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“I’m Starting to Control It, not It Controlling Me”: Young Men’s Lived Experiences of Growing
up in Aotearoa New Zealand with Coexisting ADHD and Eczema

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Abstract

Attention deficit hyperactivity disorder (ADHD) and eczema are both prevalent childhood conditions and research reveals having an atopic condition, like eczema, increases the chances of ADHD by 30% to 50%. However, prior to this study the lived experiences of having coexisting ADHD and eczema (Co-ADEx) had not been researched. Therefore, the purpose of this study was to explore how young men growing up in Aotearoa New Zealand with Co-ADEx understand and make sense of the perceived impacts and interactions of these conditions through ordinary and everyday lived experiences. Additionally, participants' perceptions of support were explored to gain insight into how supported they felt growing up with Co-ADEx. This research was guided by hermeneutic phenomenology, wherein semi-structured interviews were conducted with five young New Zealand men (aged 20 to 25 years), each having childhood eczema and diagnosed with ADHD. Rich data emerged as participants reflected on their ordinary and everyday lived experiences. It was analysed using interpretative phenomenological analysis (IPA). The findings revealed subtle and explicit interplays between ADHD and eczema; the development of resilience through adversity; day-to-day experiences of Co-ADEx being strongly influenced by societal understandings; the discovery of an ADHD "adrenaline tank" which uses movement, excitement, and/or intellectual stimulation as fuel; and a support "village" of parents, teachers, and peers as integral to increasing positive outcomes, and reducing negative ones. Overall, the findings from this study provide a foundation for understanding what it is like for young men to have grown up with Co-ADEx. Future research could explore each finding independently, enabling a deeper understanding of the phenomena of interest. IPA does not enable generalisability; therefore, this research may pave the way for considering what it might be like for girls growing up in New Zealand with Co-ADEx to create a more complete picture.

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Chapter 1: Introduction

This chapter introduces attention deficit hyperactivity disorder (ADHD) and eczema as coexisting childhood conditions. Additionally, self-perception, emotion regulation, and interpersonal relationships are introduced as constructs that children with ADHD and eczema are often said to struggle with. The chapter acts as a foundation for future chapters, providing understanding of the conditions and constructs associated with the lived experiences of growing up as a boy with coexisting ADHD and eczema, here on in referred to as Co-ADEx.

The What and Why

Attention deficit hyperactivity disorder (ADHD), or *aroreretini* (the Māori term; Kopua & Skirrow, 2023), is a prevalent neurodevelopmental diagnosis affecting 5% to 7.2% of children globally (Abdelnour et al., 2022). In Aotearoa New Zealand (hereafter Aotearoa), the Ministry of Health (2024) reports childhood (5- to 14-year-olds) diagnosis prevalence as 2.9% to 4%. Data on ADHD prevalence in Aotearoa by ethnicity were not identified in the available literature; however, data from Before School Checks¹ suggest that 2.8% of Māori 4-year-olds, compared to 1.6% of non-Māori 4-year-olds, exhibit potential ADHD characteristics (Cargo et al., 2022). Once considered a childhood condition, ADHD is now understood to endure into adulthood in approximately 55% to 65% of cases (Di Lorenzo et al., 2021; Friedman & Rapoport, 2015). Eczema is also prevalent in childhood, being described by Schmitt et al. (2010) as the “most prevalent chronic condition in early childhood” (p. 1506). Prevalence varies between datasets; however, according to Starship Child Health (Child and Youth Eczema Clinical Network [CYECN], 2022) 25% of children and 7% of adults are affected. Eczema onset typically begins early in life, with 60% of cases emerging in the first 12 months and 90% by age 5 (CYECN, 2022). Encouragingly, 60% to 70% of children diagnosed with childhood eczema outgrow it by age 11 years (Lawton, 2014).

While ADHD and eczema can be experienced by children in isolation, research shows these conditions often coexist at statistically significant rates (Schmitt et al., 2010). A meta-analysis by Schans et al. (2017) suggests children diagnosed with an atopic disease (eczema, asthma, and allergies) have a 30% to 50% higher chance of being diagnosed with ADHD. This

¹ Before School Checks (B4SC)—a New Zealand national health screening programme offered to all 4-year-olds; includes a Strengths and Difficulties Questionnaire which screens for potential behavioural and emotional difficulties (Cargo et al., 2022).

is important when considering the potentially compounding effects these conditions could have on each other as they unfold in the lives of those diagnosed.

The impact of ADHD and atopic conditions on life outcomes has been researched in-depth over the years (e.g., Arnold et al., 2020; Dangmann et al., 2024; Daud et al., 1993; Hu et al., 2020; Leffa et al., 2021; Morawska et al., 2024). Much of the research associates ADHD with increased risk of poor school performance, under-employment, involvement with the law, substance abuse, internalising problems (e.g., anxiety and depression), stigmatisation², interpersonal difficulties, bullying, lowered expectations from others (e.g., teachers), and lower self-esteem (Aduen et al., 2018; Arnold et al., 2020; Dangmann et al., 2024; Harpin et al., 2016; MacLure et al., 2012; Wiener & Mak, 2009). Moreover, eczema has been linked with itch-induced sleep disturbance, poorer quality of life (QoL)³, relational problems, externalising ADHD-like symptoms, internalising problems, bullying, loneliness, stigmatisation, and physical, social and academic impairments (Berkey & Wiedemer, 2021; Ghio et al., 2021; Howlett, 1999; Morawska et al., 2024). Combined, these studies highlight crossovers in potential adverse outcomes for both ADHD and eczema. However, ADHD and eczema are often researched through a deficit, medicalised lens which emphasises negative outcomes and risks rather than strengths.

