

“Beautiful Disaster”: Intrapersonal Communication, Emotional Regulation, and the Influence of
Culture in Adults Diagnosed with ADHD

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COMMITTEE APPROVAL

The members of Scott Carpenter's thesis committee certify that they have read the thesis titled *“Beautiful Disaster”*: *Intrapersonal Communication, Emotional Regulation, and the Influence of Culture in Adults Diagnosed with ADHD* and recommend that it be accepted as fulfilling the thesis requirements for the degree of Master of Arts in professional communication.

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Final approval and acceptance of this thesis is contingent upon submission of the final copy of the thesis to Royal Roads University. The thesis supervisor confirms to have read this thesis and recommends that it be accepted as fulfilling the thesis requirements.

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Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is a mental disorder grounded in the inability to regulate emotions and emotional responses and can “lead to functional impairment” (Niina et al., 2022, p. 822). Specifically, ADHD is a disorder of inhibition (Barkley, 2013). Most research focuses on cause and effect and the clinical aspects of management in affected children, overlooking the fact that approximately 85% will carry the affliction into adulthood.

Fundamental in western culture is an ability to effectively engage in intrapersonal communication, to self-regulate and pause between stimulus and response, and to plan for future goals. In other words, people living with ADHD are impaired in predicting what will happen next based on what has happened in the past. Few studies view ADHD through the lens of communication, and even fewer look at the issue as an intrapersonal communication challenge. This thesis provides a window into the lived experience of adults with ADHD by utilizing an Arts Based Research filmic, artistic-interpretive approach, (which assumes that social reality is constructed through experience and language), and narrative inquiry. Additionally, my theoretical perspective is informed by social behaviourist George Mead (2015) and the psychologist Lev Vygotsky (1987) in that both view human cognition as inherently social.

I was diagnosed with ADHD at the age of 43. My own battle with emotional regulation, and cognition were catalysts to the conceptualization of this study. The study employed an Arts Based Research film editing reduction process that allowed the direction of the film to develop naturally, and phenomenological interviews reveal the personal experiences of adults with ADHD in relation to their own intrapersonal communication. Additionally, it was a process of self-discovery, revealing how it feels living with the disorder in a culture in which ADHD is heavily stigmatized. However, this process is inherently subjective, and therefore this study

looks to find shared experience surrounding culture, authenticity, emotional regulation and self talk in the participants, but is limited to these findings, and is not intended to generalize the data but “to provide a rich, contextualized understanding” (Paolit & Beck, 2010, p. 1452) of the lived experience of ADHD Adults.

Keywords: ADHD, intrapersonal communication, authenticity, reflexivity, culture, emotional regulation, stigma

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Beautiful Disaster

Attention Deficit Hyperactivity Disorder (ADHD) is a developmental deficiency of the prefrontal cortex of the brain, which can result in an inability to regulate emotions and emotional responses, to have “control over emotional expression and experience, especially negative emotions and their energy” (Glumbikova, 2020, p. 108), that in turn, “interferes with development and functioning across contexts” (Mitchell et al., 2021 p. 737). Specifically, it is a disorder of inhibition. Inhibition, is a core ability of executive function and “plays a central role in regulating behaviour” (Malagoli et al., 2020, p. 1133). As Barkley (2013) explains, “ADHD is a delay in verbal thinking...the ability to wait, the ability to stop responding, or not respond” (p. 20). Without the ability to pause, reflect and assess, access to executive functions such as self-control becomes challenging. As Barkley (2013) states, “inhibition is the foundation upon which the executive system is built” (p. 20). The impact of the deficiency is manifested initially as behavioural problems in children. Therefore, children who suffer from ADHD have been the subject of much of the research into the disorder, in spite of the fact that approximately 85% will carry it into adulthood. Additionally, recent studies on ADHD focus on behavioural issues and are comparative and quantitative in both theory and nature (Erlandsson & Punzi, 2017; Tyng et al., 2017). On the other hand, research specific to adults with ADHD (especially women) has been described as “dismal” and “almost non-existent” as most research focuses particularly on male children (Nielsen, 2017; Stenner et al., 2019). As a result, older adults with ADHD have often developed their own strategies to cope with executive function deficiencies because they are often unaware that they have the disorder in the first place (Weyandt & DuPaul, 2013; Wyman et al., 2010).

I am interested in ADHD because I live it. I am Generation X. I am a Canadian Caucasian male. I had a privileged and stable upbringing and many externalized support structures. Behaviour and emotional regulation were a problem for me growing up. My parents thought it was an allergic reaction to red and yellow food dyes. At least they were aware. In the 1970s, the Diagnostic and Statistical Manual of Mental Disorders (2nd ed.) referred to ADHD as a “hyperkinetic reaction of childhood” (American Psychological Association, 1968, p. 50). I shared many of the typical symptoms displayed in the literature, and several of those remained as I matured, including negative self evaluations, and emotional regulation. My professional life and career functions could all be categorized as busy and fast paced, deadline driven environments. From the heavily organized and authoritatively automated Navy to the fast paced and sometimes dangerous world of television and live staging. I was raised with an artistic mindset. I am a musician, editor, and filmmaker. I was taught to believe that hard work was how success was obtained, and that we did that by “doing what was right”. In that sense and others, I have always seen the world as social. I am an ADHD father, and therefore had already acquired knowledge and understanding about my sons ADHD that helped to inform the construction of this study, such as the effects of self talk and the deficiencies in executive functions. In my mid 40s, I suffered a traumatic life experience and as a result my symptoms became exponentially worse—specifically, motivation, self-evaluation and emotional regulation. The resulting cultural and experiential preconceptions influenced the parameters of this research, specifically the reflexive or self-reflective nature of ABR. My own experiences and conversations with the participants were included in the data set. The artistic-interpretive paradigm matches the way my mind functions. Consequently, my own sense of self and ultimately my own situatedness shifted

as the reflexive process progressed, resulting in the positionality of the attached film, “[Beautiful Disaster](#)” (password ADHD).

Cultural perspectives on ADHD, while concerned with communication, rarely look beyond stigma or treatment for focus (Canu et al., 2008; Mueller et al., 2012; Thompson & Lefler, 2016). The lifetime burden of ADHD is considerable, and includes social problems, substance abuse, crime, automobile accidents, and other mental health problems (Barbarese et al., 2013; Barkley, 2013; Ginsberg et al., 2014). While emotional regulation (ER) is becoming increasingly accepted as a core symptom of ADHD (Barbarese et al., 2013; Brown, 2014), there is insufficient research on emotional regulation and intrapersonal communication or how culture and negative self-talk may affect the symptoms.

Despite great strides in treatment and understanding, few researchers are looking beyond the brain (Barkley, 2012a; Bernfort, et al., 2008; Brown, 2014). Furthermore, ADHD research is largely confined to “subjective interpretations” and “clinical evaluation” (Ing & Mills, 2019). Additionally, positioning ADHD as a polarizing debate between “medical reality” and “social construction” (Stenner et al., 2019, p. 5) fails to advance cultural understanding and maintains the status quo (Ing & Mills, 2019). This gap offered an opportunity to explore an important and currently misunderstood dimension of what it is like to live with ADHD as an adult. Initially, my research question was *how and to what extent does intrapersonal communication affect emotional regulation, authenticity, and impulsivity for adults diagnosed with ADHD?* That focus changed over the course of the research as the data gathering and sense-making process evolved, providing new insights. Consequently, I reframed my research question as *how and to what extent does culture affect authenticity in adults diagnosed with ADHD?*

In this thesis, I have reflexively constructed an argument that ADHD is a disorder of authenticity and culture, and that the elements of both intrapersonal communication and emotional regulation deserve more attention than they have received in ADHD literature to date. As a communication scholar, I am interested in the underlying processes of the transfer of information through language and speech. ADHD presents many communication questions, specifically ones related to theories that “assume that access to reality (given or socially constructed) is only through social constructions such as language, consciousness, shared meanings, and instruments” (Myers, 2008, par.1). Applicable theories include those associated with the artistic-interpretive worldview (Rolling, 2010) that frames the intent and research output of this research. The artistic-interpretive approach “defines research as a social science, the mediated expression of situated knowledge about human relationships within sociology cultural contexts” (Peirce 1983, as cited in Rolling, 2010, p. 1) and thus is aligned with theories used here such as symbolic interactionism (G.H. Mead), socialization (Vygotsky/Barkley), and authentic reflexivity (Vannini/Rousell), all of which I cover in the literature review below. An artistic-interpretive paradigm is one that assumes “we make and remake the social world through our experiences” (Hesse-Biber & Leavy, 2011, as cited in Leavy, 2017, p. 13; Scotland, 2012, p. 11). This paradigm is ideally suited for study of the ADHD phenomenon from a communication and cultural perspective in that it offers an avenue for research that can transform the self-awareness of the adult with ADHD and “trouble” the cultural structures that shape their identity. This arts-based study was further framed through a narrative inquiry methodology, using participant interviews and film editing techniques to examine the association between emotional awareness and the processing of psychological needs, and particularly how important it is to have access to, discriminate among, and label one’s feelings (Dizén et al., 2005, p. 1). Typically, the ability to

do this is neurologically, cognitively, and specifically impaired in those with ADHD and this study is designed to facilitate better self-awareness and appreciation.

To the best of my knowledge, this thesis is thus far the first academic filmic presentation that reveals how ADHD adults experience life while living with the disorder; as well, that presents a discussion among ADHD adults of how they understand their condition and learn to cope and find meaning in their experience. Killeen et al. (2011) states, that “Attention-Deficit Hyperactivity Disorder is a complex multidimensional syndrome, characterized by its diagnosis, causes, biological substrates, and effects on individuals and society” (p. 6). The film displays a consistency in that lived experience by identifying recurring themes that support my thesis that culture, in concert with intrapersonal communication and emotional dysregulation, plays a significant role in how ADHD adults experience their symptoms. The themes that stand out are *chaos* (time blindness, impulsivity, and inhibition), *shame* (negative self-talk), *doubt* (authenticity and reflexivity), and *stigma* (media and culture).

The film, and resulting editing process, provided for improvisatory, emergent meaning making (Leavy, 2017; Rolling, 2013) and resulted in a research presentation form that, I believe will “relay a sense of immanence, inspiration, and connection that moves people to a deeper awareness” (Vannini, 2020, p. 305) of the lived experience of ADHD. By focusing on the lived experience of ADHD adults, I hope to illuminate the reality of living in a cultural environment of stigma, while struggling with emotional dysregulation, inauthenticity, impulsivity, time blindness, and dopamine induced anxiety; and, to encourage further research into the impact of intrapersonal communication and self-talk on that reality. It is my hope that this work will give those living with ADHD a clearer understanding of why their experience is what it is, and to help them to derive some peace of mind from that knowledge.

Literature Review

The research available on the experience of struggling with emotional regulation or insights into intrapersonal communication in connection with ADHD is scarce at best. An extensive search of online databases revealed only one adjacent study that involved intrapersonal communication, emotional regulation and autism, and nothing could be found that included self-talk, emotional impulsivity, and ADHD. In fact, a recent meta-analysis on narrative language abilities in children with ADHD, found, only two studies that investigated social and emotional understanding (Jepsen et al., 2021, p. 747). The literature below explores how *emotions and beliefs* are developed through *self talk and culture*, and how *emotional regulation* depends on *inner speech* for self control and *cognition*. The literature also reveals how developmental delays in ADHD *neurology*, affect *impulsivity* and *authenticity*, which in turn impacts *reflexivity*, resulting in *masking* symptoms, due to often sensational coverage in the *media*, and the consequential *cultural stigma*.

