statement that "when people do get it, they still don't get it", which represents her frustrations and misgiving surrounding the responses of others towards her ADHD.

Anne voiced similar frustrations as Isabelle and Charlotte as she reflected on areas of her life where she was misconstrued as being "bossy", "stubborn", or "difficult" by her

family and other social groups as a consequence of (what she now knows to be) her neurodivergent traits. Disconnection from others was present as she shared the following:

I think people would just see that as me being dramatic. But that's not what was happening... it was my ADHD, affecting my way of being, my neurodivergence affecting my way of being. But people didn't see that. I've been called a lot of things in my life, like a lot of it is bossy or dramatic or stubborn. Stubborn is a big one. But then it's like that's also just a rigidity and a struggle with transitions that's very common with ADHD.

Anne's experiences of invalidation and disconnection from others would culminate, causing her to "internalize some of those words" that people would label her as. Abby also highlighted themes of neurodivergent traits being misrepresented as negative character traits. Regarding her experiences in school Abby recalls:

And then people telling me I'm doing things wrong, or I need to be more quiet or talk less or you know teachers in high school if I would doodle while they were lecturing, I got in trouble because I wasn't paying attention. But like that was the one thing keeping me focused like things like that. So, I do feel at least part of my issues with my self image and all these things come from that, from people getting upset with me for so many years because of the symptoms I have. And not having an answer for them.

Disconnection from others was also heard when Abby described her family members and friends calling her "selfish" and "narcissistic" when her eagerness to share and connect with them was misinterpreted as "trying to control" the conversation. This pattern was repeated in her household as well, where she felt distant to and judged by her parents and siblings for having different interests than them.

In Ajay, Emma, and Michelle's cases, disconnection from others presented most poignantly within relationship to family dynamics as opposed to peer relationships. For Ajay, he recalled having difficulties "allowing anything in" with regards to praise from peers due to his own internal dialogue, but disconnection from others was pronounced when he reflected on his story of acceptance in relationship with his mother. Sharing an example of reporting an accomplishment to his mother, Ajay stated:

[I was] finally doing well, coming home really excited to tell my mom the story of how I did well, and I told her that and she's on top of the stairs like you should just go to your homework and that made no sense to me. 'Oh, but there must be something wrong, though', because if I do the right thing... It doesn't seem to

matter, and I would work so hard trying to do the right thing, so that it would matter.

For Ajay these experiences of disconnection from others exacerbated his sense that his he could not “let in” praise received from others for his accomplishments, as his efforts to “do the right thing” remained unvalidated. Similar to Anne, this perspective would go on to disrupt his sense identity as he internalizes and questions himself, emboldening the voice of pressure to portray “a successful person”.

In Emma’s case, disconnection from others was also primarily present within family influences. Though she recalled that teachers and peers would label her as not so “bright”, disconnection from others was heard by the research team most loudly when she spoke about being placed into certain roles by her parents. Emma felt compelled to fulfill these roles but in reflection highlights that these roles felt incongruent to her sense of self:

...because I was naturally good with children like I was put in that role... And so, then I felt like I tried to fit in that. But that wasn't my personality. I was like, I loved. I loved kids, but I wasn't organized. I didn't always have a plan, but I just tried so hard to fit into that box of being in charge and knowing what to do.

Disconnection from others for Emma speaks to her experience of feeling misrepresented and manipulated by “fear-based parenting” that perpetuated cycles of “shame [to keep her] in line”, which restricted her identity development and sense of self. Michelle presented a similar story of disconnection and non-acceptance to Emma, as her family and school narratives upheld a similar narrative that Michelle “wasn’t as smart as [her] brother”. Michelle reflects on her life from the perspective of a mother, prompting the voice of disconnection from others to surround her reflections as she spoke:

The year that I was pulled out of school my parents got divorced, and my mom decided we were having a year together, which, great, but like (laughs) that's... great. But like seeing how foundational of a year it was for her, like she learned how to read this year, she learned how to write this year, she learned a million and one things, and that that's the bit I missed. I think there was also a sense of grief around seeing it, and like realizing that my mom's own needs trumped like my ability to thrive in life.

Michelle also shared how she felt constricted by teachers, peers, and family members who felt that she was “not trying hard enough” to pass her classes while Michelle struggled to adapt to neurotypical education systems. In addition to being failed and



judged by the education system, the sentiment Michelle shares of being disregarded by her mother towards her developmental and educational needs screams out the depth of Michelle's sense of detachment and isolation from figures who were meant to protect and support her.

The voice of disconnection from others captures the distinct experiences of participants feeling misconstrued or negated by important figures in their lives as they reflected on their story of acceptance and ADHD. It speaks towards the external experiences of judgement, misunderstanding, and frustration discussed by participants within their narratives of acceptance.

**Voice of Misfitting.** This voice would often emerge alongside the voice of disconnection from others. The uniqueness of misfitting, however, is that it speaks towards the participants sense that they felt different to others in some way. The themes associated with misfitting are loneliness, isolation, and exclusion. This voice was heard when participants would use words like: "different", "loner", "bullied", "I missed" or "I was missed", "something wrong with me", "left behind", "hide", and "I shouldn't be here".

In Ajay's case, his immigration to Canada played a major role in this experience. The voice of misfitting was heard as he described struggling to fit in:

Is this okay, can I go here? Can I not go there? Then take all of those experiences and that kid and move him to Canada in a small white town where no one knows how to say your name. There's so much space of how do I become accepted here? What do I need to do to fit in and be okay?

Ajay's experience of misfitting also affected his relationship with his family, as he said: feeling "I felt really lonely actually, as I think about that, I'm like oh, I have to figure out the world by myself... How do I figure this out? I can't really ask my parents or my sister because they're new too." Though not directly related to his experience of ADHD, the voice of misfitting permeates major aspects of Ajay's story of acceptance, it speaks towards his sense that he is alone in navigating the world.

Although unrelated to immigration, Emma also described her experiences of relating to others as understanding that she felt "different" to them. She stated:

I definitely always thought there was something different about me, even before even entertaining the idea of ADHD... There's something different in the way I compute, there's something different. But I just thought... they don't see what I'm seeing right now.

For Emma misfitting captures her experience of “feeling that there was something wrong with [her]”, and that if she “tried harder” she could make up for the gaps she was sensing while feeling that “very few” people really understood her for who she was. The sentiment of feeling misunderstood was shared by Michelle as she voiced misfitting. This voice emerged throughout Michelle’s narrative through statements like: “I was aware I didn’t know what everyone else is talking about”, “I often felt like the odd one out”, and “I think I always felt misunderstood”. These statements emerged as Michelle reflected on her school experiences throughout her life, but misfitting was heard most profoundly as she reflected on feeling missed by her family throughout her struggles:

I think a new layer of grief, of being missed... To me, I look back, and it's so obvious. But nobody was really paying attention, because I just got along with everyone and kind of went with the status quo... I think there was always this narrative of like I wasn't applying myself as much, when like, that's actually really not the case at all.

The voice of misfitting for Michelle speaks towards her pain of remaining unseen despite “obvious signs” of her suffering and struggling to keep up. To illustrate this further, Michelle shares how she “wasn’t really accepted in [her] own home” as the narratives were based around her “not fitting in” and “not being smart enough”. These examples elucidate the active exclusion and judgement projected on her by her own family.

Abby also reflected on feeling excluded and judged by her family, providing a similar tone of misfitting as Michelle. Abby reflected that she still is “the black sheep” in her family, due to contrasting interests and criticisms about the way Abby chooses to spend her time. Her experience of misfitting extends to her social life too, as she reflected on feeling unseen and misunderstood by others within her efforts to maintain closeness with them. On her social experiences, the voice of misfitting could be heard when she said:

[That is] just one of those things in my life I'm very used to, is lack of family, like close family ties and friends because of things like that. People just don't know how to interact with me or understand me, I guess.

Following a similar pattern of disconnection within family and peer contexts, Anne also voiced misfitting as she shared her experiences. Anne stated: “I felt really misunderstood by my peers growing up, and I got along better with adults. And I think that’s because adults just have more space for... just in general have more space for difference.” Despite noting that relationships with adults were easier, Anne also voiced misfitting when reflecting on her relationships with her parents. Reflecting on a particularly difficult time in her life, Anne said:

I was in a place where I needed grounding. I needed comfort. I needed compassion. And for 31 years of my life in those places I had been met with rejection. In those places I've been met not only with rejection, but with the name calling or with labels that did not fit.

Anne’s reflections in this quote highlight the themes of exclusion and isolation associated with the voice of misfitting, as many of the labels she referred to were “given to [her] by [her] mother”. These labels would contribute to the sense the sense of disconnection she experienced within her family and with her peers as they represent a version of herself that she did not align with.

Like Anne, Isabelle also noted that she typically connected easier with adults instead of her peers growing up. Misfitting was voiced as she reflected on having trouble relating to her peers on topics like humor or general interests. Isabelle stated that she “always felt left behind” and “like a loner” because of her difficulties relating to others. This contributed to her sense of feeling “misunderstood” in addition to feeling that her brother’s ADHD “presents so differently” to her own. Within relationships with her family and friends she reflects: “[With her family] I could show up as myself, but also felt shut down. With friends, I felt like I couldn't be myself, I'd be a different version of myself.”

For Charlotte, misfitting was voiced as she reflected on feeling out of place due to repeating a grade. She remembered thinking: “I shouldn’t be here, and my friends have no moved on to the higher grade.” Adding to this, Charlotte reflected that she generally feels “more immature and incompetent” than other people her age. On that topic, she said:

And I wonder now if part of that was growing up with ADHD, and kind of feeling like I wasn't able to just like do the things the other people could do. Other people just seemed so proactive right like they would just.... I don't know they just knew how to do life. like they could just like start a club and like do their homework and like cook dinner.

Charlotte adds that “the world we live in is not meant for ADHD”, which contributes to her sense that “it’s rare for [her] to find someone where I don’t feel like I need to wear any mask”. In Charlotte’s case, the voice of misfitting speaks to a cycle of loneliness and self-judgement where her neurodivergence consistently reminds her of her differences to others.

Another area where misfitting was heard related to Michelle, Isabelle, and Abby’s experiences of being bullied by peers. Isabelle noted that she was “bullied a lot in elementary school”, contributing to her sense of being a “loner kid”. Similarly, Michelle noted that she was “bullied for what [she] looked like” and reflected on how she “wasn’t doing well” in school and that the consistent “joke” was that she “wasn’t as smart as everyone”. Finally, Abby added that she was “bullied a lot” when she was younger. She added that “kids never really liked [her]” leading to her being “ostracized” and “being alone”. These experiences were unique to these three participants, but they amplify the voice of misfitting and the accompanying isolation they experienced as individuals.

The final area where misfitting was detected was within Ajay and Charlotte’s experiences of misfitting as people with ADHD. Both expressed a period of questioning their diagnosis and feeling out of place in it, albeit from different perspectives. Ajay expressed feeling that his ADHD is “different” to others as his “neurotic” tendencies to complete tasks ahead of time lead him to feel out of place within the general ADHD narrative of procrastination. This leads Ajay towards a sense of internal conflict about whether ADHD adequately explains his lived experience, which is spoken through the voice of misfitting. In contrast, Charlotte does not feel disconnected with the diagnosis itself, but rather within her sense that “no one fully gets it”. Even when connecting with others who have ADHD, Charlotte states that “their experience is so different to mine”, which leads her feel that “they are not going to give [her] that big understanding” if their presentation of ADHD is different to her own.

Experiences of misfitting are experiences of disconnection from other people. The voice of misfitting goes beyond a description of disconnection from others and speaks towards the profound emotional impact of feeling isolated, judged, and different to those around you. For all participants misfitting was voiced and within this emerged a vivid and intense sense of loneliness within being ‘different’. Misfitting responds to the unreachable and unattainable ideal of what it is to be ‘normal’ for those who have ADHD.

**Voice of Disconnection from Self.** This voice emerged when participants would discuss discounting the needs of their mind and body for the sake of inclusion. It was identified with phrases like “I hid it”, “hiding it”, and “I ignored”. This voice was heard during stories where participants would ignore or hide what felt natural to them to fit in with others, often resulting in feelings of exhaustion and distress. It was also associated with the participants’ contemplations of self-doubt and internal questioning experienced throughout their journey with ADHD.

Ajay and Abby both voiced disconnection from self when they discussed “hiding” aspects of themselves from others. Abby spoke about learning to hide her interests or excitability on certain topics of interest when communicating with others in order to not “lose them” as a friend. The voice of disconnection from self was heard within this as she discussed the effects of choosing to “hide parts of herself” for the sake of being seen as “someone you want to have around.”, as seen in the following quote: “I try to be aware of how much I’m being, and I try to tone it down and tone it down and tone it down and, and that’s when I’m awkward. And I overthink. And I stumble over my words, and all these things.”