Conversely, an empowering and balanced approach to ADHD and eczema research acknowledges difficulties while still incorporating the importance of uniqueness (Brown, 2023; Erlandsson & Punzi, 2017) and life-opportunities to “overcome” or learn ways to cope, self-manage, and increase self-efficacy (Dangmann et al., 2024; Rasmussen et al., 2022; Teasdale et al., 2021; Weiß et al., 2020). For example, a recent study by Dangmann et al. (2024), which interviewed young adults who grew up with ADHD, discovered that “life gets better” (p. 1204). Dangmann et al. uncovered self-reported experiences of the “resilience factors” that helped participants overcome what are often perceived as negative ADHD symptoms and even embrace (at times) what an ADHD brain offers them. Similarly, participants in research by Schippers et al. (2022) and Sedgwick et al. (2019) identified several positives of ADHD, such as being socially outgoing, motivated by fun, having the

² Stigma: A negative social attitude towards an individual’s mental, physical or social characteristics deemed to be deficient. Stigma implies social disapproval, leading to unfair discrimination (American Psychological Association [APA], n.d.).

³ QoL: “the extent to which a person obtains satisfaction from life” (APA, n.d., quality of life section).

ability to hyperfocus and work quickly, and thinking outside the box (aka “divergent thinking”). Likewise, Daud et al.'s (1993) research on eczema showed that as eczema severity reduces, so do the negative psychological impacts of eczema. These studies suggest that well-managed eczema, alongside a more comprehensive understanding of ADHD, may help mitigate increased risk of negative outcomes and help individuals maximise their inherent strengths.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a multifactorial heterogeneous condition influenced by genetics, the environment, and variable phenotypes (Kranz & Grimm, 2023; Wylock et al., 2023). The aetiology of ADHD is thought to be widely heritable, accounting for approximately 74% to 80% of cases (Faraone & Larsson, 2019; Kranz & Grimm, 2023). ADHD has been linked to differences in brain structure and function, such as cortical thinning, reduced basal ganglia mass, slower processing speed (Friedman & Rapoport, 2015), impairments in dopamine pathways and receptors (Cascone et al., 2023), and potentially 76 ADHD “risk” genes (Demontis et al., 2023).

ADHD has three subtypes: *inattention*, *hyperactive/impulsive*, and *combined* type (American Psychiatric Association [APA], 2022). Each subtype presents differently, but overall, ADHD is considered to influence inattention, impulse control, emotional regulation, energy levels/hyperactivity, and executive functioning⁴ (APA, 2022; Cascone et al., 2023; Lewis-Morton et al., 2014; Qiu et al., 2011). Current literature shows childhood sex differences in the diagnosis of ADHD, with boys diagnosed more frequently than girls at a ratio of 3:1 (Murray et al., 2019). A possible reason for the disparities in diagnosis between sexes could be due to boys more often exhibiting the externalising characteristics of hyperactive or combined type ADHD, which may be more easily noticed by teachers and parents (Seymour et al., 2016). Girls, on the other hand, more often express inattentive type ADHD, which involves more internalising characteristics that can mask as anxiety or depression (Siddiqui et al., 2024).

⁴ Executive functions: “higher level cognitive processes of planning, decision making, problem solving, action sequencing, task assignment and organization [*sic*], effortful and persistent goal pursuit, inhibition of competing impulses, flexibility in goal selection, and goal-conflict resolution” (APA, n.d., executive function section).

A diagnosis of ADHD usually requires symptoms to be enduring for six or more months; present prior to 12 years old; perceived as developmentally unexpected; observed in two or more settings (e.g., school and home); and seen to impact expected functioning and/or development (APA, 2022). However, the question of whether ADHD is a universal diagnosis is complex. While it is recognised as a diagnosis in many countries, the meaning behind ADHD varies. For example, in the U.S., ADHD is considered a pathological condition, while in Finland, it is considered an educational challenge (Smith, 2017). This suggests behaviour is not free from culture—culture influences meaning, and individual behaviour is rooted in culture (Huygens & Raymond, 2016). Therefore, due to ADHD being a behavioural diagnosis, there will be differences in how individuals, families, schools, and communities interpret ADHD. Within the bicultural landscape of Aotearoa, it is important to consider that Māori worldviews of ADHD/aroreretini may differ from that of the Western mainstream understanding. For instance, Rangiwai (2024) compares ADHD to a “flighty” pīwakawaka (fantail), emphasising the similarities between the bird and ADHDers. Namely, both can be cheeky, alert, lively, highly energised, impulsive, adept, fearless, resilient, protective, agile, and creative problem solvers. With this Kaupapa Māori theory of ADHD, Rangiwai hopes to “reclaim, reframe, and realise” (p. 364) a Māori way of thinking about ADHD.