Human Emotions and Beliefs

Emotions are at the center of how human beings interpret, perceive, and make meaning, internally and of each other. As Zietsma and Toubiana (2018) state, “what we feel, how we feel it, and how we express it are socially conditioned, although our feelings are individually experienced” (p. 429). To explain, “socially conditioned” or culture can be understood as an organized framework of understandings, a collection of beliefs, context, and assumptions which represent a “road map” that is passed on through socialization and inner speech (Barkley, 2012; Rousell, 2012; Vygotsky, 1987). Vocate (1994) explains, the “...inner speech coding process, engendered by the internalization of language, involves shaping thought into words, thereby imbuing it with meaning” (p. 24), Specifically, those beliefs and concepts, ideas, and rules form

embodied prototypes in our sub-conscious as mental or perceptual sets, which provide “a temporary readiness ... such as...a previously successful technique in solving a new problem” (VandenBos, 2007). Psychologist and author Michael Rousell defines a belief as “a mental representation of the patterns our brain uses to interpret the world” (in McRaney, 2021, 23:50), Furthermore, the mental and perceptual sets are assigned an emotional valence based upon past experience (visual memory) (Barkley, 2012; McRaney, 2021; Rousell, 2012), which in turn is embodied through reflexivity (Glumbíková, 2020; Vannini & Williams, 2016; Vygotsky, 1987) and internalized as authenticity, which “arises through the reflection of one’s own actions and their subsequent adjustment” (Vannini & Franzese, 2008; English & John, 2013; as cited in, Glumbíková, 2020, p. 3). In simple terms, reflexivity is how humans construct a “true self”. Consequently, managing emotions have a direct effect on our beliefs, and vice versa. ADHD is widely characterized as a cognitive disorder, grounded in inhibition and poor communication, which can often result in feelings of inauthenticity (Malagoli et al., 2022; Niina et al., 2022). Therefore, if cognition is facilitated through communication and ADHD is a disorder of cognition, then the importance of exploring intrapersonal communication and authenticity in relation to ADHD and culture seemed paramount; it is that link between the two that informs the direction of my study.

Intrapersonal Communication and Emotional Regulation

It is well documented that intrapersonal communication has an important role in metacognition, self-awareness, and self-understanding (Alderson-Day & Fernyhough, 2015; Jemmer, 2009; Salas et al., 2018; Shedletsky, 2017; Sokolov, 2012; Granato et al., 2022). ADHD is characterized by emotional regulation and inhibition, such as a failure to pause between stimulus and response, and to regulate and process emotional information toward maintaining,

benefitting and enabling the self (Barkley, 2012). Further, the self is shaped through interaction between the "dynamic spontaneous creative biological action taker" and "the internalized aggregate of attitudes garnered from others" (Mead, 1982, as cited in Vocate, 1994, p. 9). In other words, emotional regulation, and responses are processed and directed through language, metaphor, and semiotics, or intrapersonal communication, which is a component of inner speech and can be internal or external in nature (Vocate, 1994, p. 7). Additionally, Granato et al., (2022) shares that, "evidence has shown that inner speech plays in important role in supporting cognition, in particular it boosts categorization processes, executive functions, working memory metacognition, and motivation" (par.1). Conversely, that process is also informed by our emotions, which "provide individuals with information about their environment that shapes their judgements, decisions, priorities and actions" (Salas et al., 2018; Schwarz, & Clore, 1983, as cited in Dizen et al., 2005).

Emotional dysregulation occurs when cognitive functionality is deficient. The inability to regulate emotions for those with ADHD carries with it several maladaptive consequences, both internally (for the self), and externally (in society). As Vygotsky (1987) believed, humans learn first, "between people...and then inside [and] that this applies equally to voluntary attention, to logical memory, and to the formation of concepts" (p. 21). To be specific, the entire process is managed by our executive functions, which are deficient in those with ADHD, and as a result those with ADHD have trouble with emotional regulation.

Executive Functions

Emotional dysregulation creates a state in which those with ADHD cannot communicate with themselves; as if they were driving a bus without windows, that they didn't know they were driving, let alone that they needed to stop (Barkley, 2010; Bunford et al., 2015; Tyng et al.,

2017). To explain, ADHD is metaphorically described as the feeling of being out of control, disconnected and unaware of impending consequences. Neurologically, that feeling is accurate. Executive functions are “significantly correlated with emotional regulation.” (Groves et al., 2022, p. 723). As Barkley (1997) explains, ADHD is linked to a deficiency in four executive functions, working memory, internalization of speech, self-regulation, and reconstitution, and it is these four executive functions working together that make emotional regulation possible (Barkley, 1997, 2012a; Gross, 2015; Shaw et al., 2014). Yet, emotions and emotional dysregulation are not mentioned in the DSM V diagnosis for ADHD (5th ed., DSM–5; American Psychiatric Association, 2022). However, those who live with this disorder know how critical managing emotions can be, and a growing number of researchers have been challenging that omission (Barkley, 2012a; Brown, 2014; Krasner et al., 2022; Tseng & Gau, 2013; Yue et al., 2022). While there is a growth in literature on emotional dysregulation and ADHD as a problem of self-communication, it rarely explores how those gaps relate to feelings of inauthenticity or further, how ER effects not just self control but cognition as a whole. This study sought to address that gap in research by exploring the lived experiences of ADHD adults and analyzing their self talk within emotional stories.

Cognition and the Role of Dopamine

In order to consider ADHD as a disorder of communication, it is necessary to understand how cognition is impacted in those with ADHD, which is a topic well covered by the literature. Primarily, ADHD is a developmental delay of the prefrontal cortex. Researchers say the prefrontal cortex can be up to 30% developmentally delayed, which results in a deficiency of inhibitory dopamine receptors (Barkley, 2012; Genro et al., 2010; Mamiya, et al., 2022). As such, ADHD has traditionally been treated with Cognitive Behavioural Therapy (CBT) and

stimulant medication. The stimulants consist of methylphenidate and amphetamine salts and are primarily dopamine reuptake inhibitors (Armstrong, 1991; Fabiano et al., 2009). CBT teaches the sufferer how to “talk to themselves” to slow down thought, which results in better executive functioning.

The prefrontal cortex is where the process of cognition begins, with perception and inhibition. Emotional impulsivity occurs when a failure to inhibit negative emotions leads to “negative affectively-driven impulsive behaviour” (Mitchell et al., 2012, p. 1), specifically, negative cultural norms and stigma, and other emotional states (Albein-Urios et al., 2021; Salas et al., 2018). Therefore, I believe that cognition is often skipped in favour of heuristic emotional reactions in those with ADHD. In fact, the developmental delay in the prefrontal cortex, is not only responsible for why those with ADHD struggle to process emotions, but there is a distinct relationship with how and where in the mind humans perceive and process information, and the symptoms and comorbidities experienced by those with ADHD.

ADHD is a Neurological Disorder

ADHD is a disorder of the mind, in that the sections of the brain that are developmentally delayed in those with ADHD, are the same as those required for cognition, reflexivity and social interaction, and are also the sections that humans use to internalize speech, develop self and authenticity, regulate emotions to follow cultural norms and expectations, and to develop and perpetuate culture itself. (Barkley, 2012; Brown, 2013; Mamiya et al., 2022; Vannini & Williams, 2016). First, in the human brain, stimulus messaging originates in the prefrontal cortex and then moves to the basal ganglia, where we compare the stimulus to our memories and beliefs (Rousell, 2021). Next, the message is communicated to the cerebellum, that part of the brain where we decide when to act, and then further to the dorsal lateral cortex, where we perceive and

attach an emotional valence (Barkley, 2012). The resulting valence then informs the amygdala, or our appraisal system, and then travels to the corpus callosum, where the action is directed either internally or externally.

As Barkley (2010) describes, the executive function system is hierarchical in that there is a trickle-down effect to the development, symptoms, and impairment in functionality (p. 11). There are two types of dopamine: tonic and phasic. Tonic dopamine is slow acting dopamine, used for the reinforcement of our current beliefs, while phasic dopamine is meant to refocus attention, to interrupt stimulus (Schultz, 2019; Humphries et al., 2012). Therefore, it follows that, if ADHD adults are low in dopamine, the reflexive process in which cultural norms are compared to authentic beliefs is skipped, and as a result the emotional valence will be misinformed, leading to impulsively engaging in a heuristic, emotional, and likely a maladaptive response. As Barkley's (2012), metaphor surmises, "culture, is the scaffolding of human executive functions" (22:06). These understandings provided a point of departure in searching for how the phenomenological experiences and symptoms of ADHD adults were shaped by culture as much as the neurological aspects of the disorder affected cognition.

Impulsivity

One of those maladaptive responses is emotional impulsivity, which essentially means not having the words to tell yourself to hesitate and interpret the emotional context in a way that properly informs your decisions—it is an impairment of the brain's executive function that has received significant attention in the scholarly literature. As Holmes (2010) asserts, "emotions are crucial to how the social is reproduced and to enduring within a complex social world" (par. 1) Not only do executive functions regulate emotions, but emotions also affect how well our executive functions work (Barkley, 2010; Lugo-Candelas et al., 2017; Surman et al., 2013). This

results in a further loss of control over time, which can result in depression, anxiety, and emotional dysregulation, and isolation (Brinthaupt et al., 2009; Corbisiero et al., 2017; Sarkis et al., 2005; Sood & Kendall, 2007).

From a communications perspective, Jemmer (2009) posits “the filtering of sensory data and the resulting “languaging” of human experience, tends to build negative psychic structures which are limiting at best, and at worst damaging to a person’s individuation” (p. 38). In other words, negative self talk due to negative cultural experiences or perceptions, can damage the development of the self, which inherently involves “a social process contingent on validation with and from others, as well as “self’s” own experience as both the means and outcomes of social action” (Vannini & Williams, 2016, p. 39). As such, culture and past experience define future action. In this context, inhibition as the “top” executive function, and impulsivity as a symptom, can result in a wide range of impairments to the entire process of reflexivity.

Moreover, Brinthaupt et al. (2009) state that “having self-related experiences that are cognitively disruptive [are] associated with increased self-talk frequency” (p. 3). To clarify, the symptoms not only continue but compound impulsively and further impair the individual’s ability to pause and reflect between stimulus and response, as how we “authentically feel” about a given stimulus guides our actions. Consequently, the impact that inhibition and impulsivity have on the ADHD person’s ability to develop an authentic self has hierarchal consequences (Barkley, 2012; Mackenzie, 2017) and cultural implications, that rely on emotions for perception and action. It was at this juncture in my discovery process, that I realized the answers to my original research question: *How and to what extent does intrapersonal communication affect emotional regulation, authenticity, and impulsivity for adults diagnosed with ADHD?* could largely be answered by the literature. I used these newly realized connections and understandings to shape

and evolve the questions I asked the participants, to inspire discussions surrounding culture and identity and began to frame my thesis towards “socially engaged cognition” (Greenwood, 2019) and the development and presentation of the self.