Similar to Abby, Ajay spoke of putting his energy into “curating the type of person who would be [perceived as] successful”, to compensate for his sense that he was different or lesser to others. Within this experience, he reflected that he would ask himself “what do I need to do to hide that or show that I’m okay”. In another example of disconnection from self being voiced, he shared how would “often hide” that he understood course material ahead of his peers because being perceived as aloof seemed

more socially desirable to him. These experiences, as well as experiences of disconnection from others, would contribute to Ajay's self-doubt and disconnection with himself, leading him to ask: "Who am I? I don't know. Has everything just been this coping?"

In Charlotte's case, disconnection from self was voiced more implicitly compared to other participants. Although Charlotte reflected on "not showing other people" when she was hurt as a child, this behavior seemed rooted within feeling the need to "prove herself" to others during moments of insecurity in her childhood rather than willfully hiding or neglecting parts of herself. Instead, the voice of disconnection from self emerged 'between the lines' of her statements, such as when she reflected on her motivation for feeling "less negative" about her ADHD:

I think there's a small part of me that wants to feel less negative about it for my sake, like in terms of just like that acceptance piece, I guess. And integration and all of that. But I think there's a bigger part of me that wants to feel less negative for other people's sake.

This example illustrates how the voice of disconnection from self for Charlotte resonates for her currently, as her motivations for self-attunement are focused on the needs of others instead of herself at this point in her journey of self-acceptance. Similar to Ajay, this voice transitions towards an internal questioning as she seeks to understand herself. This was evidenced by Charlotte asking herself: "Why can I not show this person that I care show them that I'm dependable like. Why can I not just wake up early?" during moments where her desire to meet the needs of others do not always match the reality of her circumstances.

For Michelle, disconnection from self was voiced through her reflections of feeling unwilling to be authentic in the presence of people she does not view as "safe", causing her to "feel guarded" in order to protect what felt unsafe to share. The following excerpt from Michelle's narrative of acceptance captures the complex nature of her experiences of pain and trauma which collude with her neurodivergence to further her disconnection from herself:

I started grade two, not knowing how to read or do anything and everyone else did. And that started that trajectory of and that narrative of I'm not smart enough, I

can't. And knowing how my brain, there's no way I would have been able to catch up, like that fast. But I didn't know it at that time. I just knew I couldn't retain learning how to read very well because it was boring. I don't want to. Michelle also reflected on being instructed to “hide what was going on at home” while feeling that she “would never want to say things out loud, because people are going to think I’m crazy”. In combination with her unacknowledged ADHD and a felt lack of safety to share her experiences with others, Michelle’s disconnection from herself was only exacerbated.

Disconnection from self was voiced by Emma, Anne, and Isabelle in a way which highlighted the presence of internal conflict and the unknown within disconnection from self. All three participants used language like “I didn’t know”, “I couldn’t articulate”, or “I didn’t have the language” when they reflected on experiences of altering who they were or ignoring their struggles to be perceived as ‘normal’. Isabelle voiced this tone of disconnection from self when she reflected on the experience of feeling dissimilar to her peers with no answer for the differences she noticed. Isabelle states:

I couldn’t articulate what it was like to be me, and I felt disconnected from myself. So that was really hard, because you still feel like you have this emotional, almost distressing kind of experience. And you don't know how... or you feel completely numb. And it's just hard... because you aren't able to put words to your experience.

She goes on to highlight how this disconnection from self would prevent her from finding space to live as herself, as she instead opted to appear “perfect and polished” as compensation for aspects of her ADHD which made her feel lesser to others, such as misremembering names or struggling to relate to her peers.

Speaking through the voice of disconnection from self, Anne spoke about “masking all the time” to hide how she was really struggling, not realizing that others did not carry the same burden. Anne stated:

I didn't realize that that’s what that was. It was something that I consciously did often. But I didn't have language for that. I just thought that that's what everyone did. It's kind of like for people who are in church communities... the closest example I can give is if you're in a fight right before you get to church... and then you get out of the car and you're smiling, and everyone's like, ‘How are you?’ And you're like, ‘Oh, it's so good to see you, so blessed’, right? And I was doing that in every social situation.

This quote illustrates how the voice disconnection from self maintained its presence through Anne's masking behaviours, like the other participants, even though Anne herself did not detect that those around her were not doing the same. In other examples, Anne spoke about how she "ignored" the signals her body would send her as she struggled against maintaining high academic and social standards, or that she would "shove down" her frustrations when experiencing sensory overload without understanding why these scenarios would bother her. In reflection, it is clear to Anne that her neurodivergent traits made the maintenance of her self-imposed standards impossible. She also noted how these experiences contributed to feeling forced to disconnect from what her "body was asking for" for the sake of "meeting the expectations of the neurotypical society".

Emma highlights the voice of disconnection from self in the following reflection about whether she felt she could be herself around others:

...when you're talking about self, I would just be whatever I thought other people wanted me to be. And then all while struggling with [the] price [of] the symptoms of ADHD and trying to keep them like under wraps, as well as then trying to meet other people's expectations, but feeling like, I'm not always hitting it.

Emma spoke about how she "didn't have the language" to understand aspects of her experience which can now be explained with the presence of ADHD. Although Emma maintained some awareness that she was "not being [her]self", she struggled to understand her sense of "exhaustion" which followed many of her social interactions. Now knowing about her ADHD, Emma identifies how during each social interaction she was constantly asking herself: "What do I need to be here and now and then also, like, control your brain from being impulsive?" This experience accentuates the voice of disconnection from self, as well as the ensuing sense of exhaustion from exercising control over her impulsive brain in order to maintain connection with others which this voice speaks to.

The voice of disconnection from self represents the masking behaviours used by participants to adapt their environment as individuals with undiagnosed ADHD. It sheds light upon the deepening sense of disconnection towards their sense of identity as they navigated life in ways which felt incongruent to their sense of self. This voice speaks



towards the culmination of experiences of misfitting which led them to question themselves, the internalized pressure to alter themselves, and their feelings of internal conflict within this process all of which led them to abandon themselves for the sake of fitting in as a mechanism for survival.

**Voice of Shame.** This voice emerged when participants expressed self-criticism, discomfort, and embarrassment within their stories of ADHD and self-acceptance. It was heard as the self-conscious, internalized response to experiences of disconnection from others and, in turn, disconnection from themselves. Although each participant's voice of shame carried the unique qualities of their own stories, some common language used among participants which evoked the voice of shame included words and phrases like: "embarrassed", "lazy", "crazy", "dumb", "guilty", "hide", "should", and "imposter syndrome".

Shame was most often heard when participants would verbalize some form of self-criticism towards themselves. This was usually associated with their reflections on their lived experience prior to knowing about their ADHD. For Ajay, shame was voiced when he explained how his self-concept used to include patterns of thinking where he was "dumb", "not cut out to work", and when he recalled thinking that his graduate program "messed up" by letting him into the program. The voice of shame for Ajay would also present itself through his self-comparisons to those around him, often leading him to the assumption that he was doing things incorrectly by comparison and that he needed to do better while continuing to "hide [his struggles] and show that [he is] okay".

Similarly, shame was also voiced by Emma mostly within her self-comparisons to others and her attempts to "fit into the box" given to her by her parents, peers, and teachers in order for her to "be whatever other people wanted [her] to be". Emma recalled working hard to "hold it in" when she wanted to talk in order to meet the expectations of others and "do whatever she could to fit into that box". Emma also noted that her "self-critic" would emerge as she struggled to fit into a box which "never fit to begin with", causing the cycle of "feeling bad" about herself to repeat.

For Anne and Michelle, shame was heard as they reflected on the impacts of the harmful messaging they received from important figures in their lives. Anne shared how she “eventually internalized those messages” sent to her by her family, coworkers, and peers that she was “bossy”, “stubborn”, and “obstinate”, eventually causing her to incorporate those messages into the way she viewed herself. Shame was also heard for Anne when she experienced burnout which led her to stop “performing at the level” she was used to, within this Anne reflected: “I guess I don’t stand out anymore”. For Michelle, shame was heard through her childhood experiences which labeled her as “not as smart as her brother” or that she “wasn’t applying herself” in school environments when the opposite was true. Michelle summarized the effects of externalized shame leading towards internalized shame in the following quote: “I think, if your own parents say it and think it, you think it must be true. And so, it becomes embarrassing that I’m not smart enough, so you kind of make a joke about it.”

While the reflections shared thus far have highlighted voices of shame which felt descriptive of a particular time of strife for participants, for others shame was voiced within their current lived experience too. In Isabelle’s case, shame was voiced as she recalled being critical of herself in her youth to uphold being as “perfect” as she could, including feeling the need to “hide” her struggles from others. But shame was also voiced several times during her interview when she prefaced aspects of her story with the phrase “this is crazy but...” to indicate her discomfort in sharing her story. Similarly, shame was heard an active voice in her life when Isabelle referred to her continuing challenges with social confidence and within feeling “stupid”, or “guilty” when she fails to meet the needs of others.

For Charlotte and Abby, shame was also voiced both retrospectively and concurrently, like Isabelle. Charlotte voiced shame when she referred to herself as consistently feeling more “immature”, “annoying”, and “irresponsible” in comparison to her peers. While many of these feelings were associated with her past experiences, they continue to affect Charlotte in her daily life as well. This is evidenced by Charlotte speaking through the voice of shame when she shared:

Other people naturally have things figured out like whether it's just like them understanding what the teacher has said when the teacher explains the project like, I assume that everyone else gets it, and I don't.

Like Isabelle, Charlotte would also preface some of her stories which indicated her felt sense of shame in the room. In one example of this, Charlotte stated: "I can't believe this happened" before sharing a story of absentmindedness. Similar to Isabelle and Charlotte, Abby's voice of shame was also heard within the room during her interview and within her reflections of the past. Abby voiced shame when she stated that she always called herself "a lazy student", referring to her procrastination behaviours during school which continue to affect her now. She would ask herself "why can I not just get this done?" in reference to her struggle to complete a book draft despite feeling passionate about writing her book. Shame was also heard within her reflections on struggling to maintain friendships and fearing "scar[ing] potential friends away" by being "too much" of herself, leading to her attempts to "tone down" how she is presenting with others. Abby's self-described nature of being "her own harshest critic" with "poor, poor confidence" summarizes how the voice of shame continues to maintain its presence in her life.

The voice of shame was also heard when Isabelle, Charlotte, Michelle, and Abby all described specific experiences relating to their ADHD as "embarrassing". This sentiment was also representative of both past and ongoing feelings of embarrassment relating to ADHD. Isabelle described feeling embarrassment because she struggles to meet the expectations of her husband and family members within the context of homemaking and cleanliness. Most notably, however, Isabelle's sense of embarrassment related to her tendencies to forget the names of her peers despite knowing them for some time. Speaking through a voice of shame, she recalled:

It makes you not want to talk because what if you said their name wrong? Or maybe they think you don't care about them?... I think it's embarrassing... and it makes you feel stupid.

Isabelle expanded on this experience to add that she "still rehearses people's names" and that she "can't help but feel stupid sometimes" as a result of this ongoing struggle. Charlotte spoke of feeling embarrassed within her lived experience her ADHD too, referring to experiences like needing to repeat a grade during childhood, missing social

appointments due to time blindness, and making absent minded errors while spending time with her friends, such as mistakenly using soap instead of oil to cook vegetables. The voice of shame permeated all of these experiences, and it was felt in the room throughout her interview as she recalled these experiences, as well as through her ongoing desire to “prove” herself to others as someone who is reliable and capable.

Abby also described her experiences with ADHD as “embarrassing”, which similarly gave rise to the voice of shame. Shame was heard when Abby described how she is “good at accidentally interrupting people” or when she reflected on struggling to complete tasks in a timely manner due to procrastination. These reflections culminated towards her statement that her neurodivergent traits are best summarized as “more embarrassing” than any other descriptor, and this is applicable now and in the past. In Michelle’s case, the voice of shame through embarrassment was discussed within the thinking that she wasn’t “smart enough” as discussed earlier, but also within her feelings toward having ADHD. When queried about her feelings towards ADHD, Michelle responded through a voice of shame:

How do I feel about it? I feel a little bit... I don’t really love it to be honest. The word that comes to mind is actually sometimes I feel a little bit embarrassed. I don’t know why that’s the word though, I don’t really love to tell people about it. Another area in which shame was heard involved the Charlotte and Michelle’s

reflections around “imposter syndrome”. Charlotte discussed imposter syndrome both around feeling inferior to her peers in her master’s program, but also within relating to her diagnosis of ADHD when others with ADHD do not share the same experiences as her. Charlotte recalls feeling that she needs to “fake her way through” life: “...it feels sometimes like I need to fake it, because other people have this information, and I don’t. Or whatever or other people have these abilities that I don’t.” Michelle also discussed feeling like an “imposter” during her university studies, noting that she is “sitting in a room with a bunch of people who say things in ways that I’m like, I have no idea what you’re talking about.”