Eczema

Skin, the largest bodily organ, connects individuals to their world in physical, social, and emotional communicative ways (Almeida et al., 2017). Eczema is a persistent or intermittent skin condition which can be experienced from mild to severe, with symptoms including itchiness, dryness, inflammation, sensitivity, redness, cracking, weeping and oozing (Williams, 2000). Eczema has been labelled by some as a psychosomatic condition due to the influence of the mind on the body (Howlett, 1999; Lotfi et al., 2017; Taylor, 1987). That is, eczema severity can be exacerbated by emotions or mental states. For example, psychological stress can worsen physical eczema symptoms. Additionally, eczema is often an atopic condition referred to as atopic dermatitis (AD), which is a type of eczema. Atopic describes a predisposed immunoglobulin (IgE) immune response to allergens, which can adversely affect either the skin, lungs, nose, or eyes (Bieber, 2017).

The aetiology of eczema, while not fully understood, encompasses an interplay between genetics, environment, and lifestyle (Blakeway et al., 2020; Rodriguez & Weidinger, 2019). Similar to ADHD, eczema has a strong heritability factor, accounting for approximately

70% to 80% of cases (Rodriguez & Weidinger, 2019). However, the root cause of heritability is not fully understood, and genetics alone do not account for all cases. While there have been at least 31 “risk loci” (locations on chromosomes) potentially linked to AD (Blakeway et al., 2020), genetically the strongest evidence points to a loss of function in the filaggrin encoding gene. Filaggrin is a protein involved in skin barrier formation and protection, including influencing pH balance and moisture levels, which are often associated with eczema (Blakeway et al., 2020; Rodriguez & Weidinger, 2019; Tsakok et al., 2019).

A review by Blakeway et al. (2020) found no sex related differences in the occurrence of childhood eczema. However, a study by Möhrenschrager et al. (2006) found childhood sex differences in the type of eczema, with boys experiencing more AD and girls more non-atopic eczema. Additionally, a study by Ziyab et al. (2022) showed that the trajectory of eczema varies between males and females. Their study showed similar rates of eczema during childhood; however, after childhood females experience more eczema than males, potentially related to hormonal differences⁵. These studies suggest that while childhood eczema occurrence appears similar between the sexes, the underlying causes may differ.

The diagnosis of eczema in Aotearoa reveals ethnic group differences; however, these vary depending on the time and method of data collection. Harvey et al. (2024) report that according to the 2021/22 New Zealand Health Survey, Māori and Pacific groups experience more childhood (0 to 14 years) eczema than European children at a ratio of 1.09 and 1.62, respectively. However, Harvey’s Aotearoa-based prevalence study based on medication prescription/dispensing data (rather than survey data) showed higher rates for Pacific children (23.6%) compared to Māori (13.2%) and non-Māori (13.7%). Harvey et al. suggest the reduced number in Māori eczema rates, compared with the 2021/22 New Zealand Health Survey, may reflect unequal access to medical treatment, or a preference for traditional treatments like Rongoā Māori⁶, rather than a decrease in eczema cases.

The Link Between ADHD and Eczema

Schmitt et al. (2010) and Hak et al. (2013) highlight the ongoing debate regarding the directional interaction between ADHD and eczema. For example, increased eczema severity may reduce sleep quality, which in turn may increase ADHD symptoms, which may further

⁵ Oestrogen promotes pro-inflammatory responses while testosterone is immunosuppressive.

⁶ A holistic traditional Māori healing system passed on orally through generations (Jones, 2022).

reduce sleep quality, which may, in turn, aggravate eczema (Schmitt et al., 2010). In this scenario, eczema-driven sleep disturbance is the contributing factor towards ADHD symptoms. However, a systematic review by Schmitt et al. (2010) found the relationship between ADHD and eczema was not fully explained by environmental or lifestyle factors. Schmitt et al. point out that, while not proven, data suggests eczema precedes ADHD in most cases. This may be due to an interaction of eczema-induced immune responses on developing neural circuits. For example, Schmitt et al. (2010) state “studies suggest that inflammatory cytokines released during the atopic response may pass the blood brain barrier [...] and activate neuroimmune mechanisms that involve behaviourally and emotionally relevant circuits” (p. 1520), thus producing identifiable ADHD characteristics. In support of Schmitt et al.’s study, Loos et al. (2025) refer to the possibility of immune response IL-4, IL-6, IL-13, or TNF- α crossing the blood-brain barrier and potentially impacting areas of the brain associated with ADHD behaviours, such as the prefrontal cortex⁷ and neurotransmitters⁸. Alternatively, Loos et al. suggest the in-utero “shared development of the skin and nervous system from the same embryonic germ layer, the ectoderm” (p. 8) may explain alterations in both the nervous system, such as prefrontal cortex development, and neurons supplying the skin.