Authenticity

Authenticity (the “feeling of ...” something) is a relatively unexplored phenomenon in the ADHD experience, considering the multitude of symptoms related to society, identity, and motivation. As Vannini and Williams (2016), state, “authenticity is the degree of congruence between one’s actions and one’s core self-conceptions” (p. 104). In other words, authenticity is experienced when we act in ways that reaffirm our beliefs. Furthermore, Vannini and Williams (2016) defines authenticity as “a motivating meaning of self” (p. 38). I interpret this to mean, how we feel about ourselves internally influences how we perceive, interpret, assign meaning and act on various stimuli, thereby taking “the attitude of the other in [our] reaction to the object” (Mead et al., 2015, p. 89). Consequently, my theoretical perspective is informed by social behaviouralist George Mead (2015) and the psychologist Lev Vygotsky (1987) in that both view human cognition as inherently social and developed in part by the internalization of social interactions “as the foundation of the complex mechanisms of verbal thinking” (Vygotsky, 1987, p. 361). This suggests that consciousness is achieved by becoming an "object" to ourselves, upon which to respond and reflect, in a process that "deliberately review[s] our actions from a specific role attendant to a social act" (Vocate, 1994, p. 9). In this way, “authenticity thus becomes a product of social interaction” (Vannini & Franzese, 2008). Furthermore, Vocate (1994), envisioned self-talk as "a dialectic between the individual and society (and its culture) embodied in the internalized other” (p. 9). As stated earlier, reflexivity can be understood as the process by

which humans develop their authentic self, and therefore it is inherently an intrapersonal communication process.

Reflexivity

It is the interplay between the sensory experiences and sense-making that is at the heart of the ADHD experience of the self in society. The famed semiologist Charles Saunders Peirce wrote in 1877, that humans typically know the difference between doubt and belief. When you doubt something, it prevents action, whereas belief drives and shapes action, and knowledge (or emotional valence and context), provides the capability to move from doubt to belief (Peirce et al., 1965, sec 3, par. 1). Additionally, Burton (2009) defines the feeling of knowing as, “a sensation that feels like confirmation” (p. 116), and then further asserts that our brains have sensory systems that selectively tell us when we are thinking a thought. Additionally, the sensory systems also determine how we experience mental cause and effect and intentionality, “without the embedded sensation of being on the right track” (p. 116). As a result, I questioned if those with ADHD may rely more on sensory information than they do on the results of the reflexive process for our beliefs. (Why do I believe what I believe? Why are those beliefs often in contrast to my cognition?) I posit that the feelings of doubt in those with ADHD is due to their inability to perceive and apply appropriate context to a given stimulus, or to be able to access and utilize the cognitive process at all, resulting in or due to emotional regulation and inhibition. Are those with ADHD more inclined to trust their “gut” feelings or intuition, due to spending less time reflecting?

If ADHD is a disorder of inhibition and emotions are at the centre of that sense-making process (Barkley, 1997; Burkitt, 2012), then it is also a disorder of “reflexive emotionality” and thus, of “authenticity”. As Vannini and Burgess (2016) argue, “reflexivity, is the essential feature

of the self, not only enables symbolic interaction, but also a slew of self-objectifying processes, such as self-criticism, self-motivation, self-praise, self-knowledge, self-punishment, self-estrangement, and their emotional counterparts” (p. 104). To explain emotional reflexivity is how we internalize and perceive our emotions and those of others. Burkitt (2012), who places emotions at the center of reflexivity argues, that emotional reflexivity is “not simply about the way emotions are reflexively monitored or ordered, but about how emotion informs reflexivity itself” (p. 1). In other words, emotional valance. As Holmes (2010) asserts, “emotions have become central to a subjectivity and sociality that is relationally constructed” (p. 1). While research has not ignored emotions, attention to them has been insufficient. If emotions and inner speech are central to reflexivity, then they are central to ADHD and studying authenticity and reflexivity is essential to understanding this disorder as a disorder of communication and culture. As a result, this thesis sought to address this gap in ADHD research by exploring the emotional responses and reactions of the participants’ stories and narratives, from an intrapersonal perspective, and to add to the growing literature connecting emotions to ADHD.

ADHD and Masking

ADHD masking refers to the creation and performance of a “social identity” that conceals the symptoms of ADHD (Barkley, 2013) and “through which the individual exerts strategic control over the image of himself” (Goffman, 1990, p. 130)—namely, self presentation. As Goffman (1999) suggests “when an individual appears before others, he will have many motives for trying to control the impression they receive of the situation” (p. 15). The phenomenon, conscious or unconscious, is used to control the impressions and assumptions made in social interactions by mirroring the “other”, in order to appear “normal”, also known as “impression management” (Barkley, 2013; Goffman, 1999; Kistler, 2022). In ADHD adults, this

can also include hiding emotions, staying quiet, or self isolating under stressful situations, which can lead to substance abuse, anxiety and other negative impacts (Barkley, 2013; Goffman, 1999; Hallberg et al., 2010). Further, inhibition and executive disfunction could sustain or increase the temporality and valence of the experience through inner speech.

The study of intrapersonal communication is also the study of decoding and encoding, such that the theoretical framework for this study also comprised a semiotic lens. Some cultural researchers have theorized that “the self” (or subject) is a “semiotic position” where the “I-centre” that is “mirrored back” from the internalized other, “gives linguistic agency to the subjective realm...[and]...is addressed as already part of semiosis” (Bell, 2002, p. 203). Further, in a more recent study, Runions et al. (2017) observed deficits in social information processing in ADHD children; including encoding and interpretation of social cues, clarification of goals, response action and decision, and behavioural enactment. As well, Crisci et al. (2022) found evidence of social difficulties, and a connection between executive functions and positive illusionary bias in those with ADHD (p. 12).

In Erving Goffman’s (1999) seminal book *The Presentation of Self in Everyday Life*, the author suggests an extreme in which the performer “can be sincerely convinced that the impression of reality which he stages, is the real reality” (p. 17), “with the opposite extreme being having no belief in the construct...[or]...belief in the part one is playing” (p. 17). Strong sincerity and cynicism are both associated with ADHD. Recent studies in children with ADHD, have shown that some maintain high levels of positive illusionary bias due to self-protection (Bourchtein et al., 2017), as a preventive measure against developing negative affect and feeling inadequate (Ohan & Johnston, 2002, as cited in Mackenzie, 2017). Conversely, if an individual with ADHD is only able to “integrate negative information” this may be due, in part to

“depression symptomatology”, or executive function (Mackenzie, 2017, p. 11). Specifically, overly confident or full of doubt. As such, I hypothesize that those with ADHD are more susceptible to the extremes of the phenomenon.

One goal of this thesis, is to understand how communicational deficiencies and social consequences inherent in the lived experiences of ADHD adults, affect the frequency of masking to hide symptoms, assimilate into and mirror culture. As well, to discover if the various identity roles built from culture become an avatar for the self, in an authentic reflective sense. As Park (1950) states, “it is in these roles that we know each other; it is in these roles that we know ourselves” (p. 249, as cited in Goffman, 1999, p. 19). The literature and interview data suggest that the lived experience of the ADHD adult presents exponentially more “motives for impression management”, due to the impairment in reflexivity, and subsequently the perception and interpretation of social norms, resulting in maladaptive social behaviour. Furthermore, the notion of “a normal person” perpetuated in society and culture, combined with the cultural narrative and sensationalized media discourse of ADHD, produces a cultural stigma of the ADHD adult, that I surmise disproportionately leads to states of “extreme sincerity or cynical” (Goffman, 1990) views of self.

The Cultural Stigma of ADHD and the Media

Stigma can be defined as, “a negative bias against an individual or group, that has been developed through expectations or past experiences and may cause prejudice and/or discrimination” (Crocker et al., 1998, Link & Phelan, 2001, as cited in, Thompson & Lefler, 2016, p. 8). There is a plethora of literature on stigma and mental health, and regarding ADHD in particular. However, very little literature examines cultural perspectives, or “views of the broader community” (Bisset et al., 2022, p. 545). For example, ADHD is generally identified by

maladaptive behaviours associated with the childhood symptoms of ADHD, such as attention deficit and hyperactivity. While there are many definitions of what stigma is, I agree that “stigma can be thought of as involving both a *label* and a *stereotype* that identifies individuals with a set of characteristics” (Link & Phelan, 2001, as cited in Thompson & Lefler, 2016). This leaves very little understanding or acceptance for the adult that carries that label. In fact, research “suggests that the mere association with ADHD in emerging adulthood is stigmatizing” (Canu et al., 2008, p. 5).

Research indicates that there are four components to developing a stigmatized label: identifying and labeling differences, linking those differences to known stereotypes, a social label which separates individuals into groups of “us and them” and status of loss and discrimination (Link & Phelan, 2001, as cited in Thompson & Lefler, 2016). Canu et al. (2008) state, that ADHD adults experience less opportunities to be social because “that perceived stigma lowers self esteem” (p. 2). On the one hand, the media creates a visual image of what it means to be “normal” in culture, that we all carry and use to guide, inform our self identity, evaluating our place in society, by “comparing the incongruence” between that picture of what is normal, and our “social identity” (Goffman, 1990, 1999). On the other hand, ADHD adults are highly misunderstood in society, because the disorder is perceived as controllable, and “perceivers have less sympathy, and feel more justified in their prejudices, toward stigma that are perceived as “controllable” (Canu et al., 2008, p. 2), and are more likely to be stigmatized (Crocker et al., 1998; Herek, 1999; Van Dorn, Swanson, Elbogen, & Swartz, 2005, as cited in, Canu et al., 2008, p. 2). In other words, the media programming and ideological bias perpetuates that into culture. Stigma is then embodied through negative self talk, into an understanding of our selves,

that instead of being based on reality is based on a perceived identity (Goffman, 1990; Canu et al., 2008; Thompson & Lefler, 2016).

Often, the media portrayal of ADHD is sensationalist and emphasizes drama (Anderson, 1996; Sciotto & Eisenberg, 2007), such as the cultural narrative that ADHD is not real. Yet, “[i]t cannot be overemphasized that, as a matter of science, the notion that ADHD does not exist is simply wrong” (Barkley et al., 2002, p. 89; Honkasilta, 2016, p. 18). The societal media narrative that ADHD isn’t real can result in ADHD adults not seeking treatment and stigma, which has been demonstrated to worsen their symptoms and self-judgement (Honkasilta, 2016; Horton-Salway & Davies, 2018). First, an adult who feels marginalized by such statements may fail to seek treatment due to that cultural stigma or may doubt their disorder and view their symptoms as personality traits. In fact, a recent study stated that “perceptions of stigma led to a reduced likelihood of engagement with mental health services” (Bisset et al., 2022, p. 538). Second, it can lead to social isolation which can manifest in a loss of identity and feelings of inauthenticity (Honkasilta, 2016; Horton-Salway & Davies, 2018). Finally, according to the social isolation hypothesis of Brinthaup et al. (2009), spending more time alone or having socially isolating experiences will be associated with increased self-talk (p. 3), which further impacts feelings of inauthenticity and maladaptive self-evaluation. As Goffman (1990) states, “those who have dealings with him, failed to accord him the respect and regard which the uncontaminated aspects of his social identity have led them to anticipate extending and have led him to anticipate receiving, he echoes this denial by ending that some of his own attributes warranted” (p. 19). This is that feeling of “not being good enough”.