The voice of shame speaks towards the critical inner voices participants developed from their experiences of misfitting and disconnection. It speaks towards the

internal structures of blame which manifest as a means of controlling what feels ‘wrong’ in their current system. In order to address the ‘wrongness’, these individuals turn their efforts towards changing themselves by adhering to the criticism they hear from others within their current system in an effort to resolve their sense of disconnection.

### ***Voice of Acceptance***

The voice of acceptance speaks towards the recognition or acknowledgement of the participants lived experience as individuals with ADHD. It was often heard in association with their ADHD diagnosis, such as the affirmative nature of their diagnosis as an answer to several life questions, and for others, the recognition of the neurological limitations associated with ADHD as aspects of their reality. In each case, acceptance denoted the representation of letting things be, often in conjunction with the unique experiences of turbulence associated with coming to terms with what things are.

Isabelle voiced acceptance when she spoke about the difference of receiving her diagnosis of ADHD. She noted that it provided “permission” to reduce the “burden of being good enough”. She summarized acceptance well when she stated, “you can just be”, as well as in the following quote about navigating life as a person with ADHD:

Actually, there is this neurological thing that affects the way that I'm able to interact with myself and others and what I'm learning or whatever it is... But I have to remind myself, who I am first. Alongside with ADHD and how it presents, instead of being like, I am ADHD, it's like, oh, I am, you know, me. And also, like, this is how this presents, and that's okay... It's like befriending and collaborating with ADHD, but also, like, not letting it overtake everything.

Ajay's voice of acceptance emerged as he reflected on ADHD as a source of self-understanding towards his way of being:

It really was like the door that helped me unlock what my experience actually is. Because when I have enough inside me to be like ‘oh, no, I do have some level of capacity’. And ‘I'm just distracted’, just the curiosity of like, ‘what's the distraction all about?’, ‘when did that show up?’ And then that space of ‘I've been distracted by whole life.’ But that's basically, like ‘why?’ And then all of these pieces being like, oh, right.

For Ajay, the voice of acceptance responds to his gentle curiosity towards his tendencies of distractibility and other “pieces” of his lived experience. Based on his reflections, this

is because the knowledge that he has ADHD provides him with some answers towards “what [his] experience actually is”.

For Emma, acceptance was voiced through her reflection that aspects of her ADHD have “brought [her] to where [she] is”. When receiving her diagnosis, Emma noted that she felt “relief” for having an answer, this allowed her to reframe events from her life and embrace the idea that “it is what it is” and consider where she can move from that point forward. Emma’s reflections on coming to terms with her ADHD and how it will continue to affect her bring forth the voice of acceptance in the following quote:

I’m like realizing that those things will just always be a struggle instead of just always trying, hitting a wall every time. So, I’ve been navigating that so that I now been looking at ADHD is as more of a gift, because I’m understanding it, and how it affects my own, my own life.

For Charlotte, the voice of acceptance was heard through both her identification with the diagnosis, including its limitations, and within the understanding that not everyone will provide sympathy towards her for having the diagnosis. Acceptance was voiced through statements like “this is who I am” and “some people just aren’t going to believe you, or some people just aren’t gonna get it” in reference to her challenges with ADHD. Her voice of acceptance also highlights the dialectical nature of acceptance. This is evidenced by the contrast between some of Charlotte’s reflections within her interview which evoked voices of shame, pressure, and internal conflict towards her identification with ADHD and her desire to “prove” herself to others and the voice of acceptance in this excerpt:

I can fully be myself, even if that means that, like I’m not always putting on a performance and being super fun and crazy and consistent like it’s okay to be a dynamic person that, like, you know, sometimes is feeling chill and not feeling like I have much to say or whatever. Or sometimes it’s sad or sometimes gets hurt, and it’s okay to admit that.

In this example, Charlotte voice of acceptance can be heard as she affirms the role of ADHD in allowing her to embrace who she is instead of altering herself for the sake of others. This reflection showcases how acceptance is not a constant force but rather a process; there are moments where Charlotte’s voices of shame, struggle, internal conflict, and pressure seem louder, but acceptance is accessible to Charlotte as an intentional

stance which can aid in the embracing of what is real, such as that it is possible and okay to feel sad and hurt.

Along similar lines to Charlotte, Michelle's voice of acceptance emerged within her reflections on the role of receiving a diagnosis, and within her feelings of wishing that ADHD was not applicable to her life. Michelle reflects on the "reality that [her] brain will always work this way", naming that "sadness" is associated with this reality. She then follows this statement through the voice of acceptance, stating:

I also can't do anything about it. And so, in the last few years, I think I've also really learned through therapy, ADHD and not ADHD related, to like, hold whatever comes up as like, 'it's okay', like, 'it's okay to not want this'.

Michelle also sheds light on the process-based nature of acceptance in this quote. Her story of acceptance highlights how accepting the limitations of ADHD includes accepting that some resistance may be incorporated into the experience of acceptance. At the time of the interview Michelle summarized her experience of ADHD and self-acceptance by stating that her diagnosis "flipped around" her sense of self-acceptance, she stated that "it's okay not to label everything. It is what it is". Michelle's reflections on acceptance which model the ebb and flow involved in the process of acceptance embody how the voice of acceptance exists dialectically, as we interact with others and our environment.

The voices of acceptance for Abby and Anne were heard within their blunt and seemingly easily accessed sense that their ADHD "just fits". For Abby, acceptance was heard simply within her statement: "it's a thing in my brain. It's fairly common."

Acceptance was voiced later on for Abby when she reflected on wanting to find solutions to aid in living with ADHD, instead of altering herself for the sake of others, she notes "I'm going to be me, deal with it." In Anne's case, she recalls thinking "this checks out, this fits" when she received the news that she qualifies for an ADHD diagnosis.

Acceptance was also voiced within Anne's internal concept of what it means to have ADHD, she states that ADHD is "my reality, and it's always been my reality". This perspective carries forward as the voice of acceptance speaks towards the reality of Anne's ADHD symptoms:

I forget things a lot like, appointments, or I'll forget dates and people will see that as a deficit. Whereas I'm like, it's really not, I'm not doing something to be hurtful to anybody. I'm not doing something to be forgetful, like, it just is.

The voice acceptance speaks towards the participants engagement with the process of recognizing and acknowledging the realities associated with having ADHD. This process includes integrating ADHD into their sense of self, as a source of self-knowledge from which to interpret their experiences, but it also includes accepting the reality of the neurological limitations. This process involves dialogue with the self and the environment, it is not linear, and it can be challenging to access. It also spoke towards the increased capacity of the participants interviewed to find connection within themselves and others.

### ***Voices of Connection***

All participants voiced connection in their stories. The voices of connection heard by the research team was separated into the four categories: connection to others, connection to self, self-compassion, and resilience. Although each voice carried distinct and unique qualities, the voices of connection often emerged together as the participants experiences of connection created space for self-compassion and resilience to emerge. The voices in this category spoke towards themes of understanding, validation, warmth, and safety.

**Voice of Connection to Others.** As participants reflected on their journey of ADHD and self-acceptance each participant referenced experiences of connection to others as significant factors in their stories. Though these experiences of connection were unique to each participant, all participants used language which revealed themes of validation and understanding received from others. This voice spoke towards participants feeling understood by others during moments of vulnerability and openness. Most of the experiences of connection discussed related to important individual figures in the lives of the individual participants, but for some connection to others was also voiced through interactions with others who have ADHD.

The voice of connection to others was heard from Anne as she shared about an important person in her life “coming towards her” during a difficult moment:



...in a space where historically, people would have lashed out at me, where people would have kind of shut me down or pushed away. Left me alone. For the first time in my life someone saw that behavior and came towards me... And I didn't realize that that's exactly what I needed.

For Anne, this event would pave the way towards self-compassion extended towards herself. This was evidenced by her reflecting: "I felt lighter after that moment. It felt like there were years of messages that I had somehow internalized that I just let go." Also speaking towards the experience of feeling accepted by others during a moment of vulnerability, the voice of connection to others was heard from Isabelle when she discussed sharing her doubts of completing her master's program with her colleagues and being received with warmth and reassurance:

I just found out I have ADHD, and like, I don't know if I could do this. Like, I don't know, if I'm gonna be able to work in this field, like, and they were like... (Isabelle), your vulnerability, allowed everybody else to show up.

Isabelle shared how this moment of connection provided her space to consider that taking care of herself can "give other people permission to take care of themselves too"; an important realization which she attributes to her own self-acceptance.

Speaking towards similar themes of vulnerability and acceptance, this voice was heard from Ajay as he reflected on a moment of openness with a friend and his gratitude for that experience: "I'm so glad that I had a friend who gave me a hug when I freaked out... Maybe that was the moment where I was just me, and somebody had a level of acceptance towards that". Ajay noted that this experience was impactful for him as someone who "cares so deeply about being close and is actually really scared about the closeness". In contrast, Charlotte's voice of connection to others did not emerge through a singular, significant event but instead through several smaller moments of connection she experienced. This was heard when Charlotte discussed not feeling the need to "prove" herself to her family as they accept her as she is, through an experience with a schoolmate who Charlotte feels she can be fully "authentic" with as they will "always accept [her]", and in reference to her mother "laughing with [her]" in moments where her ADHD causes her embarrassment.

The voice of connection to others for Michelle, Emma, and Abby was heard when they discussed close friends and family members who provided them support throughout

the years. All three of these participants spoke of the importance of relational safety and referenced feeling this safety when those close to them had “seen it all” and continued to support them. Abby spoke to this when she shared how her partner “takes me in stride” and how certain friends “see me as I am and they’re still there”. Abby spoke through the voice of connection to others when she reflected on the role of these relationships in her life:

I don't feel like I have to mask at all. I could just. I'm just at ease, fully at ease... it's very rare for me to be completely at that ease with people like, I don't. Just yeah, I'm usually on, if that makes sense.

For Michelle, this voice emerged similarly as she reflected on “little people” she had through her life who “helped [her] believe in herself”. Similar to Abby, Michelle referred to not feeling the need to “wear a mask” with these people because “they’ve seen you in it all”. On these relationships, Michelle states the following: I feel fully comfortable to be myself around them and I’m wildly grateful for them.”. Emma similarly spoke of friends and family who have “come alongside” her through her journey of life and ADHD, who have “seen it all” and can help “pick up the pieces” when needed. Emma voiced the importance of connection to others best in her own words:

I feel more like loved and more myself when I’ve... been like, open and honest of just like this, this is me. I'm a person who's a broken person like anybody else, and I feel like that to me has been like true and real acceptance when I like actually to share the good, bad, and the ugly of myself. And that people want to still do life with me.

Another area where the voice of connection to others was heard involved relating to others who have ADHD. This was heard when Isabelle reflected on connecting with peers in her master’s program who had similar presentations of ADHD, she stated

I felt like I wasn't a weirdo... I'm not crazy, I don't not care about other people... if this is part of somebody else's experience with the same type of ADHD I have, maybe this isn't a coincidence... having that has been a real gift to be able to like, accept myself and own it. To be like, 'hey, sometimes I have ADHD brain.'

Emma, Abby, Michelle, and Anne also spoke about communicating with others who have ADHD helping them better understand themselves. Abby and Michelle spoke about connecting with others through social media posts about ADHD traits and feeling validated by the experiences of others. In Emma’s case, connecting with people with

ADHD through her workplace and in her circle of friends allowed her to begin to question her own experiences and explore ADHD for herself, while feeling understood by them in her symptoms. Similarly for Anne, interactions with friends who have ADHD or who are “emotionally intelligent” and “safe to check in with” provided a basis for her own questioning of neurodivergence, eventually leading to the pursuit of a diagnosis.

The voice of connection to others in some ways represents the antithesis of disconnection from others. This voice speaks towards the warmth and safety of relationships and the resulting creation of trust from those experiences. Experiencing connection during moments of vulnerability was referenced by many participants as a key factor in what allowed them to eventually connect with themselves in similar ways experienced from others, eventually leading to the extension of trust, warmth, and validation inwards.

**Voice of Connection to Self.** This voice was heard when participants would speak about listening to their bodies, paying attention to their needs, and taking time to notice if their ADHD symptoms were affecting them in the moment. It was mostly heard when participants discussed the effects of being diagnosed with ADHD. Similar to the voice of connection to others, this voice speaks towards the extension of validation and understanding but towards themselves. As such, this voice often emerged alongside the voice of self-compassion.

Ajay voiced connection to self when he reflected on the role of receiving his ADHD diagnosis:

I think, what was helpful about the ADHD diagnosis. Is it said, hey, this might be relevant for you, which was the first time, I think, I had the opportunity to think about my experiences in a way where... where I guess maybe it was safe enough for me to be like ‘right, this could be something I need support with.’