An emerging area of research potentially related to Co-ADEx involves Ehlers-Danlos syndrome (EDS), particularly the subtype Hypermobile Ehlers-Danlos syndrome (hEDS)—a cluster diagnosis of connective tissue disorder symptoms including joint hypermobility, fatigue, and pain (Ishiguro et al., 2022). Importantly, research is revealing a strong association between EDS/hEDS and ADHD (Casanova et al., 2019; Ishiguro et al., 2022; Kennedy et al., 2022; Kindgren et al., 2021; Kustow, 2024), and hEDS and skin conditions like eczema (Casanova et al., 2019; Snyder et al., 2024). The association with ADHD is strong enough that Kustow (2024) suggests screening hEDS-diagnosed individuals for ADHD. Other studies have shown a connection between hEDS/EDS and allergic manifestations (Brooks et al., 2021), which is interesting due to AD’s association with allergies (Spergel, 2010). While

⁷ The *prefrontal cortex* is the brain area located behind the forehead. It is responsible for higher-order processes involved in executive functions and is also the “personality centre” (Hathaway & Newton, 2023).

⁸ *Neurotransmitters* include many chemicals (e.g., dopamine) which are released by neurons to excite or inhibit other neuron activity (APA, n.d.).

research is not advanced enough to make causative statements, and most research examines either ADHD, eczema, or allergies, there does appear to be a connection.

In summary, the exact answer to questions regarding the causal interaction between ADHD and eczema is still being debated; however, there appear to be biological, environmental, and lifestyle influences.

Researcher Positionality Statement

When a researcher reveals their world views (e.g., beliefs and values) and their location within that world, they are said to be positioning themselves within the research—this is known as *positionality* (Holmes, 2020). According to Holmes (2020), “researchers should acknowledge and disclose their selves in their work [to]... understand their influence on and in the research process” (p. 3). By positioning oneself in the research, the researcher accepts that they cannot remove themselves from the social-political-historical world they live in, and therefore, their personal lived experiences and expectations *will* influence the research (Holmes, 2020). With this reflective transparency in mind, I now attempt to position myself within the current study.

I am a New Zealand-born woman of mainly Scottish and English descent. I was born to a mum (of English/Italian descent) and a dad (Scottish-born), the fourth of six children; I am the only daughter. My upbringing was Christian-based, a faith I have retained into adulthood. I believe my Christian background helps me view each person as unique and special, each born with a purpose; no matter who they are, where they come from, or how they came to be in this world. This helps me view others as different to myself, but not less valuable. However, being transparent and reflecting on what it means to be Christian were important steps for a successful exploratory study, as Christianity has a set of values that may not align with those of others.

Reflecting on my sex as female and the participants in this study being male, I find myself an “outsider” (see Dwyer & Buckle, 2022; Holmes, 2020). Nevertheless, I grew up with five brothers and have two sons and a daughter. I acknowledge I do not fully grasp the mind of a male, just as a male does not fully understand the mind of a female (e.g., Tannen, 1990). My relational experiences with males have led me to believe there are differences in the male and female brain and mind, wired differently by nature (e.g., hormones), but also shaped by nurture (e.g., culture; Baron-Cohen, 2004; Zaidi, 2010). However, while I believe there are sex differences in the brain, there are also similarities. My many close relationships

with males, and the parenting of both sons and daughters, have given me the opportunity to grow in my understanding of these differences and similarities.

Relating to the topic of interest, ADHD and eczema, I see myself as neither an outsider nor an insider (Holmes, 2020). That is, my interest comes from experiences as the mother of a son born with asthma and food allergies, who then developed eczema prior to 3 months old, and showed signs of ADHD by 2 years old. While he was only diagnosed with ADHD when he was 12 years old, having previously been diagnosed with audio processing disorder, I now see myself as an “inbetweener” (Milligan, 2016). This is, not having had firsthand experience of ADHD or eczema, but having experienced it as the primary caregiver.

Importantly, my son’s privacy is his responsibility. However, from a mother’s point of view, parenting a baby/toddler with eczema, allergies, and asthma is intense. While the asthma meant constant wheezing, the eczema impacted my son in other ways. He would wake in the night covered in blood from scratching. He wore mittens to prevent scratching and was covered in eczema lotion four times a day—all this before his first birthday. A mother’s heart breaks for their baby! Additionally, ADHD had social and behavioural influences from a young age. This led me to form what I call a “thick skin” to cope with “adult” explicit judgment. However, I also witnessed the good in those who embrace individuality.

My study topic came from this place of initial “heartbreak” and protection, and wanting to understand my son’s experience more. Over the years, I have seen my son endure these health issues and overcome them (he is asthma and allergy free). He has had to learn about his neurodivergence to allow him better access to his “world”. I have had to learn about his neurodivergence to help him and me navigate our world. Additionally, on our journey, we have read about the negative outcomes to expect; however, we have decided to embrace an empowering stance. This standpoint is where I launched my research, with the hope of giving voice to young men who have a lived experience of Co-ADEx.