Summary

As the literature shows, ADHD is characterized by an inability to engage in intrapersonal communication effectively or accurately, to pause between stimulus and response, and to process emotional information toward maintaining, benefitting, and enabling the future self. Cognitive Behavioural Therapy (CBT) attempts to identify and change negative thinking patterns and pushes for positive behavioural changes, in other words, learning to communicate effectively with ones' "self and others". However, much CBT training is primarily focused on teaching skills ADHD patients may already have. Specifically, ADHD patients know what to do; they just are not able to do it (Barkley, 2013). Behavior Modification Treatment (BMT) includes the principles of classical conditioning, operant conditioning, cognitive-behavioural theory, and social learning theory, and can be highly effective for treating ADHD (Barkley, 2010; Fabiano et al., 2009). It is "contingency management" and while grounded in theory, it needs to be continued or the benefits will fade (Aduen et al., 2018; Barkley, 2013; Fabiano et al., 2009).

While few studies view the condition through the lens of communication and culture, there seem to be several correlates between qualitative and quantitative research as to symptomology and theoretical positions. If emotional dysregulation and intrapersonal communication are so prevalent in self-awareness and evaluation in those with ADHD, then why have they not been given more attention over all when looking to treatment? If cognition is facilitated through communication and culture, then there needs to be more research into that relationship and how that relates to ADHD. The empirical methods, while successful in "identifying causation and treatment", have found limitations in "methodology and measurement" when studying emotions and intrapersonal communications. As many researchers will attest, emotions are incredibly hard to study (Bourchtein et al., 2017; Jiang & Johnston,

2017; Mitchell et al., 2012). While there does not appear to be an accurate definition of what emotions are, there is agreement as to what they do, and documenting the latter for the cohort I am addressing seems worthwhile.

Methods

Research Design

I chose to align my research strategies with the artistic-interpretive paradigm, which assumes that social reality is shaped by human experience and “constructed through the interaction between language and aspects of an independent world” (Scotland, 2012, para. 3). The ADHD experience of Scotland’s (2012) “independent world” can be chaotic and confusing, and it is often masked to establish an individualized comfort zone; researching from an arts-interpretive stance allowed me to get at their and my own interaction with language, that world “outside”, and our internal sense of self. Additionally, arts-based researchers interpret reality through a sense-making process that allows for theory building from the data (Rolling, 2013; Leavy, 2017). The arts-based-research (ABR) paradigm is ideal for exploring the intertextual questions presented by the intrapersonal communication of adults living with ADHD. More than that, they allow for exploration of “emergent information and surfacing of meanings” that may otherwise be elusive within other research paradigms. Rolling (2010) refers generally to arts-based practices as “erosive pathways, flowing over, through, around and under scientific and social scientific, quantitative and qualitative epistemologies” (p. 107). “Art based research design begins by envisioning a research approach, engaging in inquiry (questions emerge over time), selecting sources of information and ideas, and then offering interpretations with “intellectual openness and creativity”” (Finley, 2003, p. 283, as cited in, Sinner et al., 2006, p. 1225). For this study, the filming of the participants’ stories was entirely an emergent process that produced

many new discoveries along the way, to the point that I recast my research question. As Vannini (2020) has argued in regard to multimodal research and film-derived research like this thesis, it is not “the end point awaiting analysis. Instead, the footage was something about to undergo a process of transformation” (p. 309). My research transformed my own thinking and helped me to work through the problems and understand the strengths of adults with ADHD, aligning with Patricia Leavy’s (2017) characterization of “ABR practices as methodological tools used by researchers across the disciplines during any or all phases of research, including problem generation, data or content generation, analysis, interpretation, and representation” (Leavy, 2009, 2015).” (p. 4). The human experiences of ADHD people are highly individualistic in nature, with both analytical and aesthetic dimensions, and their intrapersonal communication and meaning making is multifaceted and complex. Choosing the arts-interpretivist paradigm allowed me to conduct a study that is fit for the full appreciation of that complexity, for as Rolling says, this form of arts practice is “capable of yielding outcomes taking researchers in directions the scientist cannot go” (Rolling, 2010 p. 102).

Methodologically, I chose to use a narrative inquiry approach. While my process in this study is decidedly arts-based, my objective was to explore how the participants constructed the meanings in their life experiences through their personal narratives and stories (Oliver, 1998). In other words, telling stories is how humans make sense of what happened and thus construct their sense of self: “[T]he story is one’s identity, a story created, told, revised, and retold through life” (Lieblich et al., 1998, p. 7). Narrative inquiry aligns with this artistic-interpretive research because it is an “exploration of the social cultural, familial, linguistic and institutional narratives within which individuals’ experiences, and are constituted, shaped, expressed and enacted” (Clandinin, 2006, p. 20). I calculated that an analysis of narrative is complementary to a study on

emotions and intrapersonal communication due to the intertextual nature of the ADHD phenomenon. As Rolling (2017) explains, intertextuality refers to a “colliding inter-relationships between the individual psyche, society and the world” (p. 137). Additionally, due to the emphasis in the literature on reflexivity as a component of ABR, the intertextuality entailed in narrative inquiry allowed for an ongoing exploration of myself (and my identities) within the shifting boundaries of negative self-talk and the impact it has on the symptoms of ADHD adults (Rolling, 2013, p. 131). Combining narrative inquiry with reflexive self-discovery through the film process allowed for more “humanity in the work”, and “increased connectivity and reflection” in a truthful and engaged way (Leavy, 2015, p. 41). For example, and as I explain below, it inspired the constructing of an “I Video” to “identify continuities and changes in the participants sense of self” (Edwards, Lewis & Weller, 2015; Gilligan, 2015). The editing technique, borrowed from the “I Poem” method of analysis (Gilligan, 2015), reveals how interview subjects talk about themselves, and was effective at revealing the subject’s first-person voice (Edwards, Lewis & Weller, 2015, p. 81).

More personally, the film also represents my own artistic expression of the ongoing vulnerability, confidence, shame, and doubt “at the heart of the inquiry” (Sinner et al., 2006, p. 1242); these insights and experiences of a personal narrative of ADHD are drawn from my self-reflection and inspired by the stories of my participants. Additionally, I chose to maintain a reflexive video journal to reveal “previously hidden memories or unconscious preconceptions that [could] impact the research process” (Tufford & Newman, 2010, p. 11). These emotional and evocative elements are a visual representation of my own phenomenology, and authentic creative self. In that way, my own interpretations and emotions are woven together with the voices of the participants. The themes are also presented through musical builds and mood, style

and pacing, and flow of the narrative I have constructed here. I believe the result displays a subjective, introspective, and evocative reality that is intelligible to other adults living with ADHD. The use of Barthes-inspired metaphoric and symbolic artifacts, visual images and graphical elements, in combination with the cross cutting of video “I poems” developed from the interview data, create a rich meta-perspective on the lived experience of adults with ADHD.

To summarize, as a filmmaker, I chose to situate participant interviews within an overarching and introspective film process. To do so, I blended my own recorded reflections with free flowing, unstructured phenomenological interviews with ADHD adults in a narrative inquiry that allowed for an ongoing exploration of myself in comparison with the participants. The interviews were designed to inspire conversations that provided “unique opportunities to construct understanding from the perspective of the informant” (Tufford & Newman, 2010, p. 81). This allowed for my presence within the shifting boundaries of culture and intrapersonal communication (Rolling, 2013, p. 131) and the combined effect it has on the symptoms of ADHD adults. I believe it functioned as “an example of reflective practice to understand [my] “identity” as an adult with ADHD (Richards, 2015, p. 1). The result of this process was the 45-minute film “[Beautiful Disaster](#)” (the film). (password ADHD).

Data Gathering and Data

I began data gathering by selecting seven adults known to me through *convenience sampling*, who were clinically diagnosed with ADHD. All responded positively to a formal consent letter outlining the research project and process and soliciting their acceptance of participation. I interviewed the participants with an idiographic and empathetic approach (Brocki & Wearden, 2006). The conversations were collaborative in nature to inspire commentary, and for the higher accuracy of responses (Brod et al., 2012; Lavrakas, 2008). The interviews were

free flowing and semi-structured in that the conversations took their own course and were not limited to time or topic. They ranged from an hour to over three hours in duration and some were conducted in more than one session. For the most part, they were conducted in person, but Zoom was used for one participant who lived in the United States.

The conversations began by sharing an ADHD life experience of my own and inquiring if the participant could relate. The questions were intended to focus discussions and stories around self-talk authenticity, emotional regulation, and impulsivity. I believe that the result displays a subjective, introspective, and evocative reality that is recognizable by other adults with ADHD. Emotional and evocative elements are a visual representation of my own authentic creative self.

The Film

The 45-minute film “Beautiful Disaster” is an exploration into the lived experience of adults with ADHD and portrays many categories and typical themes associated with the neurological disorder. Rolling (2010) shares that “in the praxis of arts-based methodologies, the “method of discovery” is the discovery” (Richardson, 1997, p. 88, as cited in Rolling, 2010, p. 110). The film uses narrative to convey my thesis that ADHD is primarily a cultural and communication disorder.

Throughout the film, the phenomenology of living as an adult with ADHD is articulated through the words and stories of 4 males (myself included) and 4 female adults with ADHD. The collaborative conversations amounted to approximately 18 hours of interview footage, nearly 400 video files, 4k graphics, and professionally filmed B-roll. Additionally, 10 professionally produced musical tracks, audio posts and many other sound and visual effects were curated and created as elements for artistic and emotional expression, and to symbolically communicate the meanings and knowledge shared in the film. Additionally, I also recorded many diary style

videos of myself, my challenges, thoughts, and realizations throughout the past year, including several pivotal conversations with my advisor, which also appear in the film. All these elements were combined with selected thematic interview clips placing priority on statements of self-talk, to explain and provide context to the stories and emerging “i-clips”, and to help demonstrate my personal cognitive process and realizations throughout my journey of discovery. As Rolling (2010) states, “arts-based research practices manifest themselves as lived experiences, a variation of self study that conceptualizes research *as life praxis*” (p. 107).

Artistic Reduction Process (Post-production)

There are over 10 separate editing projects associated with the film, utilizing sound editing, graphics, video editing, compositing, and color correction software. The main film project itself includes 35 timelines, 902 edits, and close to 500 clips. After each interview I processed the video into the editing software, then viewed it in its entirety and created a written transcript. During this process, I watched each participant’s recorded conversations four separate times; firstly, paying attention to the overall story; secondly, with focus placed on how the participant represented him or herself in the interview; thirdly, with attention to how the participant talked about relationships with other people and the consequences of those relationships; and finally, concentrating on the specific cultural context and the social structures surrounding each participant. I then took the various categories and began to “pull elements” such as music and visual images that reflected the emotional states the data revealed. The result is a data set that is both extremely rich and very broad in its scope. Subsequent analysis of emergent themes led me down new pathways into an experience of surprising self-awareness that I was not expecting. Consequently, it was at this point that I determined that I needed to revise

the research question itself, which became: *How and to what extent does culture affect authenticity in adults diagnosed with ADHD?*

Data Analysis

Rather than a linear process, the analysis was ongoing, repetitious, and arts based in nature, utilizing the editing process as a form of embodied phenomenological reduction. The process revealed several themes, and is similar to a phenomenological reduction, in that it provided the guidance for this researcher to “analyse the correlational interdependence between specific structures of subjectivity and specific modes of appearance” (Gallagher, 2013, p. 25). Narratively, I began the analysis by working with the transcripts. On the first reading I processed the data generally, making notes and looking for categories. I used the constant comparative method to process the data allowing the categories to emerge naturally. I then compared the various embodied incidents to corresponding incidents in the next conversations to connect embodied experience to cultural topics. This “process of constant comparison stimulates thought that leads to both descriptive and explanatory categories” (Lincoln & Guba, 1985)

I Videos

I continued the analysis by adapting a creative form I had researched called the I-poem, to use with video content (Gilligan, 2015). This helped me to focus on the meanings within the participants’ “I” statements. The isolation of these statements within the narrative stories of the participants provided the “participant self-talk elements” for the editing process, as they allowed me to develop an understanding of their self identity, within their lifeworld. By creating “I-Videos”, I was able to shift my perspective from that of an active listener to an interpreter and it helped to foster an understanding of how the participants viewed the social realities of their worlds (Gilligan, 2015). I followed three steps to create an “I-Video”. They are as follows:

- Highlighting the use of “I” in the participants’ speech acts. (As the method of collection was visual, nonverbal communication was included).
- The “I” statements were then edited together in “the exact chronological sequence in which they occurred”.
- The video was then analyzed for the different “voices” in which the participant speaks (front stage and backstage, doubt and bias etc.) (Gilligan, 2015).