Ajay continued to voice connection to self, alongside the voice of self-compassion, as he explained that his ADHD diagnosis “was like the door that helped me unlock what my experience actually is.” In following, this sense of self-understanding provided Ajay “space for curiosity in the moment” as means of noticing when he becomes distracted and tending to this, rather than judging himself for it. Isabelle spoke about her diagnosis of ADHD through the voice of connection self too, stating that “the words it has given me

allow me to have a little more say in how I actually want to live my life”. Isabelle shared that the diagnosis granted her a “compassionate voice” which allows her to ask in what ways she can “connect with herself” and “change her approach in the moment” if her symptoms of ADHD are causing her difficulty.

Anne voiced connection to self in direct reference to her increased capacity to pay attention to the needs of her body following her ADHD diagnosis, stating: “I am no longer ignoring what my body asks for.” Anne explained that after her diagnosis she began to “realize that a lot of things that people perceive as me being difficult are me struggling with transitions”, leading to the following reflection: “It kind of clicked in. And I was like, Oh, I’m not... I’m not just making it up...I think it really opened the door into this whole new way of being.” Michelle used similar language around her connection to her diagnosis as Anne, as seen through her realization that she is “not crazy... I have ADHD.” Speaking further towards the benefits of being diagnosed with ADHD, Michelle spoke through the voice of connection to self, as well as the voice of acceptance, as she noted that the “biggest shift has been [her] mental health” and followed this by stating that ADHD is “part of who I am” and that it is “okay to not label everything”. For Michelle, the voice of connection to self speaks towards the role of her ADHD in diagnosis in giving her space to “understand and know” herself more. This allows her to reframe ADHD as “something that has really benefited me in thriving in life and surviving as who I am.”

Emma also voiced connection to self in relationship with the voices of self-compassion and acceptance. On her diagnosis, Emma said: “I think it actually really allowed me to like finish off being myself like it... It was like that missing piece?” Emma spoke towards the importance of understanding and knowing this part of herself as a mechanism of what allows her to move forward with her life. Using the metaphor of a bowl and developing an awareness of its contents, Emma said the following about connecting with herself and its significance:

I can accept all and everything in my bowl. Whether it's good or bad, because I actually know what it is. And then love those pieces because I'm not looking for pieces, or I'm not trying to achieve other things to put in that bowl'. So, I think

that has really helped me with my self-acceptance, in that way. Of, I'm not continuing... I'm not looking for something that doesn't exist.

In Charlotte's case, the voice of connection to self also emerged through the consideration of her diagnosis:

I know the diagnosis has made it easier to accept myself because it helps me kind of organize some things in my life and measure them up against a certain structure.

Connection to self was also voiced from Charlotte when she reflected on "understanding what the disconnect was" in her past. In following, she noted that "understanding myself better through ADHD helps me understand other people better", allowing her more "openness and grace" towards others and herself. In contrast to the participants who addressed self-acceptance and ADHD, however Charlotte emphasized that this process was still in development for her. On this, Charlotte stated that although "the diagnosis helped", she still asks herself "what does it look like to accept myself?" and notes that "sometimes my ADHD makes it hard to accept myself because I am wired differently than other people."

Abby shared similar reflections to Charlotte about self-acceptance and ADHD, noting the following about her diagnosis:

It's mainly that relief piece. But I haven't fully accepted myself yet about it. I think it is still so fresh and I haven't really pursued the solutions yet, so it's one of those pieces where like. Yea I'm not quite... I'm not better, but I'm not worse either.

Although Abby noted that self-acceptance remained difficult to grasp at this point in her story of ADHD and self-acceptance, the voice of connection to self was heard softly and tentatively when Abby stated, "I have an answer" when she questions "why am I the way that I am". The following quote captures the tentative nature of Abby's voice of connection to herself: "I'm not just quote unquote, broken. There's an.... There's an actual reason for things. Right? So that feels good".

The voice of connection to self speaks to the experience of self-understanding associated with coming to terms with ADHD as a presence in the lives of participants. For some it provides answers to many unknowns of the past and aids in the creation of inner lenience for people who have struggled to understand themselves throughout their

lives. As shown by Abby and Charlotte, however, the process of learning to unmask, even towards oneself, is frightening and arduous. But in consideration of the reflections shared by the other participants, it can also build a path towards extending self-compassion to oneself through symptoms of ADHD.

**Voice of Self-Compassion.** The voice of self-compassion was heard when participants extended compassion, love, and grace to themselves as they reflected on difficult times in their lives. The voice of self-compassion embodied a nurturing response extended towards the participants after they considered the unique hardships they endured through their experiences of ADHD and self-acceptance. This voice was heard after participants reflected on their unique struggles, and in conjunction with their experiences of connection with themselves and others.

The voice of self-compassion was heard from some as they acknowledged the challenges they had to face, emerging as if in response to the voices of struggle and disconnection. This was heard when Isabelle reflected on acting as a “professional child” in order to meet the expectations of others in her youth. She stated: “I look back, I’m like, it’s kind of sad, but at the same time, I did what I could to take care of myself.” In this quote, Isabelle’s words highlight how the voice of self-compassion acts as a comforting presence while reflecting on navigating life with undiagnosed neurodivergence. Like Isabelle, as Abby spoke about struggling to complete tasks due to her ADHD, self-compassion responded: “I know I am capable person. When I have my focus, when I have my energy, I can do really cool things.”

After speaking towards an example of feeling the need to “earn connection” in his past, the voice of self-compassion emerged for Ajay as he asked himself: “oh, Ajay, what if you were loved the whole time?”, highlighting the nurturing essence of the voice of self-compassion to the experience of struggle. Like Ajay and Isabelle, the voice self-compassion emerged for Anne too as a soothing response to the hardships she experienced: “...looking back, I have so much compassion for little me. Because it’s like, you poor thing, you just wanted to be friends.”

The voice of self-compassion was also heard in conjunction with other voices of connection. In some cases, it was heard along with the voice of connection to others, highlighting how receiving compassion from others built their capacity for compassion extended towards themselves. In other cases, the voice of connection to self emerged with the voice of self-compassion as the process of being diagnosed with ADHD provided inner space for greater self-understanding and in turn, greater kindness towards extended themselves. Although the extent to which the other voices of connection integrated with self-compassion differed between participants, the voice of self-compassion emerged for each participant as they voiced connection with themselves or with others.

The interplay between the voice of self-compassion and the other voices of connection was heard when Isabelle spoke of working towards “allowing [her]self” to take up space as someone with ADHD. It was also heard as she discussed learning to “be less hard on herself” within her expectations of self, and it was heard through her ability to say: “Sometimes I have ADHD brain”, which she credits to the effects of connecting with others who also have ADHD allowing her to feel “less crazy”. In a similar fashion, when reflecting on an experience of being met with understanding from an important person who also has ADHD, Anne stated:

All these moments in my life flashed before my eyes, where people had misunderstood me, where people had mislabelled me... It is just this moment for me, this click for me that I think I didn’t deserve that.

This quote highlights how the voice of self-compassion was emboldened by Anne’s experiences of connection with others, allowing for greater capacity for her to practice extending self-compassion. Anne’s voice of self-compassion also spoke towards her considerations towards ADHD as a diagnosis, including the sentiments that the diagnosis provides language and self-understanding. Anne said: “I don’t think there’s anything wrong with having ADHD. I don’t think there’s anything wrong with the way my brain functions”. She goes on to discuss her gratitude towards “having language” to explain her lived experience now that she is diagnosed, allowing Anne greater capacity to turn

towards what her needs are through the self-understanding granted by connecting to herself.

In a similar sense, when Ajay spoke about the role of receiving an ADHD diagnosis providing him space to “be way more compassionate” to himself, allowing him to acknowledge “how hard [he] had to work” in the past. For Ajay, the voice of self-compassion provides him more space to respond to his ADHD symptoms with “curiosity” and greater capacity to create “space for the distraction”, allowing for Ajay to work towards providing himself “permission for [his] impulses”. In Charlotte’s case, the voice of self-compassion emerged through her desire for “self-advocacy” and after sharing reflections on the challenges she overcame despite being undiagnosed. Charlotte reflected on how she feels about her ADHD now:

It makes me proud of myself in a way, because now I’m like oh, my word, like you went through a whole like bachelor's degree, without knowing you had ADHD, without medication, like without like any understanding of yourself...

You've been through... you've shown a lot of resilience.

Continuing to speak through the voice of self-compassion, Charlotte notes that her ADHD does not render her “immature or irresponsible”, and that her diagnosis brings her “self-understanding” and “new ways to tell people what I need”, similar to Anne’s reflections on the same. Similar to other participants, both Emma and Michelle reflected on the ways ADHD explained aspects of their past and how it provides space for self-compassion currently. This was heard as Michelle attributed her ability to “thrive” and “juggle so much so well” throughout her many adversities she faced to the presence of ADHD, noting that perhaps without ADHD this may not have been possible for her. Self-compassion, along with the voice of connection to self, was also heard as Michelle continued to reflect on what being diagnosed has allowed her:

It is given me an almost like an ability to like exhale, like you’re hyper focusing on what you look like, it's okay to stop... And understanding that has helped me take a step back and have more compassion and understanding for myself. I think it's just helped me see the connections more in every area, like its not all in my head... I'm not crazy, I have ADHD.

Emma spoke about how her diagnosis of ADHD affected her, again showcasing the interplay between the voice of self-compassion and connection to self. Emma



reflected the following on what being aware of her ADHD has provided her: “I’m way nicer to myself. I have way more grace and I also have more ownership”. Emma also highlighted that practicing self-compassion is an ongoing, relational, and intentional act. On practicing self-compassion, she said: “...the compassionate piece has been a big, long journey to get to where I am. And just a constant reminder to myself and having good friends that remind me, and I remind them, and we all just call each other out when we’re not.” For Emma, self-compassion speaks towards an unfamiliar practice of extending kindness to oneself. She binds this practice to her sense of connection to others, this displays her trust within connection but also her wisdom in knowing that ongoing support and accountability may be necessary.

In contrast to the other participants Abby’s voice of self-compassion felt tentative and carefully implemented, as if Abby was putting pressure on an injured leg. Abby spoke towards this herself as she reflected on the recency of the diagnosis perhaps playing a role in feeling that she is in “purgatory” with regards to self-acceptance. Abby encapsulates her current voice of self-compassion (as well as connection to self), and its gentle presence, best in her own words:

Nothing has changed except for the fact that I have a label. And there, I guess there is relief there... So, my own self-acceptance, I think. Well, I guess a little bit. I'm a little. I'm a little more easy on myself. Because I...I'm not just quote unquote, broken. There's an.... There's an actual reason for things. Right? So that feels good. But I would say, that's very minimal, the change.

The voice of self-compassion represents the participant’s extension of empathy towards themselves as individuals who have experienced the hardships associated with undiagnosed neurodivergence. It seeks to soothe what was hurt and it emerges more easily when it is associated with the warmth of connection, whether internally or externally. As highlighted by Abby and Emma, however, this voice also represents the necessity of intentionally practicing self-compassion. This process is dialogical, and it requires time to learn that it can be trusted.

**Voice of Resilience.** The voice of resilience speaks towards expressions of inner strength and adaptability. Often emerging with the voice of self-compassion, it was heard

when participants would verbalize ways in which they care for themselves moving forward alongside their ADHD.

Resilience was heard from Anne as she expanded on the self-knowledge granted through her diagnosis of ADHD:

I'm able to be more of an advocate for myself, and be more aware, like in many situations where I'm overwhelmed... I know that I need to bring earphones, I know I need to bring a thing to fidget, I know that I need to take breaks outside. Spoken through the voice of resilience, this quote showcases how Anne's ADHD diagnosis provides her "tools in her toolbox" to assist her in navigating "situations that are sometimes tricky for people with neurodivergence to navigate". Resilience was also heard from Anne when she addressed the need for advocacy for neurodivergent people, with emphasis on women and culturally diverse outcomes. Voicing her own self-representation, she advocates for a societal change in "what being successful looks like" from a neurotypical perspective, to one which considers the capabilities of the neurodiverse. For Charlotte, resilience was heard as she addressed choosing to care for her own needs, she explained:

...to me authenticity and self-acceptance is to say, you know what I feel like crying in this moment. And so, I'm going to let myself. And I've been learning to listen to my body more and trying to practice listening to my body more.". Using similar language around advocacy as Anne, resilience was also heard from Charlotte as she spoke about advocacy for herself and for other women with ADHD: "...there's this piece of self-advocacy as well of like, wanting to do well by myself, and figure this out and fight for myself, and fight for others... I want to advocate for other women who have ADHD."