Gaps in the Literature

A gap in current research appears to be the lived experiences of those growing up with both ADHD and eczema. That is, research currently shows an association between these conditions (e.g., Schmitt et al., 2010) and highlights expected outcomes, but fails to focus on firsthand experiences. To gain a deeper understanding of how these conditions are experienced by those living with them, we need to go straight to the source. Dangmann et

al. (2024), Rasmussen et al. (2022), Schippers et al. (2022), and Sedgwick et al. (2019) have started one side of this journey with their qualitative research into the lived experiences of ADHD. Similarly, eczema research also offers examples of lived experiences; however, much of the literature focuses on parental insights or youth/adult experiences. For example, Waples (2025) focuses on the psychological wellbeing of parents, and Cheung and Lee (2012) look at coping strategies of mothers. Additionally, adolescent (Howells et al., 2019) and adult (Birdi et al., 2020) experiences are frequently researched. However, research exploring the experiences of childhood is difficult to find, with Teasdale et al. (2021) and Xie et al. (2020) being two exceptions. Notably, the lived experience of Co-ADEx is a reasonably new area of research.

Moreover, current literature highlights differences in how ADHD is expressed in boys and girls, as well as the potentially different causes and trajectories for eczema in males and females. Given the differences between the sexes, Dangmann et al. (2024) indicated that the combined sex approach they took with their ADHD research was a potential limitation. Additionally, Birdi et al. (2020) highlighted the underrepresentation of males in their eczema study, calling for further exploration of male lived experiences.

An Introduction to the Constructs of Interest

The following section lays a foundational understanding for the research question constructs of interest—emotion regulation, self-perception, and interpersonal relationships—and how they relate to ADHD and eczema.

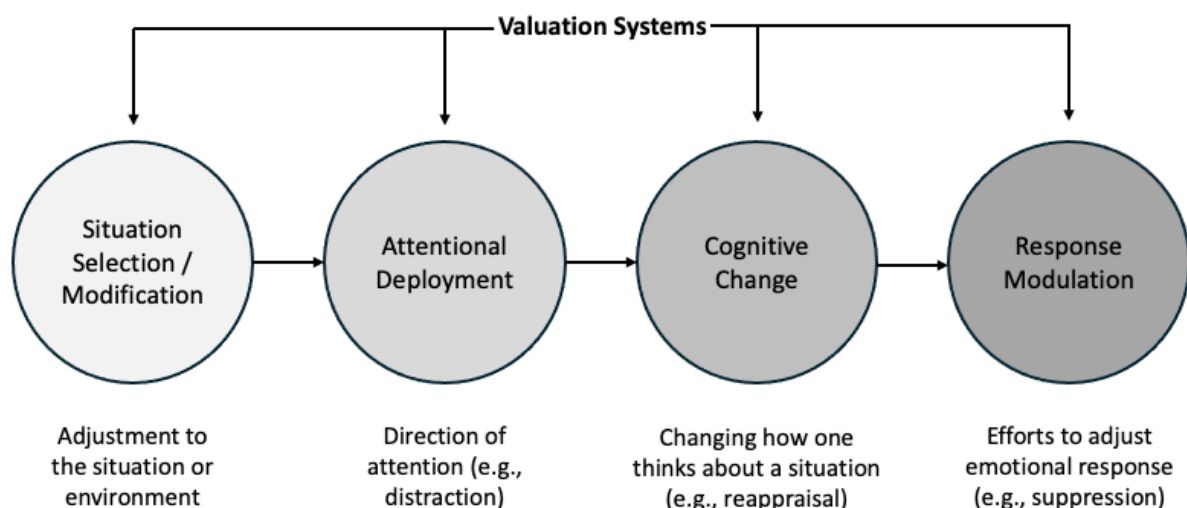
Emotion Regulation

Emotion regulation is different to singular emotions, which are more temporal mood states, such as sadness, happiness or nervousness (Gross, 1998). Emotion regulation, in contrast, is a process or set of strategies undertaken at a conscious or unconscious level to influence which emotions are felt, and how they are experienced and expressed (Gross, 1998). Gross's original (1998) and extended (2015) *Process Model of Emotion Regulation (PMER)* describes emotion regulation as the ability to adapt one's emotional state, and therefore, behavioural expression, with the purpose of acquiring a desired outcome or goal (also see Shaw et al., 2014). Emotion regulation is neither good nor bad (Gross, 1998), and requires a level of cognitive flexibility, such as the ability to stop, think, and adjust one's actions, in the appraisal of emotionally inducing stimuli (Almeida et al., 2017).

Gross's (2015) PMER outlines “five families of emotion regulation strategies” (p. 7), each with a different *intervention* point, which are processed through internal *valuation systems*⁹. Each intervention point, in theory, should yield different emotional consequences due to emotions developing over time and varying cognitive demands (Gross, 2015). The five PMER points, as depicted in Figure 1, include *situation selection* involving environment selection; *situation modification* involving efforts to modify the current environment; *attentional deployment* involving choosing where one’s attention will be directed (e.g., distraction); *cognitive change* involving changing how one thinks about a situation (e.g., reappraisal); and *response modulation* involving efforts to adjust how one feels after emotions have already arisen, such as through substance use or emotional suppression techniques (Gross, 1998, 2015). An example of emotion regulation using the PMER would be a student with ADHD *avoiding* a stressful emotional state by not turning up to an exam where they need to sit still for 2 hours. This illustration applies the strategy of situation selection—the student has *chosen* a situation/environment to avoid negative emotions associated with sitting still. However, adjustments to the environment are not always possible or beneficial, and this is when one or more of the other emotion regulation strategies need to be employed.