The content generated from this process then became the isolated identity elements within the overall narrative included in the participants interview data. It helped focus inquiry on self talk and self identity.

Reflexivity

The production of the film became an iterative and reflexive process where my own understanding of my condition shifted and changed while conducting the research. As Rolling (2013) states, “reflexivity is required to make sense of identity that is derivative of the new century’s percolating cauldron of visual cultural imagery, social scripts, virtual texts and lived experience” (p. 131). Rolling (2013) asserts, that the strategy for understanding the multiplicity of interdependent voices “requires reflexivity in interpretation” (p. 132). This is because of how, for all people and particularly for the artist whose identity is being deliberately informed by practice, boundaries of identity are continuously shifting. In order to permit optimal reflexivity, the research design was allowed to develop and be revealed through the filmic process, rather than to employ a pre-constructed framework. This reflexivity was a frustrating aspect of the experience for me and made for an incredibly long editing process. It did enable me to arrive at a more complex understanding of the effect culture and intrapersonal communication has had on my own lived experience of ADHD, how that echoed the experiences of the participants, as well

as the extant literature on ADHD deficiencies including *authenticity, emotional regulation, time blindness, inhibition, and impulsivity*.

In addition, the making of the film was a research process in itself, in that there is a discovery element in the work. Ultimately, the process enabled me to be more reflexive about myself, by becoming immersed in the experiences and stories captured in the footage, and by my own experience creating the film. As Leavy (2017) states, “these tools adapt the tenets of the creative arts in order to address research questions holistically. This process of inquiry therefore involves researchers engaging in art making as a way of knowing (McNiff, 2014, as cited in Leavy, 2015, p. 4). As I became more immersed in the participants’ stories, a few interesting themes started to emerge within those familiar ADHD categories, a discussion of which appears in the findings.

Ethical Considerations and Limitations

I am thankful for the thorough review of RRU’s Ethics Office who have provided ethical approval for this thesis. During production of the film, considerable care was exercised to protect the privacy and confidentiality of the participants. Additionally, as I will have control over how the footage is used in the future, I requested and received written consent from each participant to use their words and voices in future iterations of the film. I must also disclose a conflict of interest because as someone with a diagnosis of ADHD, there was a risk that my own bias could shape the data. I was also aware of the irony of someone with a deficiency in executive functions becoming involved in interpreting the emotional experiences of others. For example, while I was aware of the body language the participants displayed, I was less observant of my own and how they may have influenced the responses. In order to mitigate my own bias in my experience, I

choose to employ bracketing during the analysis phase, to view myself as an instrument, and to “maintain self-awareness as part of an ongoing process” of discovery.

Beautiful Disaster: Discussion of Findings

What was so intriguing to me as the research unfolded is how the role of intrapersonal communication in cognition, the function of authenticity, the process of reflexivity, as well as the physical neurological deficiencies in the ADHD brain, and the resulting symptoms, all intersected with culture. These intersections align with Barkley’s (2012) assertion, “there is a reciprocal interplay between the frontal lobe, the previous culture that surrounds it, and then the contributions that it will make back into that culture” (Barkley, 2015, 21:40). My research confirms that, for adults with ADHD, culture is our road map for social interaction, and authenticity is our guidance system.

The filmic process I employed resulted in personal revelations that aligned with the experiences of the participants, presenting clear evidence to me that the lived experience of ADHD is characterized by several recurring themes associated with “emotional regulation” and “authenticity”. The themes that stood out were *chaos* (impulsivity and inhibition), *shame* (negative self-talk), *doubt* (authenticity and reflexivity), and *stigma* (media and culture) and I illustrate them here with the many “video I-poems” in the film that speak to the recurring nature of these themes. To conclude, I will discuss these themes considering the research question.

Chaos

Researchers say that ADHD people are 1080% more likely to suffer from anxiety than neurotypical people (Rakesh, 2019, 31:37). This emotional state is often described as a feeling of chaos. Every participant (myself included) described their normal mental state as chaotic. Often the experience of ADHD is metaphorically described as having a racing mind or going a mile a

minute and characterized as having insane amounts of energy. While the experience of a racing mind is likely the result of the neurological deficiencies in ADHD adults, the symptoms are amplified through several social consequences associated with chaotic and anxious behaviour, such as lateness or time blindness. All the participants in the study reported being drawn to anxiety and chaos, and consequently experience time blindness due to the lack of inhibition and motivation indicative of ADHD. These I-poem excerpts from the film illustrate the commonality of the experience, as well as the comorbidity of anxiety and the draw that ADHD people have to dopamine, due to a shortage of the neurochemical in the brain.

I'm always in that state of panic and chaos.

I feel like I'm used to chaos, because it's the usual has been like a normal state.

Why? Why? Why has it been normal? (Participant 6).

It's just confusion and chaos, just like I'm chaos (Participant 4).

It's not because I'm like a harder worker and that's why I'm the fastest.

It's not because I'm smarter than everyone else and that's why I can do it faster.

I have to do it faster,

Because I [fooled] around for 45 mins, unknowingly (Participant 1).

For ADHD adults, anxiety often becomes addictive due to the resulting dopamine spikes and reinforcement, an essential component of motivation.

I do my best work when it's at the last minute.

I do my best work when I have that pressure on me and

If I don't have that pressure on me, I put it on me" (Participant 4)

Chaos also implies a loss of self control and a loss of self. Further, I believe those with ADHD have trouble building a "self" due to the embodiment of their symptoms as their identity. I also

believe, the experience itself, can lead to embody a sense of moral failure, in that we are judging ourselves and using that judgment as motivation or in some cases “impression management” and shame.

Shame

The impulsivity and emotional regulation indicative of ADHD, especially over a lifetime, can exponentially increase the frequency of maladaptive social behaviour. These experiences, over time can manifest as shame. As Horton -Salway & Davies (2018) explain, the “expression of shame, rather than...a reflection of an emotional state... [is instead] ... the social aspect of being someone with...ADHD” (p. 196). Furthermore, social norms, the cues we use to guide social interactions, are often missed by ADHD people.

Part of the lived experience of ADHD, is the violation of social norms and expectations. As Kiffin and Petersen (2018) noted, “Attributing the cause of a moral violation or a performance failure to a deficient self is a key distinguishing feature of shame” (p. 1). Therefore, it is logical to assume that while shame is the result of culture, it also is reinforced through self-talk hidden by masking, and as such is damaging to authenticity. The following is another I-poem from the film, that provides a glimpse of the shame that accompanies the violation of social norms and expectations, and the remorse experienced in the aftermath.

It's like you're outside yourself because that's not you.

That's not who you are. But the anger just takes over

You want to say the most and you can say

the most horrible, hateful things. (Participant 4)

You say things that you don't mean,

You say things that just aren't going to be misconstrued.

And you do it emotionally, you get pissed off. (Participant 5)

I could say nothing and fill up the room with how I feel.

Making it there in our head but doing it anyway

We get to watch ourselves

know how stupid the stupid shit is that we're doing

and do it anyway. Oh, that's a fun moment right after that moment (Participant 6)

I'm gonna feel like this right now but

I'm gonna feel like this later but

if I don't say this right now,

I have to say it,

if you just hold on to it

I feel like I'm going to explode

but then I do explode

and then it's so bad. Like just really ugly (Participant 7).

Negative societal response (stigma) to experiences like these often results in confusion about appropriate action and/or reaction, which leads to feelings of inauthenticity. In other words, ADHD adults are in a frequent state of uncertainty and doubt. As Goffman (1990) presented, "I looked in the mirror and was horror struck because I did not recognize myself" (p. 19).

Doubt

While most of the participants experienced stigma-induced shame, I was surprised at the depth of control it had over me personally, and by the myriad of ways it affected my life. This fostered a revelation in my own self-reflection; that my neuro-biological need for dopamine was presenting itself cloaked as identity, and masking as my authenticity. If my authentic self is not an adrenaline junkie, then who am I? The phenomenological experience of ADHD, as the following I-poem shows, is often shrouded in doubt.

There's this whole other lens, I could put on to my view of myself that would mitigate the self-criticism.

All those voices don't go away.

You know when they've been there since your earliest memories to last week.

It's an exercise in learning how to not listen to your own mind. (Participant 6)

Further, doubt is a sign that we are in an inauthentic state. It is meant to drive us to find belief, or certainty. As Peirce (1877) explains, "doubt is an uneasy and dissatisfied state from which we struggle to free ourselves and pass into the state of belief" (sec 3, par. 3). As previously discussed, doubt is manifested in ourselves through the internalized judgement by the cultural other

Stigma

As the literature shows, there are many ways in which ADHD is stigmatized in our culture. For example, the "re-representation of science in popular media" as well as "conduct and performance aspects of ADHD were both associated with stigma" (Horton-Salway & Davies, 2018, p. 188). A lifetime experience of minimal social awareness, misunderstanding, and varying acceptance of the disorder in society (or in other words cultural stigma), can lead to negative

self-evaluation, self-judgement, shame, and doubt (Sedgwick et al., 2019). In turn, this self-recrimination increases the level of anxiety through negative self-talk (Brinthaupt et al., 2009). As a result, a primary goal for my research is to show society that the disorder is real; that recognition and understanding is needed to “mitigate the voices” of criticism and embodied stigma. Participant 5 illustrated that reality perfectly in the following lament excerpted from the film:

Give me the ability to explain to you why it's not a superpower
That it is a debilitating, you know, neurobiological disorder
that keeps us from being the best that we possibly could be
and make society around us stigmatize us to the point where
you know that we don't even feel you know, adequate.
How is that a superpower?

As Singh (2014) asserts, “a person’s struggle with authenticity is related to wanting to resolve the conflict and to achieve psychological unity and stability” (p. 1). As the participant above so eloquently shared, “those voices do not just go away.”

I have often described my experience with ADHD as being in a constant battle with myself, a battle between my real identity and the perceived, embodied in the masks that I wore for acceptance in society. As Goffman (1990) states “the stigmatized individual tends to hold the same beliefs about identity, that we do. This is a pivotal fact” (p. 17). In addition, it is that notion of “normal human being” that we are always trying to fit. Goffman (1990) suggests that shame “becomes a central possibility arising from the individuals’ perception of one of his own attributes as being a defining thing to possess and one he can readily see himself as not possessing” (p. 18). He then labels himself and reinforces the cultural narrative of ADHD.

If there is a deficiency of dopamine in the prefrontal cortex, the executive functions are impaired, and the reflexivity process is skipped entirely in favor of a heuristic approach or emotional reaction. In this way, both reflexivity and authenticity are impacted by cultural stigma.