Isabelle voiced resilience when she discussed working "alongside" her ADHD to create a "compassionate voice" during times where accepting herself is difficult. On working with her ADHD, Isabelle spoke through the voice of resilience:

...instead of something like, 'oh, I have ADHD, so I can't do this'. Or, like, 'that's going to be really hard for me', which like, sometimes... that is going to be hard. But also, I can do it. You know? And then I'll just do what I need to do in the moment. Resilience continued to resonate as Isabelle articulated how she can "redefine success and what it means to be productive" in a way that "balances" her life through employing a

“compassionate voice”. She now asks herself questions like: “How can I connect with myself? What does it look like to care for myself?”, in moments where her self-expectations become overwhelming. Ajay voiced resilience in a similar way, noting that now he has greater “capacity for self-compassion” which allows him to check in with himself when he notices distraction coming up for him. In replacement of self-judgement, resilience was heard as Ajay explained how he manages his ADHD symptoms now:

So now I think, when I have like the moment where I’m like ‘oh I’m distracted’, rather than like the shame cycle kicking in and being like, ‘oh, no, like, there's something wrong! What do you have to do? How do you get out of the situation?’ And then really not paying attention to what's happening, and just go into almost survival mode. I would now be like, ‘Oh, distracted! What do I need to do to come back and reorient?’.

For Emma and Michelle, resilience was heard through their emphasis on choosing to embrace a positive outlook towards their future as resource for maintaining wellness. This was heard when Michelle made statements like: “I can’t control what gene was passed or what wasn’t. And we will thrive! We will figure it out along the way!” and “Even though I wish things were different, I’m incredibly strong and I can get through whatever thing is coming my way.” These quotes highlight how the voice of resilience speaks towards Michelle’s courage to trust in her capacities and back herself. Along similar lines, for Emma, resilience was heard through her desire to “have grace” for the parts of ADHD she struggles with, while including important people in her life to “help [her] with those pieces” when she finds them difficult to hold alone. Resilience was best summarized for Emma in her own words:

I'm realizing that those things will just always be a struggle instead of just always trying, hitting a wall every time. So... I now have been looking at ADHD is as more of a gift, because I'm understanding it, and how it affects my own, my own life.

Much like Abby’s voice of self-compassion, her voice of resilience was present as an emergent and cautious presence in her story. Resilience was heard when Abby made statements like: “I am being me. Deal with it.” and “I know I can do really cool things”. At the same time this voice would contrast with other ongoing struggles, highlighting her tentative but slowly strengthening trust in her own capacity for self-acceptance. Despite this contrast, Abby’s inner strength was heard by the research team when she discussed

her capacity to “help the next generation” through her role as a teacher. Abby states that in a school setting, she can “pull [her]self out of it” because she is “doing it for them”, showcasing her capacity to draw strength for others despite feeling “exhausted” with her own journey. Abby’s capacity for inner strength and resilience was best expressed through her humour in the following quote: “When I get my executive functioning back, I’m going to take over the world!”

Although all participants displayed acts of resilience in their stories of ADHD and self-acceptance, the voice of resilience was differentiated as expressions of courageous authenticity during the analysis process. This voice speaks towards the emergence of an inner position which prioritizes their own well-being, it represents a dialogue between themselves and the world to determine how they can best care for themselves. Much like the voice of self-compassion, this capacity for self-care is an ongoing, intentional process which shifts and bends throughout the journey of self-acceptance.

## **CHAPTER 5: DISCUSSION**

This study explored the lived experience of self-acceptance among individuals diagnosed with ADHD in adulthood. The current research on ADHD estimates that up to two-thirds of children with ADHD will continue to exhibit symptoms into adulthood (Barkley & Benton, 2022). While the extant research on ADHD has focused on child and adolescent ADHD, the notion that the disorder continues to manifest into adulthood is well-supported and has resulted in further research on adult ADHD (Academy of Pediatrics, 2019; Eme, 2012; Seabi & Economou, 2012). While there have been more recent developments in the literature on adult ADHD, there remains a calling to further develop our understanding of ADHD as it is experienced in adulthood (Attoe & Climie, 2023; Henry & Jones, 2011; Ginapp et al., 2022; Young et al., 2008).

The literature reviewed for this study revealed that many people who live with ADHD struggle with socializing, feel socially isolated, and feel compelled to mask their symptoms of ADHD. (Attoe & Climie, 2023; Ginapp et al., 2022). Much of the literature on the experiences of individuals diagnosed with ADHD in adulthood referenced similar experiences, but they also found that self-acceptance was a common factor of living well with ADHD (Aoki et al., 2020; Henry & Jones, 2011; Jones & Hesse, 2018; Toner et al., 2006; Young et al., 2008). The process behind self-acceptance and how it was understood was not as defined, however. This research sought to understand the experience of individuals who navigated life with undiagnosed ADHD and how such an experience affected their capacity to accept themselves. By providing those diagnosed with ADHD in adulthood an opportunity to speak to their experience of the disorder this research allows us to better understand ADHD from the perspective of how it is lived.

### **Discussion of Findings**

This chapter will begin with a summary of findings from this investigation. This will be followed by a discussion on how these findings connect to previous literature on this topic and a review of the novel findings of this research. Afterwards, the themes found in this research and their implications towards areas of clinic, empirical, and future

research will be discussed. This chapter will conclude with a discussion on the strengths and weaknesses of this research.

### *Summary of Findings*

All seven participants in this study provided rich accounts of their experiences of living with undiagnosed ADHD. These accounts included reflections on how ADHD may have affected them in the past, how becoming aware of ADHD shifted their experience, and how these experiences played into their story of self-acceptance. As the participant narratives were analyzed, it became clear that the voices emerging from their stories embodied a dialogical process of engaging with their inner and outer experiences of the world. The process of engaging with their inner sense of self and how they experience the outer world was dynamic and heavily influenced by their interactions with others. It became clear that their inner and outer experiences informed one another, highlighting how their story of ADHD and self-acceptance are analogous yet unique as they interact with each other. Four major voice groupings emerged across the participant narratives which elucidated the dialogical, and relational process behind self-acceptance and ADHD. Many of these voices were heard with varying levels of emphasis, overlap, harmony, and dissonance across the stories shared.

All participants spoke to how ADHD affected them in every facet of their life, including social, familial, and academic domains, as well as within their sense of self. Adding to these struggles was an impending and overbearing pressure to alter how they acted and who they were for the sake of meeting external and internal expectations. A voice of internal conflict spoke to the internal dissonance within feeling compelled to alter themselves with little understanding behind why they felt the need to work so hard to change who they were. Through this dissonance, a voice of yearning to belong or to be different was heard which intensified the pressure to change themselves, further adding to their struggles of living with ADHD. It should be noted that although much of their stories recounted the past, most of these struggles persist in their lives currently as they continue to face relational, academic, and societal demands which require them to adjust to the standards of a neurotypical society.

The participants spoke towards experiences of inner and outer disconnection as a compounding factor in their experiences of struggle in living with ADHD. Disconnection from others was voiced as participants reflected on the expectations, judgements, and assumptions expressed by their families, teachers, and peers which led them to feel misunderstood and isolated. These experiences contributed to a felt sense of misfitting as participants expressed an awareness of feeling different to others, either through direct experiences of judgment and rejection or a nagging sense that other people seemed to experience the world differently than themselves. Voices of disconnection from themselves were conflated with the extension of internal pressure to suppress their inner wishes, desires, and compulsions in order to meet the expectations of others or themselves. This sense of inner disconnection was layered with experiences of shame for being and feeling different to others, not being able to meet the aforementioned expectations, or stemming from the judgment felt from others.

The voice of acceptance spoke towards the participants capacity to embrace ADHD as an aspect of themselves following being diagnosed. It emerged alongside an acknowledgement behind the reality of having ADHD. Following being diagnosed, participants spoke towards ADHD as a part of themselves, both as a source of self-knowledge to understand past experiences, but it also acceptance of the reality of the neurological limitations. This was a non-linear, dialogical process between the participants inner and outer worlds. This was evidenced by aspects of the participants experiences where their capacity for engaging with acceptance was modulated by their circumstances and the level of outer acceptance received from other people.

Relating to experiences of outer acceptance, voices of connection towards themselves and others were also present among the participant narratives. Experience of connection to others were associated with specific, key events where participants experienced acceptance from important people during moments of vulnerability. These experiences led to the creation of space for participants to connect with themselves and the extension of self-compassion in acknowledgement of their hardships. In conjunction with self-understanding provided by the diagnosis and the extension of self-compassion,

the voice of connection to self also spoke towards moments of intentional acknowledgement of the participants own emotional and physical needs. A voice of resilience was heard during expressions of inner strength and adaptability throughout participant their stories of ADHD and self-acceptance.

### ***Similar Findings***

Many of the findings and themes from this study reflect similar findings and themes found in previous research. This section discusses these similarities within the literature relating to adult ADHD, self-acceptance, and EA.

**Adult ADHD.** Many of the themes and voices discovered in this study corroborate the themes and participant experiences found across the qualitative literature on adult ADHD. The most notable area of overlap is within the descriptions of social, emotional, and personal hardships for adults with ADHD found in the extant research. Much of the qualitative research on the experiences of ADHD included reports of feeling different to others, struggling with family relationships, challenges with maintaining relationships, feeling misunderstood, being bullied, navigating experiences of stigma, feeling forced to mask symptoms, and challenges with meeting social and academic expectations (Attoe & Climie, 2023; Ginapp et al., 2022; Henry & Jones, 2011; Jones & Hesse, 2018; Toner et al., 2006; Young et al., 2008). The participants in this study corroborated these experiences through the voices of disconnection and struggle heard in their stories. Though not every participant spoke to being bullied or experiencing stigma, all other experiences were shared across participants which highlights the multi-faceted influence of ADHD in a person's life.

Another area of overlap relates to the existential life-review process following an ADHD diagnosis discussed by Aoki et al. (2020), Hansson Halleröd et al. (2015), Henry and Jones (2011), and Young et al. (2008). These authors described how participants engaged in a self-evaluative process after receiving their diagnosis of ADHD, which involved questioning their life experiences and sense of identity. While this study certainly contained built-in existential elements to the investigation, many participants described a



process of self-questioning prior to and following their ADHD diagnoses. Anne, Emma, Charlotte, and Ajay named the presence of ADHD as a mechanism that caused them to reflect on their life experiences, causing them to grapple with their sense of identity. At other times the participants reflected on their sense of sadness towards their ADHD being missed, and what could have been different if it was caught earlier. These reflections are similar to the existential life-review process discussed in the previous literature on receiving ADHD diagnoses in adulthood (Attoe & Climie, 2023; Hansson Halleröd et al., 2015; Henry & Jones, 2011; Young et al, 2008.)

A third area of overlap relates to the expressions of advocacy for other women with ADHD and cultural considerations relayed by the participants of this study who identified as women. Six of the seven participants of this study identified as women and spoke towards their decision to join the study being partly fueled by a desire to contribute to the under researched field of women and ADHD. These women explicitly spoke towards other women or girls who may be struggling with similar story elements to offer encouragement and solidarity if they can relate to their stories. Anne and Charlotte in particular spoke about social expectations towards women and advocated for shifts in the narrative towards ADHD. These elements relate to Henry and Jones (2011) study on older women who were diagnosed with ADHD where they found similar sentiments to advocate for what is unjust from some of their participants. The sentiment of advocating for others in the face of adversity relates to the expressions of the women in this study.

**Self-Acceptance and ADHD Diagnoses.** Previous literature connected self-acceptance to the experience of receiving an ADHD diagnosis in adulthood. The literature on this topic stated that a diagnosis provided greater self-knowledge or self-understanding to those diagnosed which allowed them to reduce self-blame to move forward in life (Attoe and Climie, 2023; Aoki et al., 2020, Hansson Halleröd et al., 2015; Toner et al., 2006). Similarly, Young et al. (2008) and Henry and Jones (2011) found that ADHD diagnosis provided participants an avenue to reconsider their life experiences, experience relief from their reflections due to the explanations ADHD provided and

employ a more compassionate perspective towards themselves as they continue to navigate the symptoms of ADHD.

In this study, the voices of acceptance and connection revealed similar themes on the role of a diagnosis on the lives of participants. All participants shared that the diagnosis brought them self-understanding and answers towards their lived experiences pre-diagnosis. Emma directly referenced the relief that accompanied being diagnosed, as she finally felt that there was answer to her experiences and way to navigate her struggles. Similarly, Ajay and Anne explicitly stated that ADHD as a concept in their lives shifted their perspective on how they interact with the world and themselves, providing them space to understand their experiences and alter the way they navigate the world. Isabelle and Charlotte shared how their diagnosis provides language and permission to advocate for themselves. The voice of acceptance spoke towards themes of embracing ADHD as the reality of their experience, allowing them to create space for the more challenging symptoms and move forward alongside their ADHD instead of bristling against it.

Another area of overlap with the extant research relates to Willoughby and Evans (2019) investigation into the role of acceptance and self-acceptance within the diagnoses of learning disabilities. They included constructs like job satisfaction, academic achievement, self-advocacy, and positive recognition from others in the creation of their scale for assessing self-acceptance. While recognition from others was not referenced as a component of self-acceptance in the other literature on adult ADHD reviewed in this paper, this study found that participant experiences of self-acceptance were interrelated with the perspectives, interactions, and connections with other people.