Figure 1

Illustration of the Process Model of Emotion Regulation



Note: The diagram is my own representation, based on information reported in Gross (2015).

⁹ *Valuation systems* consist of multiple competing internal evaluations which help determine if something is “good for me, or bad for me” (Gross, 2015, p. 10), helping to decide what action is “best” to reach a given goal.

Gross's PMER highlights two main strategies applied when a situation cannot be changed or avoided. Namely, changing how one thinks about the situation using *cognitive reappraisal*, or using *expressive suppression* which involves masking outward expression of emotions while potentially still experiencing the emotion internally. Generally, strategies using cognitive reappraisal are associated with healthier outcomes, such as better mood repair, less negative emotions, greater wellbeing, closer relationships, and lower rates of cardiovascular disease, than expressive suppression strategies (Gross, 2015; John & Gross, 2004). Nonetheless, in times of extreme emotional stimulation access to cognitive strategies, such as reappraisal, is less accessible (Graziano & Garcia, 2016; Troy et al., 2018). This is when the construct of *emotion dysregulation* comes into play (Howlett, 1999; Shaw et al., 2014), and is also where the connection between emotion regulation, ADHD and eczema is important. However, before exploring emotion dysregulation, emotions are considered through a Te Ao Māori perspective (Māori worldview), which offers a complementary and contextually relevant framework for understanding emotional experience in Aotearoa.

Pihama et al. (2025) present a Māori worldview of emotions and emotional expression. Although their article does not explicitly discuss emotion regulation, it does contribute towards a deeper understanding of emotional experience. *Ngā Kare-ā-roto*, meaning “the ripples within” (p. 1), describes one way Māori understand emotions. Associated with the ripples or waves of water, “kare” relates to the physical feeling of emotions and has been described as the gentle or forceful rippling effect of emotions as they move through the body, each having different experiential effects and outcomes (Pihama et al., 2025). Carrying this idea into our current understanding of emotion regulation, I believe the idea of ripples is relatable within a wider worldview of emotions. For example, once water starts moving (ripples), there is no way to stop it until it has finished—think of a stone hitting the lake. A gentle ripple may provide plenty of warning and allow preparation to think and adjust. However, a rushing wave, such as a tsunami, may come without warning and reduce one's ability to think and adjust in time, thereby reducing one's ability to prevent an emotional outburst or adjust behaviour to reach a desired goal. This picture of a rushing wave is congruent with the concept of emotion dysregulation.

Emotion Dysregulation and ADHD. Emotion dysregulation is described in the APA dictionary (APA, n.d.) as inappropriate situationally based extreme emotional outbursts. Once thought of as a “cardinal symptom” (Shaw et al., 2014, p. 276) of ADHD, emotion

dysregulation is often discussed in ADHD related literature. This appears due, in part, to external behavioural aspects of ADHD, which can appear as defiance and expressed anger. In support of this theory, a literature review by Shaw et al. (2014) found 38% of youth with ADHD showed mood lability. Importantly, emotion dysregulation is thought to be a major contributor towards reported negative outcomes of ADHD and is stated as impacting social and relational interactions (Graziano & Garcia, 2016; John & Gross, 2004).

Shaw's (2014) research focuses on emotion dysregulation as relating to perceived negative emotions, such as anger and irritability. Conversely, others discuss all emotions as being vulnerable to dysregulation, including happiness, sadness, joy, anger, or excitement (Gross, 2015; Mento et al., 2020). Taking this wider view of emotion dysregulation allows one to consider emotion dysregulation through a different lens. For example, some ADHDers¹⁰ have reappraised impulse control issues and hyperactivity as spontaneity and endless energy, respectively (Schippers et al., 2022; Sedgwick et al., 2019). This ability to reappraise empowers those who may not fit "social norms" to reinterpret themselves in the process of doing life in more beneficial ways; a powerful tool in a world where atypical is often treated as dysfunctional.

Emotion Regulation and Eczema. As a major organ, skin connects humans to their environment, helping individuals to sense and learn about the world around them (Howlett, 1999). Pain is one sensation the skin communicates and can result from eczema. According to Lumley et al. (2011), pain and emotions are intertwined, meaning pain can both trigger and influence emotions, highlighting a mind-body eczema skin connection (Taylor, 1987). For example, the physical severity of eczema can impact one's emotional state, which can increase sensitivity to itch sensations, which can cause scratching, which may initially bring relief, but can then lead to inflammation/pain, further exacerbating the eczema condition and negative emotional state (Harfensteller, 2022; Mento et al., 2020). This example provides insight into how the physical symptoms of eczema and the mental state of emotions are intertwined. Here, the skin almost acts as an emotional barometer guided by the level of pain, discomfort, or itching currently being experienced. Further, for those with chronic recurring eczema, Mento et al. (2020) describe a possible state of persistent "emotional activation" (p. 82), which may exhaust cognitive-emotional resources.