Discussion

My research evolved toward the following research question—*How and to what extent does culture affect authenticity in adults diagnosed with ADHD?*—which I will now address in light of the findings offered above.

To a large extent, the answer to this question is already in the literature, and my data confirms the hypothesis inherent in the question, which is that culture affects authenticity in adults with ADHD. What I mean is, the themes identified in my study (*chaos, shame, doubt, stigma*) are consistent with the emotional states described by researchers in sociological disciplines. The impact of the neurological impairment of executive functions on ADHD traits identified in my own and participant stories (*impulsivity, time blindness, inhibition, anxiety, negative self-talk*) was also evident, as was the cultural influence (*media, stigma, perceived norms*) on the internalization of negative beliefs. The lived experience of ADHD expressed through our stories is consistent with the presence of inauthenticity, negative self-talk, stigma, and negative self-assessment in an overall devaluation of self. Culture is therefore a constant in our belief about ourselves and the construction of our identities; in the ability to focus and in our introspection. In short, culture affects everything, from the top down. First, cultural influences, when paired with stigma, or maladaptive symptoms, and executive dysfunction, inspires negative self talk, negative assessments, and an overall devaluation of self in ADHD adults. Next, the experience is cyclical and progressively degenerative and, as a result, we embody what Goffman would describe as a “social identity”, as an avatar for our authentic self.

My narrative-based research and self-reflexive artistic process confirm what the literature has theorized, demonstrating through individual stories the embodiment of symptoms and discourse and cultural constructs as authentic psychological traits. Additionally, the prefrontal cortex and executive functions, in concert with the responsibilities of those functions in the brain, play into the development of self identity. Second, the subsequent cultural influence in that process, is shaped through stigma, and authenticity is then misinformed, or misaligned due to executive dysfunction or misperception. The data shows, that the symptoms of ADHD in cognition, such as jumping to an emotionally driven, limbic reaction, when combined with the internalization of culture, is belief influenced through stigma.

This process and experience were transformational for me in a few significant ways. Primarily, the process and participants' conversations illuminated for me the frequency with which those with ADHD use dramaturgical social masks. While Goffman (1999) asserts that people as a whole are constantly involved in what he referred to as "impression management", I believe that experience is exponentially more frequent for those with ADHD, due to three factors. First, the neurological developmental deficiencies of the prefrontal cortex relationally affect the striatum nerve in the corpus collosum, which is the final cognitive process in reflexivity, where the decision to act internally or externally is made (Barkley, 2012; Dickstein & Castellanos, 2011). Therefore, recognition of the mask's purpose, such as identifying (with) the audience for impression management, would logically suffer. Next, Goffman (1999) suggests that our consciousness of the audience, along with the audience's behaviour, helps to influence our actions (pp. 9-10). As this consciousness would depend on our authenticity and reflexivity, I would posit, based on participants' experiences as well as my own, that ADHD adults have trouble shedding those masks, effectively remaining behind them. Finally, the frequency and

degree of intensity of chaos, doubt, shame, and societal stigma (Horton-Salway & Davies, 2018; Thompson & Lefler, 2016) synonymous with the ADHD experience, as well as the neurological deficiencies, prevent the effective and efficient creation of authenticity and the self-reflection required to perceive, process and act on the cultural cues and societal norms. As Vannini & Franzese (2008) explains [augmented by my own thoughts in square brackets], “*authenticity informs self* [beliefs, certainties, and doubts] and *choosing actions* [inhibition/impulsivity/motivation] and forming *motives for acting in the present* [mental set/societal frames/road map], self motives *emerge from our past* [visual memory/working memory] but *toward a desirable future* [time blindness] and *linked self-interest* [identity], with *the common good* [culture/society] which renders the self, an authentic moral actor” (p. 48, italics are also my own).

Finally, and augmenting Barkley’s (2012, pp. 119-120) assertions about the connection between culture and EF’s, and therefore the ADHD experience, I now posit that ADHD can be characterized as a disorder of authenticity, because authenticity is literally the problem. Authenticity does not just represent how we feel about ourselves, nor is it solely the connection to our motivation. It is also how we build our belief system. In other words, it is what we are comparing our situations to for context. Authenticity is how we decide on a response to stimuli. The stimuli originate in culture, and our responses are influenced by culture through reflexivity in the part that it plays in constructing our beliefs.

Conclusion

I began this research intending to study self-talk and ADHD. What I found out by diving into the participants’ stories and comparing them with my own experience is that it is our culture, inner speech, and cognition together that are responsible for the severity, valance, and in some

cases the existence of the symptoms of ADHD. Overall, this journey has changed the way I view and approach my day-to-day cognitive challenges. From a neurological standpoint, our executive functions are hierarchical. Each one affects the next. When those of us with ADHD are stimulated, we are more likely than neurotypical people to spend time in our emotional brain due to the developmental delay of our prefrontal cortex; time spent wrestling with inhibition and impulsivity and motivation. I have learned to be more aware of how culture shapes my opinions and beliefs; that it is important for me to question my perceptions, to ask why, and to challenge them where necessary. As ADHD adults, it's important that we recognize that our authentic self is someone who wears masks, and we are constantly in the process of making masks in order to feel authentic. Personally, and anecdotally, I believe that we developed self-illusionary bias to protect ourselves from cultural stigma and negative self-talk. The challenge to overcome is that our self-illusionary bias may prevent us from recognizing that we are even wearing a mask.

Some of the limitations I faced within the study, besides governmental COVID travel restrictions, came from the complexity of the disorder and enormous number of disciplines involved which presented obstacles in terms of time and organization of the material. In short, my study was too broad. I chose to conduct open-ended interviews without time restrictions, which resulted in a massive amount of data to be analyzed. I found myself down numerous and sometimes unproductive research rabbit holes before isolating the cause-and-effect relationships that I believe links ADHD symptomology with communications. There is much more that needs to be investigated.

I believe additional research surrounding emotions, inner speech, authenticity and perception in those with ADHD will be needed to complete the picture of cultural influences on the disorder. I also believe that stigma and use of the label ADHD itself, in concert with

cognition and the development of identity and self and emotions, needs more attention given to it in future research. I agree with many other researchers that emotions and emotional regulation needs to return to the DSM description of ADHD, in order to better understand, diagnose and categorize this very clearly emotional disorder. There are also differences in gender response to stimuli and it will be beneficial to study how ADHD presents differently in other genders as well as various personality types. Finally, a more detailed look at positive self illusionary bias in ADHD and the effect it has on inhibition, negative self talk and evaluation, and masking could prove helpful and informative from a treatment perspective.

My hope is that through increased understanding, the accompanying film “Beautiful Disaster” will help to reduce the cultural stigma surrounding ADHD. Additionally, I believe the film will give those of us living with ADHD a reason to look inward, to have compassion for ourselves. And finally, it is my intent that, if nothing else, my research and my film help people to understand that ADHD is a real disorder; the existence of which has been scientifically documented for decades. My own identity is (still) in a constant state of flux and construction even at the end of the editing process. In fact, it became clear to me that this is in essence the lived experience of ADHD adults. In other words, ADHD adults are constantly shifting and morphing to fit into the gaps between ourselves and culture.

References

- Aduen, P. A., Day, T. N., Kofler, M. J., Harmon, S. L., Wells, E. L., & Sarver, D. E. (2018). Social problems in ADHD: Is it a skills acquisition or performance problem? *Journal of Psychopathology and Behavioral Assessment*, 40(3), 440-451.
<https://doi.org/10.1007/s10862-018-9649-7>
- Albein-Urios, N., Youssef, G., Klas, A., & Enticott, P. G. (2021). Inner speech moderates the relationship between autism spectrum traits and emotion regulation. *Journal of Autism and Developmental Disorders*, 51(9), 3322–3330. <https://doi.org/10.1007/s10803-020-04750-7>
- Alderson-Day, B., & Fernyhough, C. (2015). Inner speech: Development, cognitive functions, phenomenology, and neurobiology. *Psychological Bulletin*, 141(5), 931–965.
<https://doi.org/10.1037/bul0000021>
- American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders. <https://doi.org/10.1176/appi.books.9780890425787>
- American Psychiatric Association. (1968). Diagnostic and statistical manual of mental disorders (2nd ed.). <https://www.madinamerica.com/wp-content/uploads/2015/08/DSM-II.pdf>
- Anderson, J. C. (1996). Is childhood hyperactivity the product of western culture? *The Lancet*, 348(9020), 73–74. [https://doi.org/10.1016/S0140-6736\(05\)64598-9](https://doi.org/10.1016/S0140-6736(05)64598-9)
- Armstrong, F. D. (1991). Attention Deficit Hyperactivity Disorder: A handbook for diagnosis and treatment (Book). *Journal of Clinical Child Psychology*, 20(4), 453–454.
https://doi.org/10.1207/s15374424jccp2004_16

- Barbarese, W. J., Colligan, R. C., Weaver, A. L., Voigt, R. G., Killian, J. M., & Katusic, S. K. (2013). Mortality, ADHD, and psychosocial adversity in adults with childhood ADHD: A prospective study. *Pediatrics*, *131*(4), 637–644. <https://doi.org/10.1542/peds.2012-2354>
- Barkley, R. A. (1997). Behavioral inhibition, sustained attention, and executive functions: Constructing a unifying theory of ADHD. *Psychological Bulletin*, *121*(1), 65–94. <https://doi.org/10.1037//0033-2909.121.1.65>
- Barkley, R. A. (2010). The importance of emotion in ADHD. *Journal of ADHD and Related Disorders*, *1*(2), 5–37.
- Barkley, R. A. (2012). The importance of emotion in ADHD. [PowerPoint Presentation]. *ADHD Lectures Online*. <https://adhdlecturesonline.com>
- Barkley, R. A. (2012a). *Executive functions: What they are, how they work, and why they evolved*. Guilford Press.
- Barkley, R. A. (2013). *Taking charge of ADHD: The complete, authoritative guide for parents* (3rd ed.). Guilford Press.
- Barkley, R. A. (2015, August 1). *ADHD, self regulation and executive functioning – Dr Russell Barkley*. 21:40. YouTube. Retrieved July 23, 2022, from <https://www.youtube.com/watch?v=QyN0v4aRF3Y>
- Bernfort, L., Nordfeldt, S., & Persson, J. (2008). ADHD from a socio-economic perspective. *Acta Paediatrica, International Journal of Paediatrics*, *97*(2), 239–245. <https://doi.org/10.1111/j.1651-2227.2007.00611.x>
- Biederman, J., Lanier, J., DiSalvo, M., Noyes, E., Fried, R., Woodworth, K. Y., Biederman, I., & Faraone, S. v. (2019). Clinical correlates of mind wandering in adults with ADHD.

Journal of Psychiatric Research, 117, 15–23.

<https://doi.org/10.1016/j.jpsychires.2019.06.012>

Bisset, M., Winter, L., Middeldorp, C. M., Coghill, D., Zendarski, N., Bellgrove, M. A., & Sciberras, E. (2022). Recent Attitudes toward ADHD in the Broader Community: A Systematic Review. *Journal of Attention Disorders*, 26(4), 537–548.

<https://doi.org/10.1177/10870547211003671>

Bourchtein, E., Langberg, J. M., Owens, J. S., Evans, S. W., & Perera, R. A. (2017). Is the positive illusory bias common in young adolescents with ADHD? A fresh look at prevalence and stability using latent profile and transition analyses. *Journal of Abnormal Child Psychology*, 45(6), 1063–1075. <https://doi.org/10.1007/s10802-016-0248-3>.