**Existential Analysis.** The experiences of self-acceptance among participants in this study resonate with the definition for self-acceptance provided by the structural model of Existential Analysis (EA) (Längle, 2016). Prior to discussing the role of self-acceptance, it is imperative to recall that the theory behind EA asserts that the human experience is dialogical (Längle, 2003b). In other words, as we encounter other people, things in the world, have experiences, and engage with ourselves, we are brought into

relation with the world (Längle, 2003b). It is from this ontological assertion that everything else from EA emerges. As stated in the literature review, the EA model asserts that an individual can gain insight into their lived experience by actualizing their personal capabilities and by fulfilling the fundamental conditions personal existence through inner and outer dialogical openness (Längle & Klaassen, 2019). The four fundamental motivations (FM) of EA are established as the “basic conditions for a fulfilled existence”, and comprise the structural model of EA (Längle, 2016). The first of these principles bares the most relevance to this investigation and will be briefly reviewed now to better situate the similar findings provided by this study.

The first FM relates to the reality of an individual’s experience, and asks the question: “I am – can I be?” (Längle, 2016, p.41). This principle considers the conditions an individual faces as they live their life understanding their existence. Under this model, the experience of being in the world (that is, being present and moving towards fulfillment) is felt most strongly when people are met with acceptance from others and allows for the development of a sense of inner acceptance (Reitinger & Bauer, 2019). Based on this perspective, self-acceptance is defined as one’s openness towards oneself, encompassing the degree to which an individual can accept their outer experiences and accept what occurs internally (Längle & Klaassen, 2019). In other words, an individual’s capacity for self-acceptance necessitates the experience of being accepted by others. Dialoguing with others and feeling accepted by them provides us with a sense of “inner ground” which cultivates the soil for self-acceptance and allows one to navigate towards feeling safe to be in the world as a person who takes up space in the world (Längle, 2020).

In this investigation, the voices of connection spoke to themes of outer acceptance being a necessary component of experiencing self-acceptance. While asked about their experiences of acceptance, all participants alluded to either a singular event or series of events where they experienced a moment of connection that helped them feel seen, validated, and accepted. In some cases, this experience related to connecting with others who have ADHD, for others it was with an important friend or family member, and for

others it was interactions with several people. In all cases, however, the participants reported feeling freer to be themselves in the company of these people and following these experiences. This suggests that these experiences helped to establish an inner ground for self-acceptance. In summary, these themes support the involvement of outer acceptance in the development of inner acceptance outlined in the EA model.

Another component of the first FM which relates to this research is one's capacity to accept the conditions provided to them and make decisions with these conditions in mind if those conditions are considered reliable and steady (Reitinger & Bauer, 2019). In the EA manual for this first FM, it is noted that potential blocks to answering the question of 'I am here-can I be?' relate to feeling that one does not know how to navigate a particular task (Längle, 2020). Additionally, the manual asserts that in order to feel able, one must have knowledge of their reality and the conditions their reality imposes on them. Put differently, if an individual is unaware of their conditions of reality (such as undiagnosed neurodivergence) there would persist a feeling of being unable to *be* as one currently *is*. Längle's (2008) relates these concepts to the process of living well with a diagnosis. He asserts that an individual would benefit from pinpointing their subjective understanding of the disorder they have been diagnosed with (Längle, 2008).

As stated previously, the participants of this study reported that their ADHD diagnoses provided them with self-knowledge and a means of navigating their life moving forward now knowing they have ADHD. While this parallels with the previous literature on adult ADHD diagnoses (Attoe and Climie, 2023; Aoki et al., 2020, Hansson Halleröd et al., 2015; Toner et al., 2006, Young et al., 2008), it also lines up with the need to understand one's conditions of reality outlined by the EA model (Reitinger & Bauer, 2019). The voices of acceptance and connection spoke towards the role of the ADHD diagnosis in providing greater capacity for participants to find space to *be* alongside their ADHD. Now that they are aware of their ADHD, they are able to better understand how to navigate life under the conditions imposed on them by having ADHD. The participant reflections on receiving their ADHD diagnoses aligns with Längle's (2008) assertion that

living well with a disorder requires the development of understanding one's disorder and one's needs within having it. For the participants of this study, finding better understanding of their disorder and thereby the associated needs within having it was reported as a component of finding greater capacity to live well with ADHD.

The combination of self-knowledge provided by an ADHD diagnosis and the experience of outer acceptance is what contributed to the participants experiences of self-acceptance. The diagnosis of ADHD provided a clearer perspective on the reality of their lived conditions. This helped to create the conditions for finding acceptance from others and within themselves. This was seen when participants like Isabelle and Charlotte spoke towards the language that their ADHD diagnosis provided them as components of self-advocacy. The knowledge of having ADHD contributes to the creation of an inner ground for self-acceptance because it provides a position to understand how they can navigate their lives. The inner ground is further increased by experiences of outer acceptance which greatly aids in the development of self-acceptance, and this was seen through each participant reflecting on moments of connection when asked about their story of acceptance rather than only speaking about their ADHD diagnosis. It seems clear that both the diagnosis and the presence of feeling accepted by others was integral to developing their capacity to accept themselves and respond to the question of whether they can be.

### ***Novel Contributions***

In addition to findings that connect with previous literature on this topic, there are also emergent findings from this investigation. From my understanding, these findings are novel to this field of research and contribute to the developing understanding behind the lived experience of adult ADHD.

**Listening Guide and ADHD.** To my knowledge this study is the first application of the Listening Guide methodology towards investigations on undiagnosed adult ADHD. This study illuminates the added depth and richness provided by the Listening Guide towards understanding lived experience. Listening for the contrapuntal voices allowed for the unique perspectives and stories of participants to be highlighted, as their experiences

of struggle, disconnection, connection, and acceptance resonated in dissonance and harmony amongst each other. Consistent with the presentation of ADHD, these voices emerged sporadically and were guided by momentary impulses and trains of thoughts from participants. As they overlapped and diverged from each other, the complex, all-encompassing presentation behind the lived experience of ADHD became clear, especially under the context of explaining the experience of something once unknown yet so tied to their daily life.

The Listening Guide is well suited to understanding lived experience as it provides an opportunity for participants to contribute to the literature directly, informed by unique and subjective experience. Though unplanned, this semi-structured approach is what allowed for the female participants of this study to voice the unique experience of living with undiagnosed ADHD as women, which has been called for in previous research (Attoe & Climie, 2023; Henry & Jones, 2011). Anne, Charlotte, Michelle, Emma, Abby, and Isabelle spoke toward the layered experience of feeling missed by a society that expected them to behave in certain ways, maintain certain standards, and never divert from these expectations. It seemed clear that these women felt the burden behind unexpected traits of neurodivergence labelling them as lesser or that something was inherently wrong with them for not meeting these societal expectations. Though requiring further investigations geared specifically towards the experiences of adult women with ADHD, this methodology provided space for these women to speak to their experiences of navigating their undiagnosed ADHD and the added socio-political pressures related to being a woman. This speaks to the applicability of utilizing the Listening Guide in future investigations on adult ADHD.

**ADHD as Relational.** All participants in this research highlighted how deeply relational their experience of ADHD was as they reflected back on their lived experience. When asked about the ways ADHD affected them prior to being diagnosed all of them spoke about how ADHD affected their experiences of interacting with other people above any other symptoms. The point of emphasis is that when asked about their story of ADHD, the participants almost immediately began sharing their story of acceptance.

This involved how they felt around other people, how others viewed them, how they felt different and excluded to others, and how they unknowingly masked their symptoms to fit in with others. Additionally, when asked about their story of acceptance participant reiterated some experiences of disconnection but it was the experiences of connection with others that led them towards finding connection within themselves.

It is clear that findings indicating that socialization experience influence the experience of adult ADHD is not novel to this field of research (Attoe & Climie, 2023; Ginapp et al., 2022; Henry & Jones, 2011; Jones & Hesse, 2018; Toner et al., 2006; Young et al., 2008). What did appear novel, however, was the extensive involvement of these socialization experiences in the participants reflections on self-acceptance which emerged during the analysis process. From my review of the extant literature, self-acceptance was only discussed within the role that an ADHD diagnosis played in developing self-understanding and experiencing relief due to the answers a diagnosis provided (Attoe & Climie, 2023; Ginapp et al., 2022). In this study, however, the participants voiced how the perceptions and responses of other people towards them moderated their capacity for self-acceptance. It was clear that feeling seen by others in the midst of their vulnerabilities played a key role in their capacity to accept themselves in conjunction with the self-knowledge provided by the diagnosis.

**Dialogical Process.** While this research was certainly rooted in existential theory as part of its design, the dialogical nature of self-acceptance this research highlighted is novel to this field of study. As stated earlier, EA posits that we come to better understand ourselves as beings in the world as we engage with ourselves, others, and the world itself (Längle, 2003a). As dialogical beings we are provoked by the world through that which engages or speaks to us, causing us to act or make decisions (Längle, 2003b). Understanding this process is what allows us to encounter the world and situate ourselves in it. The participant descriptions of self-acceptance in this study emulated the process of checking in with themselves, with others, and with their ability to function in the world as they came to understand themselves as individuals with ADHD. This process was

situated through their engagement with the world, as they dialogued with themselves and others to reach a better understanding of who they are as people.

Additionally, this process of self-acceptance was dialectical, and not a static event or ending. Self-acceptance ebbed and flowed alongside their capacity to engage in self-acceptance and seek support from others. This was highlighted by Emma directly in her follow-up interview where her capacity for self-acceptance was moderated by her life stressors, causing her inner ground to be “as she is” to wane. Other participants noted how being seen and supported through hardships allowed them greater capacity to extend self-compassion towards themselves, thereby providing a sense of self-acceptance. These findings support the role of others and self-knowledge in finding self-acceptance, but they also highlight how this process is affected by ongoing contexts and capacity.

### **Implications**

#### ***Research and Future Directions***

The findings of this research emphasize the role of socialization experiences in the lived experience of ADHD. While the participants of this study did highlight symptoms of inattention and hyperactivity which affected their ability to learn or complete tasks, the experiences of struggling to fit in with others, struggling to understand others, and struggling to be understood by others were highlighted above any other experiences. These experiences led participants to adopt masking behaviors in an effort to relate to those around them as explanations for their experiences of difference and misfitting were unavailable as their neurodivergence went unacknowledged.

The impact of socialization experiences on the experience of ADHD found in this study is consistent with the extant research (Attoe & Climie, 2023; Ginapp et al., 2022). In addition to supporting similar findings across the literature, this research also found that relational experiences were highly relevant to experiences of self-acceptance for adults with undiagnosed ADHD. For all participants, their experiences of non-acceptance and acceptance from others moderated their sense of capacity to connect with themselves and find space to be who they were. Future research on the relational aspect of ADHD



across various age groups, cultural groups, and gender groups would further add to this field of study.

An additional area of future study worth discussion came from the participants of this research who self-identified as women. Due to the open-ended nature of this methodology used in this research, these participants spoke towards themes of intersectionality and ADHD, voicing their appreciation towards being able to contribute to the field of ADHD study for the benefit of other women with ADHD. As previously stated, they spoke about the intersectionality between non-feminine association with ADHD symptoms and the social expectations placed upon them as women. For some this emboldened the sense that they need to push themselves harder to meet these standards, only to feel inadequate when this became an impossibility.

The participants of this study who identified as women also provided anecdotes that several of their female friends were similarly being diagnosed with ADHD in adulthood with similar narratives around the diagnosis being missed. The presence of the women in this study who ‘presented well enough’, growing up to be missed and their anecdotal reflections of solidarity with others who have similar experiences begs the question of why women with ADHD go unaccounted for. Further research on the experiences of adult women and ADHD has been called for already (Attoe & Climie, 2023), and the reports of the women from this study support the need for further study on this demographic.

This study also highlighted the applicability of EA as theoretical basis for further research into neurodivergence. Participants of this study engaged in a self-reflective and existential review of their lived experience following their diagnoses, similar to the findings of Aoki et al. (2020), Hansson Halleröd et al. (2015), Henry and Jones (2011), and Young et al. (2008). The inherent applicability of using EA to explore existential topics is clear, but this research also highlighted the dialogical process behind self-acceptance, as well as the role of obtaining knowledge about their lived context in order to better navigate their lives. The process of engaging with others and with themselves as they came to understand the role of ADHD in their life parallels with the development of

an inner ground from engage in self-acceptance. The lived experience of self-acceptance for people diagnosed with ADHD in adulthood fit well with the dialogical and structural models which inform EA. The applicability of EA to the exploration of lived experience in future studies on adult ADHD seems clear.

### *Clinical*

Although this research was not clinically motivated in its onset, the findings of this study contribute to areas of clinical relevance for counselling psychology and ADHD presentations. This section will address some potential therapeutic considerations for adults diagnosed with ADHD, with added emphasis on the existential exploration of self-acceptance per the design of this study.