¹⁰ A person who has ADHD.

Considering connections between skin, emotions, and pain, within the context of Gross's (1998, 2015) PMER, highlights how eczema may reduce one's ability to "stop and think" before acting, due to reduced/exhausted cognitive control. This may lead to increased emotional suppression strategies being utilised more frequently than alternative strategies. Importantly, frequent emotional suppression has been shown to increase the risk of poor mental health and mood disorders (De France & Hollenstein, 2021; Gross, 1998; Lotfi et al., 2017). Therefore, emotion regulation is an important consideration, given that visual skin conditions, such as eczema, also increase the risk of poor mental health (Almeida et al., 2017; Cengiz & Gürel, 2020; Hu et al., 2020; Morawska et al., 2024). Consequently, the significance of emotion regulation's association with ADHD and eczema highlights the importance of understanding the emotional impact these coexisting, and therefore, potentially compounding, conditions may have in the lives of those living with Co-ADEx.

Self-Perception

The construct of self can be divided into three lenses: self-identity, self-concept, and self-perception. Each lens focuses on slightly different viewpoints of the individual person. For example, the APA dictionary (VandenBos, 2015) describes *self-identity* as a continuous individualistic idea of self; *self-concept* as more reliant on nonconscious representations of self; and *self-perception* as an individual's personal view of self, which may combine elements of truthful and inaccurate self-knowledge. Additionally, different *domains* of self exist, such as academic, athletic, social, appearance, and moral self (Orth et al., 2021). Given that the current study asked participants about *their* experiences, self-perception (i.e., an individual view of self) is the lens it applied, with openness to the various domains that may be mentioned.

The Self. Within the field of psychology, the self is a broad and diverse topic. The APA Dictionary defines self as "the totality of the individual" (VandenBos, 2015, p. 951). It then goes on to list several well-known theories on self, varying from self as "Me" and self as "I" (see James, 1890); self as the gradual process of individuation—the conscious and unconscious mind combined to form a whole (see Jung, 1910s–1920s); self as the expressed lifestyle/how one lives (see Adler, 1912–1924); self as a stable dynamic identity organised through "healthy narcissistic" development (see Kohut, 1970s); and self how Gordon Allport describes it, as the idea of *proprium* which conceptualises self as "the essence of the individual" (Allport, 1958, p. 951). Importantly, these concepts reflect a Western

understanding of the self. As such, a Māori perspective of self is introduced next to invite a more complex understanding of how self-perceptions may form.

A Westernised view of self is often considered as autonomous, and while it is the interactions with others that help form self-perception (Gomez, 1997; Maree, 2021), self is still often conceptualised as independent of others (Rua et al., 2017). However, according to Rua et al. (2017), a traditional Māori view of self looks beyond the individual's internal world to incorporate the environment, those within it, and objects deemed valuable. That is, the self is a relational construct that “extends beyond the body” (p. 55). Rua et al. describe this as “dialogical-self”, incorporating both the internal and external world. Additionally, within a Māori worldview, ethnic identity (Paringatai, 2016) or racial-ethnic identity (Webber, 2012) is an important aspect of the dialogical-self. Paringatai and Webber both discuss the importance of knowing who you are and where you come from—a connection to your past. These descriptions introduce the idea of humans as more than solo beings wandering the world alone; rather, they conjure imagery of living life with others and being part of something greater than the self.

Self-Perception Operationalised. Allport, previously mentioned, is known for his work in the field of personality (John et al., 2008); however, Allport wrote in detail about the concept of self (Allport, 1958). Allport conceptualised the idea of self as emerging over the lifespan, and encompassing a growing awareness of the physical body, mind, separateness from others/agency, goals, preferences, abilities, values, and self-awareness (Enns, 2025). This growing development of self, in both the physical and psychological domains, encompasses the heart of my own curiosities about the potential relationship between self-perception and Co-ADEx. Therefore, moving forward, I frame the concept of self-perception as: *An individual's self-understanding of their whole physical and psychological person, interpreted through the lens of both actualities and distortions accumulated over time.*

Self-perception: ADHD and Eczema. The literature around self-perception, ADHD, and eczema varies depending on the lens (e.g., self-identity) and domain (e.g., academic) being studied. However, there are crossovers between the literature on ADHD and eczema relating to their potential impact on self-perception. For example, having ADHD or eczema is associated with an increased risk of being teased or bullied (Kelly et al., 2021; Magin et al., 2008; Wiener & Mak, 2009). According to Wiener and Mak (2009), teasing and/or bullying not only negatively impacts self-perception but can also increase the risk of anxiety,

depression, poor academic performance, loneliness, social withdrawal, and a dislike of school. This example shows the potential risk Co-ADEx may have on negative self-perception and other life areas. However, while proposed lists of harmful outcomes associated with ADHD and eczema may look disheartening, it is imperative to critically review literature¹¹ to allow a more empowering and balanced¹² story to emerge.