Brinthaup, T. M., Hein, M. B., & Kramer, T. E. (2009). The self-talk scale: Development, factor analysis, and validation. *Journal of personality assessment*, 91(1), 82-92.,

<https://doi.org/10.1080/00223890802484498>

Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology, *Psychology & Health*, 21(1), 87-108, <https://doi.org/10.1080/14768320500230185>

Brod, M., Schmitt, E., Goodwin, M., Hodgkins, P., & Niebler, G. (2012). ADHD burden of illness in older adults: a life course perspective. *Quality of Life Research*, 21(5), 795–799.

<https://doi.org/10.1007/s11136-011-9981-9>

Brown, T. E. (2013). *A new understanding of ADHD in children and adults: Executive function impairments*. Routledge.

Brown, T. E. (2014). *Smart but stuck: Emotions in teens and adults with ADHD*. John Wiley & Sons.

- Bunford, N., Evans, S. W., & Wymbs, F. (2015). ADHD and emotion dysregulation among children and adolescents. *Clinical Child and Family Psychology Review*, 18(3), 185–217. <https://doi.org/10.1007/s10567-015-0187-5>
- Burkitt, I. (2012). Emotional reflexivity: feeling, emotion and imagination in reflexive dialogues. *Sociology*, 46(3), 458–472. <https://doi.org/10.1177/0038038511422587>
- Burton, R. A. (2009). *On being certain: Believing you are right even when you're not*. St. Martin's Griffin. 9780312541521
- Canu, W. H., Newman, M. L., Morrow, T. L., & Pope, D. L. W. (2008). Social appraisal of adult ADHD: Stigma and influences of the beholder's big five personality traits. *Journal of Attention Disorders*, 11(6), 700–710. <https://doi.org/10.1177/1087054707305090>
- Clandinin, D. J. (Ed.). (2006). *Handbook of narrative inquiry: Mapping a methodology*. Sage Publications.
- Corbisiero, S., Mörstedt, B., Bitto, H., & Stieglitz, R. D. (2017). Emotional dysregulation in adults with attention-deficit/hyperactivity disorder—Validity, predictability, severity, and comorbidity. *Journal of Clinical Psychology*, 73(1), 99–112. <https://doi.org/10.1002/jclp.22317>
- Crisci, G., Cardillo, R., & Mammarella, I. C. (2022). The processes underlying positive illusory bias in ADHD: The role of executive functions and pragmatic language skills. *Journal of Attention Disorders*, 26(9), 1245–1256. <https://doi.org/10.1177/10870547211063646>
- Dickstein, D. P., & Castellanos, F. X. (2011). Face processing in attention deficit/hyperactivity disorder. In C. Stanford & R. Tannock (Eds.), *Behavioral neuroscience of attention deficit hyperactivity disorder and its treatment. Current topics in behavioral neurosciences* (Vol 9., pp. 219-237). Springer, Berlin, Heidelberg. https://doi.org/10.1007/7854_2011_157

Dizén, M., Berenbaum, H., & Kerns, J. G. (2005). Emotional awareness and psychological needs. *Cognition and Emotion*, 19(8), 1140-1157.

<https://doi.org/10.1080/02699930500260468>

Edwards, R., & Weller, S. (2015). *I-poems as a method of qualitative interview data analysis: Young people's sense of self*. In J. Lewis (Ed.), *SAGE research methods datasets Part 1*. SAGE Publications, Ltd. [doi:10.4135/9781473944510](https://doi.org/10.4135/9781473944510)

Erlandsson, S. I., & Punzi, E. (2017). A biased ADHD discourse ignores human uniqueness. *International Journal of Qualitative Studies on Health and Well-being*, 12(1)

<https://doi.org/10.1080/17482631.2017.1319584>

Fabiano, G. A., Pelham, W. E., Coles, E. K., Gnagy, E. M., Chronis-Tuscano, A., & O' Connor, B. C. (2009). A meta-analysis of behavioral treatments for attention-deficit/hyperactivity disorder. *Clinical Psychology Review*, 29(2), 129-140.

<https://doi.org/10.1016/j.cpr.2008.11.001>

Gallagher, S., & Zahavi, D. (2013). *The phenomenological mind*. Routledge.

<https://doi.org/10.4324/9780203126752>

Genro, J. P., Kieling, C., Rohde, L. A., & Hutz, M. H. (2010). Attention-deficit/hyperactivity disorder and the dopaminergic hypotheses. *Expert Review of Neurotherapeutics*, 10(4),

587-601. <https://doi.org/10.1586/ern.10.17>

Gilligan, C. (2015). The Listening Guide method of psychological inquiry. *Qualitative Psychology*, 2(1), 69–77. <https://doi.org/10.1037/qup0000023>

Ginsberg, Y., Quintero, J., Anand, E., Casillas, M., & Upadhyaya, H. P. (2014). Underdiagnosis of attention-deficit/hyperactivity disorder in adult patients. *The Primary Care Companion for CNS Disorders*, 16(3). <https://doi.org/10.4088/PCC.13r01600>

- Glumbíková, K., Mikulec, M., & Zegzulková, V. M. (2020). Authenticity, reflexivity and self-regulation in social work students: implications for education. In P. Besedová, N. Heinrichová, & J. Ondráková (Eds.), *ICEEPSY 2020: Education and educational psychology, vol 1. European proceedings of international conference on education and educational psychology* (pp. 106-117). European Publisher.
<https://doi.org/10.15405/epiceepsy.20111.10>
- Goffman, E. (1990). *Stigma: Notes on the management of spoiled identity*. United Kingdom: Penguin Books.
- Goffman, E. (1999). *The presentation of self in everyday life*. United States: Anchor Books/Doubleday.
- Granato, G., Borghi, A. M., Mattera, A., & Baldassarre, G. (2022). A computational model of inner speech supporting flexible goal-directed behaviour in Autism. *Scientific Reports*, *12*(1), 14198. <https://doi.org/10.1038/s41598-022-18445-9>
- Greenwood, J. D. (2019). Social cognition, social neuroscience, and evolutionary social psychology: What's missing? *Journal for the Theory of Social Behaviour*, *49*(2), 161–178. <https://doi.org/10.1111/jtsb.12197>
- Groves, N. B., Wells, E. L., Soto, E. F., Marsh, C. L., Jaisle, E. M., Harvey, T. K., & Kofler, M. J. (2022). Executive Functioning and Emotion Regulation in Children with and without ADHD. *Research on Child and Adolescent Psychopathology*, *50*(6), 721–735.
<https://doi.org/10.1007/s10802-021-00883-0>
- Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry*, *26*(1), 1–26. <https://doi.org/10.1080/1047840X.2014.940781>

- Hallberg, U., Klingberg, G., Setsaa, W., & Möller, A. (2010). Hiding parts of one's self from others – a grounded theory study on teenagers diagnosed with ADHD. *Scandinavian Journal of Disability Research*, 12(3), 211–220.
<https://doi.org/10.1080/15017410903478964>
- Holmes, M. (2010). The emotionalization of reflexivity. *Sociology*, 44(1), 139–154.
<https://doi.org/10.1177/0038038509351616>
- Honkasilta, J. (2016). Voices behind and beyond the label: The master narrative of ADHD (de) constructed by diagnosed children and their parents. *Jyväskylä Studies in Education, Psychology and Social Research* (553) [Doctoral dissertation, University of Jyväskylä].
<https://jyx.jyu.fi/handle/123456789/49720>
- Horton-Salway, M., & Davies, A. (2018). *The discourse of ADHD: Perspectives on Attention Deficit Hyperactivity Disorder*. Palgrave MacMillan. <https://doi.org/10.1007/978-3-319-76026-1>
- Humphries, M. D., Khamassi, M., & Gurney, K. (2012). Dopaminergic control of the exploration-exploitation trade-off via the basal ganglia. *Front. Neuro.*, 6(9). [doi: 10.3389/fnins.2012.00009](https://doi.org/10.3389/fnins.2012.00009)
- Ing, C., & Mills, J. P. (2019). Hey, look at me: An {auto}ethnographic account of experiencing ADHD symptoms within sport. *Qualitative Research in Sport, Exercise and Health*, 11(2), 274–283. <https://doi.org/10.1080/2159676X.2017.1405362>
- Jemmer, P. (2009). Intrapersonal communication: The hidden language. *European Journal of Clinical Hypnosis*, 9(1), 37-49.
<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=aph&AN=48772917&custid=s5672143>

- Jepsen, I. B., Hougaard, E., Matthiesen, S. T., & Lambek, R. (2022). A systematic review and meta-analysis of narrative language abilities in children with Attention-Deficit/Hyperactivity Disorder. In *Research on Child and Adolescent Psychopathology* (Vol. 50, Issue 6, pp. 737–751). Springer. <https://doi.org/10.1007/s10802-021-00871-4>
- Jiang, Y., & Johnston, C. (2017). Controlled social interaction tasks to measure self-perceptions: No evidence of positive illusions in boys with ADHD. *Journal of Abnormal Child Psychology*, 45(6), 1051–1062. <https://doi.org/10.1007/s10802-016-0232-y>
- Kiffin-Petersen, S. A. (2018). Ashamed of your shame? How discrepancy self-talk and social discourse influence individual shame at work. In *Social functions of emotion and talking about emotion at work* (pp. 232-252). Edward Elgar Publishing.
- Killeen, P. R., Tannock, R., & Sagvolden, T. (2011). The four causes of ADHD: A framework. In *Current Topics in Behavioral Neurosciences* (Vol. 9, pp. 391–425). Springer Verlag. https://doi.org/10.1007/7854_2011_160
- Kistler, Rey, "Trouble Sitting Still Disorder: ADHD Through the Social Model of Disability" (2022). *WWU Honors College Senior Projects*. https://cedar.wvu.edu/wwu_honors/587
- Lavrakas, P. J. (2008). *Encyclopedia of survey research methods* (Vols. 1-0). Thousand Oaks, CA: Sage Publications.
- Leavy, P. (2015). *Method meets art: Arts-based research practice*. Guilford Publications.
- Leavy, P. (2017). *Research design: Quantitative, qualitative, mixed methods, arts-based, and community-based participatory research approaches*. Guilford Publications.
- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis, and interpretation* (Vol. 47). Sage.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

- Lugo-Candelas, C., Flegenheimer, C., McDermott, J. M., & Harvey, E. (2017). Emotional understanding, reactivity, and regulation in young children with ADHD symptoms. *Journal of Abnormal Child Psychology*, *45*(7), 1297-1310.
<https://doi.org/10.1007/s10802-016-0244-7>
- Mackenzie, G. (2017). Exploring the relationships between adverse occupational experiences, executive dysfunction, and perceived job competency among individuals with ADHD. *The ADHD Report*, *25*(8), 6-11,14. DOI:10.1521/adhd.2017.25.8.6.
- Malagoli, C., Chiorri, C., Traverso, L., & Usai, M. C. (2022). Inhibition and individual differences in behavior and emotional regulation in adolescence. *Psychological Research*, *86*(4), 1132–1144. <https://doi.org/10.1007/s00426-021-01565-8>
- Mamiya, P. C., Richards, T. L., Edden, R. A. E., Lee, A. K. C., Stein, M. A., & Kuhl, P. K. (2022). Reduced Glx and GABA inductions in the anterior cingulate cortex and caudate nucleus are related to impaired control of attention in Attention-Deficit/Hyperactivity Disorder. *International Journal of Molecular Sciences*, *23*(9).
<https://doi.org/10.3390/ijms23094677>
- McRaney, D. (2021, December 28). *YANSS 222 – How to use the power of surprise to change, grow, and improve your life and the lives of others*. You Are Not So Smart. Retrieved July 22, 2022, from <https://youarenotsmart.com/2021/12/28/yanss-222-how-to-use-the-power-of-surprise-to-change-grow-and-improve-your-life-and-the-lives-of-others/>
- Mead, G. H., Joas, H., Huebner, D. R., & Morris, C. W. (2015). Mind, self, and society. In C. W. Morris (Ed.), *Mind, self, and society: The definitive edition*. University of Chicago Press.
<https://doi.org/10.7208/chicago/9780226112879.001.0001>