One of the aspects of the ADHD experience highlighted by this research is how the disorder affected participants across several areas of life. Participants shared several examples of their struggles with ADHD affecting them in school, home, social, and work environments. Many of these experiences related to symptoms of inattention and impulsivity, like struggling to maintain focus, remember names, avoid interrupting others, and find themselves controlling the conversation more than intended. Symptoms of hyperactivity affected their capacity to sit still in school, to find balance in metering out their energy across the working day, and to feel that they were “too much” for others as reflected by Emma and Abby.

While the presence of the above symptoms was accounted for, participants also shared that their ADHD affected how they interacted with others more than anything. Because of their experiences of disconnection with others they worked hard to compensate for their sense of misfitting and yearning to connect with others, further leading towards disconnection from themselves. In one example of this, Charlotte highlighted how “everyone struggles” with forgetting and timeliness at times which led to her own self-questioning for finding validity in finding self-compassion for having ADHD as an explanation for her tendencies due to the stigma associated with ADHD. As seen in Charlotte’s example, the experiences of struggle with ADHD are highly

relational, but it was also experiences of relational connection which also led towards developing the capacity for self-acceptance, as seen in each participant narrative.

While relational connection provided from family, significant others, and friends cannot be replicated fully by the role of a therapist, the dialogical and relational nature of psychotherapy can help provide a sense of connection and build self-efficacy towards managing ADHD symptoms. A therapist who understands ADHD can provide connection for the client, validate what has been unseen and what is difficult within the experience of ADHD (both inside and outside of the client's own awareness), and provide space to hold those challenges alongside the client. It is important to understand how ubiquitously ADHD affects the lives of those who have it beyond classroom and work settings. The experience of internalized stigma was present among the participants here as well as most participants expressed the desire to avoid allowing ADHD to be used as an "excuse" or to take up too much space in their lives. The question which remains, however, is whether the neurodiverse should need to invalidate their own sufferings for the sake of meeting the demands of a neurotypical society.

Areas that are particularly germane to therapeutic practice from this research relate to the role of narrative and emotion. Participants emanated warmth and vibrance during the moments where they told me about significant partners, friends, and loved ones who were there for them during difficult moments. Conversely, they presented as dour and sometimes became tearful during discussions on what felt difficult about their experiences of disconnection or struggle. The female participants of this study also expressed appreciation and meaning towards the change to contribute to this field of study.

The point of emphasis is that the provision of a space to share their stories and perspectives were meaningful. In one example Ajay noted that he was grateful for the opportunity to reflect on these experiences as he had never been given the space to do so before as nobody had asked him. The importance of providing therapeutic space to share these experiences, along with careful consideration of a client's relational history, that is, what their story of acceptance has been, who might extend acceptance towards them, and

who embraces them for who they are, especially during the process of being diagnosed with ADHD is emphasized through the findings of this study. This is directly relevant to how the findings of this research could influence clinical work with adults who have ADHD.

The suitability of Cognitive-Behavioural interventions for ADHD presentations are well-founded (Young & Bramham, 2007). It should be stated that these interventions are highly relevant to the symptoms of inattention and impulsivity reported by participants in this study. As these approaches have been established at-length in the extant research they will not be discussed at length here. Instead, I would offer that the suitability of EA towards working with clients that are recently diagnosed with ADHD is also relevant to the findings of this study. As stated previously, EA practitioners believe that the process of living well with a involves a procedure of coming to understand how an individual is suffering, what their motivation might be for therapy, and their subjective understanding of the disorder they have been diagnosed with (Längle, 2008).

The findings of this research align with previous literature which establishes the role of existential questioning in the wake of an ADHD diagnosis (Aoki et al., 2020; Hansson Halleröd et al. 2015; Henry and Jones 2011; and Young et al. 2008.) Relatedly, the experiences of participants in this study also elucidated that their experiences of self-acceptance were dialogical, relational, and tied to the development of self-knowledge, which bares relevance to the principles of EA (Längle, 2020). It seems clear that a therapist oriented in EA is well-suited to exploring the phenomenological, dialogical, and relational process of being diagnosed with ADHD in adulthood in manner that emphasizes “coming to terms with their emotions and behaviors” towards the development of fulfilled existence (Längle, 2011, p.41).

### **Strengths and Limitations**

The application of the Listening Guide to this research allowed for rich, in-depth accounts of the lived experience of self-acceptance among adults diagnosed with ADHD. This process highlighted the dialogical and dialectical experience behind the experience of self-acceptance in this population. The semi-structured approach of this design allowed

for the participant narratives to flow and shift freely, highlighting aspects of the participant narratives which may have been missed if the interview process were more structured.

Another aspect of this methodology which provides strength to this research is the reflexivity and rigour provided by extensive and repeated analysis of the interview transcripts. This design emphasized a process of relational dialogue with participants, intentional immersion with the data, and the opportunity for participants to provide feedback in follow-up interviews to further ensure that their stories were representative of their experiences. Additional reflexivity was accounted for through the use of research journals throughout the entirety of the interview and analysis process, allowing for my own awareness, sensations, and potential components for bracketing to emerge. The research team approach embedded into the Listening Guide methodology provided further accountability to ensure that the analysis process included multiple perspectives and approaches to interpreting participant narratives. This acted as a means of noticing components of participant experiences which may have been missed or interpreted differently, allowing for further dialogue to ensure rigour and reflexivity were paramount.

Some of the limitations of this research pertain to the participant pool gathered for this study. Six of the seven participants in this study identified as female and only one as male. This fact may speak towards the strong emphasis on the influence of relational experiences on the lived experience of ADHD described by the participants of this study. Although the one male participant of this study also emphasized the relational aspects of ADHD, relational experiences may be more salient to the experiences of women more generally. As such, the presence of mostly female participants in this study may have played a role in shaping the findings gathered. A more equal distribution of gender may have added more points of comparison for potential gender differences for adults with ADHD or perhaps provided more rounded account of the adult ADHD experience as it pertains to self-acceptance.

Similarly, four out of seven participants in this study were counselling psychology master's students from Trinity Western University, and one other was employed as a

counsellor. For those participants this fact may have influenced their level of capacity to respond to the interview questions asked in this investigation or altered their perceptions behind their experience of ADHD in ways that may divert from other experiences of ADHD. Additionally, all participants in this study were highly educated and had completed at least one university degree. As such, this investigation does not adequately account for the experiences of people outside of higher education.

Another limitation relating to the participant pool pertains to demographic information. While there was some diversity in this study relating to ethnic diversity, the majority of participants were white and native English speakers. Additionally, while some variety of age was present in this study, most of the participants fell into the late twenties range. Most of the interviews were also conducted over video conferencing software, which indicates a level of internal and external resources among participants. Future research on undiagnosed ADHD experiences of more diverse ethnic, economic, gender, and older aged participants is warranted.

A limitation of this research may pertain to the small sample size of this investigation. While a small sample size may present as a further limitation in a quantitative investigation, the purpose behind a qualitative investigation is to ensure a thorough review of data in transcripts with the intention of thick descriptions, depth, and saturated modes of analysis rather than findings which rely on statistical generalizability and impersonal forms of objectivity. The benefit of a small sample size is that it will allow for a more in-depth analysis of transcripts with participant accounts which describe their own experiences as part of the intended focal point of this research.

An additional limitation might arise from the intention of gathering themes related to a specific research focus which might not be relevant situations faced by some readers or might not pertain to people with different experiences of ADHD. These kinds of limitations would need to be addressed by further research studies. There might also exist limitations within the intention to investigate self-acceptance as a mechanism within the experience of ADHD in adulthood. While the intention of this research is to investigate self-acceptance directly, there may be other factors associated with the experience of

ADHD in adulthood which will not be addressed here. Such unanticipated factors could restrict prospective participants in their description of factors relating to ADHD in adulthood. These factors would also merit other investigations on their own, offering another opportunity for guiding future research.

### **Conclusion**

The onset of this research came to be through the calling to better understand the perspectives of adults diagnosed with ADHD in adulthood (Ginapp et al. 2022) and to clarify the experiences of self-acceptance previously reported among this population (Aoki et al., 2020; Henry & Jones, 2011; Jones & Hesse, 2018; Toner et al., 2006; Young et al., 2008). As such, this study explored the experiences of self-acceptance among seven adults diagnosed with ADHD in adulthood. By providing those diagnosed with ADHD an opportunity to address their experience of the disorder this research provided context towards how ADHD is lived.

In addition to providing similar findings on social experiences, various struggles relating to ADHD symptoms, and self-knowledge post adult diagnoses found in previous research, this research highlighted how relational the experience of ADHD was for the participants interviewed. Common themes found across all participants experiences related to experiences of feeling misunderstood, feeling different to others, and working hard to meet the approval of those around them at the cost of connecting with themselves.

Relationality was particularly salient to the experiences of self-acceptance in this study. The participant narratives expressed how experiences of disconnection and connection, both internally and externally, moderated their capacity for self-acceptance. For the participants of this study the process of self-acceptance involved a dialogical exchange between their inner and outer experiences of world. As they received feedback from those around them or from their environment, they turned inwards to adjust and continued to follow this pattern until they could either not maintain it or until they found a different answer. Additionally, these experiences of self-acceptance were found to be ongoing, as it continues to be more or less accessible dependant on the current contexts and capacities of the individual.

In many ways the participant stories of ADHD were the same as their stories of acceptance, inextricably tied and inseparable from the other as seen in the dissonance and harmony that emerged from the voices of their narratives. In this way experiences of connection were tied to experiences of disconnection, and experiences of struggle were tied to their capacity for acceptance as components of their reality. This study shines a light on the importance of connection and feeling seen in the experience of being a human regardless of individual capacity. Providing further space to manifest connection in the context of research may lead to an understanding that each of our stories are valid, interconnected, and worthy of being witnessed.



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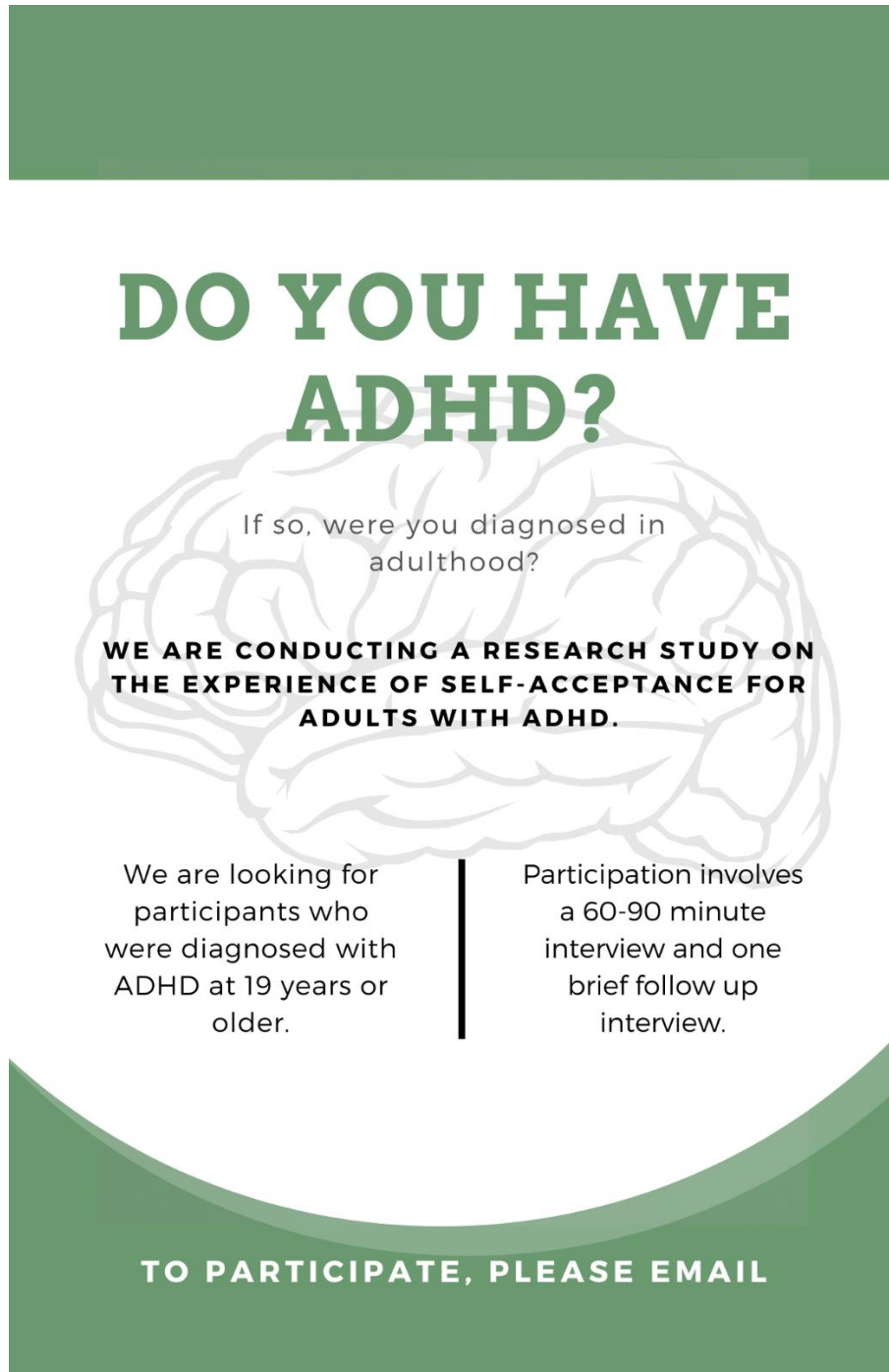
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## APPENDIX A

### Online Recruitment Poster



The poster features a central illustration of a human brain in a light gray tone. Overlaid on the brain is the text "DO YOU HAVE ADHD?" in large, bold, green capital letters. Below this, in smaller black text, is the question "If so, were you diagnosed in adulthood?". Further down, in bold black capital letters, is the statement "WE ARE CONDUCTING A RESEARCH STUDY ON THE EXPERIENCE OF SELF-ACCEPTANCE FOR ADULTS WITH ADHD.". At the bottom of the brain illustration, there are two columns of text separated by a vertical line. The left column states: "We are looking for participants who were diagnosed with ADHD at 19 years or older." The right column states: "Participation involves a 60-90 minute interview and one brief follow up interview." The entire poster is framed by green decorative elements: a solid green rectangle at the top and a green shape with a curved bottom edge at the bottom, which contains the text "TO PARTICIPATE, PLEASE EMAIL" in white capital letters.

**DO YOU HAVE  
ADHD?**

If so, were you diagnosed in adulthood?

**WE ARE CONDUCTING A RESEARCH STUDY ON  
THE EXPERIENCE OF SELF-ACCEPTANCE FOR  
ADULTS WITH ADHD.**

We are looking for participants who were diagnosed with ADHD at 19 years or older.

Participation involves a 60-90 minute interview and one brief follow up interview.

**TO PARTICIPATE, PLEASE EMAIL**

## APPENDIX B

### Phone/Email Initial Contact

- Introduce myself as a master's student in counselling psychology from Trinity Western University
- Briefly explain the study and its purpose.
- Explain that participation will involve an interview of approximately 60-90 minutes and a shorter follow up interview to take place at a later date.
- Explain that I am looking for adults who were diagnosed with ADHD in adulthood, with specific interest in their experiences of self-acceptance. Provide information for the concept of self-acceptance within their experience of symptoms and experience of self.

Indicate that I need to ask a few questions to ensure that they are a fit for the study:

- When were you diagnosed with ADHD?
- Do you identify with your ADHD diagnosis?
- Have you been diagnosed with ADHD for at least three months?
- Do you have any other medical conditions?
- Do you have any diagnoses of serious and persistent mental illness?
- Are you willing to commit to an interview of approximately 60-90 minutes?
- Is there anything I can do to make the interview more comfortable for you? Offer accommodation options.
- Can you tell me about your experience of ADHD?
  - When were you diagnosed?
  - What was it like for you to be diagnosed?
  - Was anything helpful about receiving a diagnosis?
  - What about unhelpful?

If they are a fit:

- Let them know, ask them if they are interested in participating, and if they have any questions.
- Thank them for their time and arrange next steps to set up an interview.
- If the interviews are to be conducted over video-conferencing software, ensure that the participants will have a safe and private location of their choosing to participate in the interview. If the interviews are in-person, the participant can choose a location that best suits them.
- Ask whether they would like to receive an Amazon gift card.

If they are not a fit:

- Thank them for their time and briefly explain why they are not a fit. Offer to be in touch with the results of the research.

## APPENDIX C

### Consent Form

#### THE EXPERIENCE OF SELF-ACCEPTANCE WITHIN ADULTS DIAGNOSED WITH ADHD

**Principal Investigator:** Gilles van de Wall, M.A. Student in Counselling Psychology, Trinity Western University.

**Supervisor:** Derrick Klaassen, PhD, Faculty of Graduate Studies, Counselling Psychology, Trinity Western University.

**Purpose:** The purpose of this study is to investigate the experience of receiving an ADHD diagnosis in adulthood and how such an event influences self-acceptance. ADHD is defined as a chronic neurodevelopmental disorder in which developmentally inappropriate symptoms of inattention and/or hyperactivity/impulsivity led to many impairments in daily aspects of living. It is typically diagnosed in childhood or adolescence but there is ample evidence supporting the effects of ADHD into adulthood as well. Since much of the research on ADHD has focused on childhood and adolescence, the intention behind this study is to investigate the experience of adults with ADHD who were diagnosed in adulthood both to add to the field of research and attempt to understand how one might make sense of their life in retrospect and moving forward with this newfound diagnosis that might explain aspects of behavior historically.

**Procedures:** The method chosen to conduct this research values the participant's subjective experience and aims to position the participant in the seat of expert when sharing about your journey of meaning after injury. To be able to participate in the interview portion of this study, you must be an adult of 19 years or older. You must have completed the initial screening phase of the study verifying that you have an ADHD

received an ADHD diagnosis at least three months ago and that you do not have any other prevailing mental health or physical conditions which might overshadow the experience of ADHD on your life contexts. For the interview portion of this study, you will participate in a semi-structured interview where the researcher will ask you questions about how you experience ADHD currently and in the past. There will also be space to reflect on how others have treated and experienced you in the past prior to your knowledge of the diagnosis. The interview will take place primarily over Zoom, a video-conferencing software. This interview will last approximately one hour to one hour and half and will be audio-recorded and later transcribed. During transcription, all the details which may identify you will be removed if you would like, during which time you will be able to choose the name to identify your story during the final research report. Any helpful accommodations to the interview will gladly be made. This might include a shorter interview, longer interview, bringing someone to support you during the interview, scheduling breaks etc. After the interviews of all the participants have been collected and reviewed by the research team, the results of the initial interviews will be shared in later interview with a shorter meeting time. At this time, you will be given the opportunity to provide feedback and ask for any changes that might seem appropriate. When the study is completed, the results can be made available to you if you are interested.

**Potential Risks and Discomforts:** Participating in this study may cause potential challenges. You may experience some emotional discomfort while sharing about your experiences of receiving an ADHD diagnosis and reflecting about your life before the diagnosis, and how you might have come to accept yourself or not. The researcher, who will be conducting all the interviews, will do his best to create a safe and comfortable space for you to share your experience. In the case that any distress arises, you will be provided the option to pause or end the interview.

**Potential Benefits to Participants and/or to Society:** Participating in this study will assist clinicians and researchers to better understand how ADHD diagnosed in adulthood is experienced in the context accepting oneself within its influences, both in the present and the past. The knowledge arising out of this study aims to contribute to more holistic and person-centered health practices for treating and diagnosing ADHD which are informed by those who are experiencing the disorder. Further, it is the hope of the researcher to provide assistance and relatability for other adults diagnosed with ADHD in the future and clarify any misunderstandings about the disorder more generally.

**Confidentiality:** Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. For example, audio tapes and transcripts will be kept in a password protected folder on the researcher's computer. Paper copies of transcripts will be kept in a locked filing cabinet, which is located within the researcher's locked office. Audio tapes and transcripts will be kept until the completion of the research, and Trinity Western University has approved this study as meeting all its requirements for completion of a thesis for the Master of Arts in Counselling Psychology program.

\*Please note that due to COVID-19, the interview is hosted by "Zoom" which is a video-conferencing software company located in the USA. All responses to the survey will be stored and accessed in the USA. This company is subject to U.S. laws, in particular, to the U.S. Patriot Act that allows authorities access to the records of internet service providers. It has been deemed unethical by Canadian Research Ethics Boards to save research data on a USA server for a long-term period, according to Canadian law and research ethics. However, it has been determined that for a short-term period, maximum of ten days, is acceptable to keep research data before it needs to be downloaded to a Canadian server. If you choose to participate in the interview, you understand that your responses will be stored and accessed in the USA for a maximum of ten days before

being downloaded to a Canadian server. The security and privacy policy for Zoom can be viewed at <http://www.zoom.us>\*

**Remuneration/Compensation:** A \$15.00 Amazon gift card will be provided for participating in this study.

**Contact for information about the study:** If you have any questions or desire further information with respect to this study, you may contact Gilles van de Wall or his research supervisor, Dr. Derrick Klaassen.

**Contact for concerns about the rights of research participants:** If you have any concerns about your treatment or rights as a research participant, you may contact the Office of Research and Graduate Studies at Trinity Western University.

**Consent:** Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without losing your reward. Your withdrawal from this study is not possible after the researcher has removed all the information which may identify you, as it will then be impossible to identify who you are. If you choose to keep your own name as identification for your story in this research, you will be unable to withdraw from the study after the data has been integrated into the data set. However, requests to change your name for publication of the research will be honoured.

### **Signatures**

Your signature below indicates that you have had your questions about the study answered to your satisfaction and have received a copy of this consent form for your own records. Your signature indicates that you consent to participate in this study and that your responses may be put in anonymous form and kept for further use after the completion of this study.

---

Research Participant Signature

Date

---

Printed Name of the Research Participant signing above



## **APPENDIX D**

### **Interview Protocol**

Thank you for your interest and willingness to be a part of this project. As you know, this research project seeks to understand the experience of receiving an ADHD diagnosis in adulthood and how such an event might influence aspects of accepting oneself. You are invited to share as much or as little about your current and past ADHD related experiences depending on your level of comfort. I have some questions that can act as a flexible guide for our conversation today, there are no right or wrong answers, rather I am most interested in learning about your experience. Afterwards these questions will be followed up by some general demographic questions for data gathering purposes. If you would like to end the interview, take a break, or skip a question, you can let me know at any time as we chat. Do you have any questions before we begin? Is there anything that would be helpful for me to know about you before starting? Is there that I can do to make participating in the study more comfortable for you?

Provide an additional description of what I mean by self-acceptance.

### **Interview Guide**

1. I'd like to invite you to reflect on some ways that ADHD might have impacted your life before you knew you had it. How might ADHD have affected you in the past? (If needed I could prompt them with some ways that ADHD affects people typically, such as in school or in relationships.)
  - a. How do you feel about your ADHD?
  - b. How has living with ADHD influenced how you feel about yourself?
  - c. How has it been different since it has been named as a diagnosis in your life?

2. One of the points of focus in this research is on the topic of acceptance. The experience of being accepted by important people in our lives is significant to the way we view ourselves as individuals. If we are accepted by others for who we are, as we are, it can give us the capacity to accept ourselves for who we are as well. Tell me about your story of acceptance. Are there particular memories, experiences or events that come up?
  - a. How did you relate to other people growing up?
  - b. Did you feel understood by others?
  - c. How did you understand others?
  - d. Did you feel that you could be yourself around others? In school or in workplace settings?
  - e. Tell me about times you felt like you were accepted or not accepted by others in relation to your experience of ADHD.
  - f. How does your experience of ADHD affect your sense of self-acceptance, if at all?
3. If you had the chance to talk to other people living with ADHD about self-acceptance is there anything you'd like to say?
4. Is there anything else you would want to say about this topic?

## APPENDIX E

### Demographic Questionnaire

1. What is your age? \_\_\_\_\_
2. What is your ethnic origin? \_\_\_\_\_
3. What is your highest level of completed education? \_\_\_\_\_
4. When did you receive your ADHD diagnosis? \_\_\_\_\_
  - a. Was it classified as combined type, inattentive type, or hyperactive-impulsive type? \_\_\_\_\_
5. Do you have any other medical or psychological diagnoses?  
\_\_\_\_\_
  - a. If so, what is your diagnosis? \_\_\_\_\_
6. What is your marital status? \_\_\_\_\_
7. Who lives in your household? \_\_\_\_\_
8. What is your employment status? \_\_\_\_\_

## **APPENDIX F**

### **Debriefing Form**

Thank you for taking part in the present study about your experience with ADHD and self-acceptance. Your participation and willingness to share your experience is invaluable to this work and very much appreciated. If you know of any friends or acquaintances that you think may be a good fit for this study and are comfortable passing on the contact information, please feel free to do so.

During the analysis stage of the research, you will be contacted to set up a short follow-up interview to review the emerging findings and verify any interpretations.

If you have any questions regarding this study, please feel free to contact the primary researcher, Gilles van de Wall or the research supervisor, Derrick Klaassen. If you have any concerns about your treatment or rights as a research participant, you may contact the Office of Research and Graduate Studies at Trinity Western University

If this process has left you with feelings of emotional or mental distress, below is a list of resources and clinical counsellors who can walk with you in working through these emotions and thoughts. Many of the listed counsellors operate on a sliding scale to provide counselling that is accessible.

Thank you again for your willingness to participate in this research.

**BC Crisis Line:** 604-872-3311

**Mental Health Support Crisis Line:** 310-6789

**Fraser River Counselling:** 604-513-2113 [www.fraserrivercounselling.ca](http://www.fraserrivercounselling.ca)