- Mitchell, J. T., Sibley, M. H., Hinshaw, S. P., Kennedy, T. M., Chronis-Tuscano, A., Arnold, L. E., Swanson, J. M., Hechtman, L. T., Molina, B. S. G., Caye, A., Tamm, L., Owens, E. B., Roy, A., Weisner, T. S., Murray, D. W., & Jensen, P. S. (2021). A qualitative analysis of contextual factors relevant to suspected late-onset ADHD. *Journal of Attention Disorders, 25*(5), 724–735. <https://doi.org/10.1177/1087054719837743>
- Mitchell, J. T., Robertson, C. D., Anastopoulos, A. D., Nelson-Gray, R. O., & Kollins, S. H. (2012). Emotion dysregulation and emotional impulsivity among adults with Attention-Deficit/Hyperactivity Disorder: Results of a preliminary study. *Journal of Psychopathology and Behavioral Assessment, 34*(4), 510–519. <https://doi.org/10.1007/s10862-012-9297-2>
- Mueller, A. K., Fuermaier, A. B. M., Koerts, J., & Tucha, L. (2012). Stigma in attention deficit hyperactivity disorder. *ADHD Attention Deficit and Hyperactivity Disorders, 4*(3), 101–114. <https://doi.org/10.1007/s12402-012-0085-3>
- Myers, M. D. (2008). *Qualitative research in business & management*. Sage Publications, Thousand Oaks. https://research-methodology.net/research-philosophy/interpretivism/#_ftn1
- Nielsen, M. (2017). ADHD and temporality: A desynchronized way of being in the world. *Medical Anthropology, 36*(3), 260–272. <https://doi.org/10.1080/01459740.2016.1274750>
- Niina, A., Eyre, O., Wootton, R., Stergiakouli, E., Thapar, A., & Riglin, L. (2022). Exploring ADHD symptoms and associated impairment across development. *Journal of Attention Disorders, 26*(6), 822–830. <https://doi.org/10.1177/10870547211025612>

- Oliver, K. L. (1998). A journey into narrative analysis: A methodology for discovering meanings. *Journal of Teaching in Physical Education*, 17(2), 244-259
<https://doi.org/10.1123/jtpe.17.2.244>
- Peirce, C. S., Hartshorne, C., Weiss, P., & Burks, A. W. (1965). *Collected papers of Charles Sanders Peirce*. Cambridge, Mass: Belknap Press of Harvard University Press.
- Rakesh, I. C. M. E. (2019, December 1). *Adult ADHD: Patient perspectives and best practice strategies*. YouTube. Retrieved July 23, 2022, from
<https://www.youtube.com/watch?v=dVDhYtQkuO8&list=WL&index=54&t=2254s>
- Richards, M. (2015). Turning back to the story of my life: An autoethnographic exploration of a researcher's identity during the PhD process. *Reflective Practice*, 16(6), 821-835.
- Rolling, J. H. (2010). A paradigm analysis of arts-based research and implications for education. *Studies in Art Education*, 51(2), 102–114.
<https://doi.org/10.1080/00393541.2010.11518795>
- Rolling, J. H. (2013). *Arts-based research primer*. Peter Lang Publishing.
- Rousell, M. A. (2012). Surprise: It makes us who we are. In R. Sylwester & D. Moursand (Ed.s), *Creating an appropriate 21st century education* (Vol. 68, pp. 72-76). Retrieved from
<https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.472.9859&rep=rep1&type=pdf#page=68>
- Runions, K., Rao, P., Wong, J. W. Y., & Zepf, F. D. (2017). Attention-deficit/hyperactivity disorder and the encoding of emotional information. *Acta Psychiatrica Scandinavica* 135(6), 503–505. <https://doi.org/10.1111/acps.12744>

- Salas, C. E., Castro, O., Radovic, D., Gross, J. J., & Turnbull, O. (2018). The role of inner speech in emotion dysregulation and emotion regulation strategy use. *Revista Latinoamericana de Psicologia*, 50(2), 79–88. <https://doi.org/10.14349/rlp.2018.v50.n2.1>
- Sarkis, S. M., Sarkis, E. H., Marshall, D., & Archer, J. (2005). Self-regulation and inhibition in comorbid ADHD children: An evaluation of executive functions. *Journal of Attention Disorders*, 8(3), 96-108. <https://doi.org/10.1177/1087054705277265>
- Schultz, W. (2019). Recent advances in understanding the role of phasic dopamine activity. *F1000Research*, 8, 1680. <https://doi.org/10.12688/f1000research.19793.1>
- Sciotto, M. J., & Eisenberg, M. (2007). Evaluating the evidence for and against the overdiagnosis of ADHD. *Journal of Attention Disorders*, 11(2), 106-113. <https://doi.org/10.1177/1087054707300094>
- Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching*, 5(9), 9-16. <http://dx.doi.org/10.5539/elt.v5n9p9>
- Sedgwick, J. A., Merwood, A., & Asherson, P. (2019). The positive aspects of attention deficit hyperactivity disorder: a qualitative investigation of successful adults with ADHD. *ADHD Attention Deficit and Hyperactivity Disorders*, 11(3), 241-253.
- Shaw, P., Stringaris, A., Nigg, J., & Leibenluft, E. (2014). Emotion dysregulation in attention deficit hyperactivity disorder. *American Journal of Psychiatry*, 171(3), 276-293. <https://doi.org/10.1176/appi.ajp.2013.13070966>
- Shedletsky, N. (2017). Compassion: A qualitative instrumental case study on student retention (Order No. 10288463). Available from ProQuest Dissertations & Theses Global.

- (1935652195). <https://www.proquest.com/dissertations-theses/compassion-qualitative-instrumental-case-study-on/docview/1935652195/se-2?accountid=8056>
- Singh, I. (2014). Authenticity, values, and context in mental disorder: The case of children with ADHD. *Philosophy, Psychiatry and Psychology*, 21(3),237–240.
<https://doi.org/10.1353/ppp.2014.0038>
- Sinner, A., Leggo, C., Irwin, R. L., Gouzouasis, P. , & Grauer, K. (2006). Arts-based educational research dissertations: reviewing the practices of new scholars. *Canadian Journal of Education*, 29(4), 1223–1270. <https://doi.org/10.2307/20054216>
- Sokolov, A. (2012). *Inner speech and thought*. Springer Science & Business Media.
- Sood, E. D., & Kendall, P. C. (2007). Assessing anxious self-talk in youth: The negative affectivity self-statement questionnaire-anxiety scale. *Cognitive Therapy and Research*, 31(5), 603–618. <https://doi.org/10.1007/s10608-006-9043-8>
- Stenner, P., O'Dell, L., & Davies, A. (2019). Adult women and ADHD: on the temporal dimensions of ADHD identities. *Journal for the Theory of Social Behaviour*, 49(2), 179-197. <https://doi.org/10.1111/jtsb.12198>
- Surman, C. B. H., Biederman, J., Spencer, T., Miller, C. A., McDermott, K. M., & Faraone, S. v. (2013). Emotional self-regulation in adults with attention deficit hyperactivity disorder: A controlled study. *ADHD Attention Deficit and Hyperactivity Disorders*, 5(3), 273–281.
<https://doi.org/10.1007/s12402-012-0100-8>
- Thompson, A. C., & Lefler, E. K. (2016). ADHD stigma among college students. *ADHD Attention Deficit and Hyperactivity Disorders*, 8(1), 45–52.
<https://doi.org/10.1007/s12402-015-0179-9>

- Tseng, W. L., & Gau, S. S. F. (2013). Executive function as a mediator in the link between attention-deficit/ hyperactivity disorder and social problems. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 54(9), 996–1004. <https://doi.org/10.1111/jcpp.12072>
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, 11(1), 80–96. <https://doi.org/10.1177/1473325010368316>
- Tyng, C. M., Amin, H. U., Saad, M., & Malik, A. S. (2017). The influences of emotion on learning and memory. *Frontiers in Psychology*, 8, 1454. <https://doi.org/10.3389/fpsyg.2017.01454>
- VandenBos, G. R. (Ed.). (2007). *APA dictionary of psychology*. American Psychological Association.
- Vannini, P. (2020). *The Routledge international handbook of ethnographic film and video* (1st ed.). Routledge. <https://doi-org.10.4324/9780429196997>
- Vannini, P., & Burgess, S. (2016). Authenticity as motivation and aesthetic experience. In P. Vannini & J. P. Williams (Eds.). *Authenticity in culture, self, and society* (pp. 103-120). Routledge.
- Vannini, P., & Franzese, A. (2008). The authenticity of self: Conceptualization, personal experience, and practice. *Sociology Compass*, 2(5), 1621–1637. <https://doi.org/10.1111/j.1751-9020.2008.00151.x>
- Vannini, P., & Williams, J. P. (2016). Authenticity in culture, self, and society. In P. Vannini & J. P. Williams, *Authenticity in culture, self, and society* (pp. 17-34). Routledge.
- Vocate, D. R. (Ed.). (1994). *Intrapersonal communication: Different voices, different minds* (1st ed.). Routledge. <https://doi-org.ezproxy.10.4324/9780203357804>

- Vygotsky, L. S. (1987). *The collected works of LS Vygotsky: Problems of the theory and history of psychology* (Vol. 3). Springer Science & Business Media.
- Weyandt, L. L., & DuPaul, G. J. (2013). College students with ADHD (*Intergovernmental Panel on Climate Change, Ed. 58*(12). Springer New York. <https://doi.org/10.1007/978-1-4614-5345-1>
- Wyman, P. A., Cross, W., Hendricks Brown, C., Yu, Q., Tu, X., & Eberly, S. (2010). Intervention to strengthen emotional self-regulation in children with emerging mental health problems: Proximal impact on school behavior. *Journal of Abnormal Child Psychology*, 38(5), 707–720. <https://doi.org/10.1007/s10802-010-9398-x>
- Yue, X., Liu, L., Chen, W., Preece, D. A., Liu, Q., Li, H., Wang, Y., & Qian, Q. (2022). Affective-cognitive-behavioral heterogeneity of Attention-Deficit/Hyperactivity Disorder (ADHD): Emotional dysregulation as a sentinel symptom differentiating “ADHD-simplex” and “ADHD-complex” syndromes? *Journal of Affective Disorders*, 307, 133–141. <https://doi.org/10.1016/j.jad.2022.03.065>
- Zietsma, C., & Toubiana, M. (2018). The valuable, the constitutive, and the energetic: Exploring the impact and importance of studying emotions and institutions. *Organization Studies*, 39(4), 427–443. <https://doi.org/10.1177/0170840617751008>