As previously mentioned, self-perception is not one-dimensional. Therefore, harmful self-perceptions may be restricted to one or two domains, while positive self-perceptions remain intact for others (Orth et al., 2021). For example, struggling to focus in class may cause a student with ADHD to view themselves as not very “academic”, while at the same time playing rugby may preserve their “sports” self-perception. This example provides a balanced understanding of self-perception, allowing for a less absolute understanding of the potential self-perception risk factors associated with ADHD and eczema (e.g., the negative impacts of teasing). Therefore, while someone with Co-ADEx has a higher chance of encountering attacks on their self-perception, compared to typically developing individuals, outcomes will vary from person to person. Hence, the current study emphasises the importance of exploring how the current study’s participants experienced *their* self-perception.

Interpersonal Relationships

Interpersonal relations are described in the APA Dictionary (APA, n.d.) as the observable patterns of an individual’s behaviour with another person; or as significant social and emotional interactions between two or more individuals. The APA Dictionary also states *interpersonal* as involving the communication of emotions and feelings; or applying appropriate social restraint or skills. According to Hernani (2022), the ability of humans to relate to each other forms even before birth, with an infant in utero having the ability to react to external stimuli, such as light, sound, touch, and their mother, before even taking their first breath. Once born, relational awareness continues to develop as a child interacts with others and their environment.

One way to consider how interpersonal relationships develop is to apply Altman and Taylor's (1973) *Social Penetration Theory*. Social Penetration Theory (SPT) applies a two-

¹¹ To critically review means refusing to take something at face value, and instead investigating it for yourself.

¹² A balanced approach is more complete than a deficit approach, incorporating both strengths and difficulties.

pronged measure of “self-disclosure” involving how many topics are covered, or the *breadth*, during an interaction, and how personal/vulnerable the individual is willing to be, or the *depth*. According to Carpenter and Greene (2015), self-disclosure evolves over four stages: *Orientation*, which is the public or superficial self; the *exploratory affective exchange*, which is the public-self where personality starts emerging; the *affective exchange* stage, where the private-self starts emerging and interactions become more relaxed; and the *stable exchange* stage, where the individual reveals intimate details about themselves. Carpenter and Greene state that only a few relationships reach the fourth stage. Importantly, as the relationship develops, individuals within the “forming” relationship become more willing to provide increasingly intimate information about themselves (Altman & Taylor, 1973; Carpenter & Greene, 2015). Conversely, intimacy levels can also be reversed when friendships or relationships break down or grow apart (Carpenter & Greene, 2015).

Social Skills. Interpersonal relationship skills come under the umbrella of *social skills* (Arslan et al., 2011; Hair et al., 2002; Rashid, 2010). Therefore, the effective development of social skills is important for healthy interpersonal relationships. Social skills develop via several avenues, including *purposefully*, as is often the case with parents and teachers, *incidentally*, just by taking part in life, and through *natural maturation* (Rashid, 2010). Essentially, life experiences impact how interpersonal relationship skills develop. For example, Bowlby’s Attachment Theory ¹³ (Gomez, 1997) highlights how early child-caregiver interactions play an important role in forming trust in others, trust in oneself, and trust in the world. These early interactions then form either *secure* or *insecure* social behaviours rooted in the desire “to keep oneself safe within a social world”. As suggested by SPT, without trust in others, one may withhold vulnerability, negatively impacting the quality of one’s relationships (Altman & Taylor, 1973).

Social skills are culturally sensitive (Davenport et al., 2018); however, they all involve verbal and non-verbal skills which help humans communicate, connect, and interact with others (Rashid, 2010). Social skills include following rules, accepting responsibilities, showing respect, receiving criticism, tolerance of differences, looking after others, taking a stand, problem-solving, and forming friendships (Arslan et al., 2011; Rashid, 2010). More specifically, during adolescence, Hair et al. (2002) break social skills into two categories.

¹³ Attachment Theory is discussed further in Chapter 2.

Firstly, *interpersonal skills*, which include conflict resolution, intimacy, and prosocial behaviours; and *individual attributes*, which include self-control, behaviour regulation, social confidence, and empathy.

Interpersonal Relationships: ADHD and Eczema. Within the context of Co-ADEx, social skills and interpersonal relationships may be influenced by several identified factors. For example, Aduen et al. (2018) state that children with ADHD may experience reduced self-perception, which can make social interactions harder or lead to being perceived by others as less socially skilled. Interestingly, an ADHD social skills intervention review by Storebø et al. (2011) highlights a focus on helping to “change the children’s cognitive assessment of the social world” (p. 5), while also teaching children how to recognise subtle social cues. Further, the social skills intervention focused on emotional skills, such as learning to deal with disappointment and forming greater resilience, emphasising the difficulties some children with ADHD may have in social and, therefore, relational development.

Importantly, ADHD social difficulties may be compounded for children with Co-ADEx. For example, research by Lewis-Jones (2006) and Morawska et al. (2024) suggests childhood eczema can increase difficult familial interactions due to eczema-influenced psychological and behavioural difficulties. Similarly, eczema-associated sleep deprivation, a common symptom, can lead to mood changes and tiredness, equating to irritability and negatively impacting peer social interactions (Lewis-Jones, 2006). Interestingly, research is showing parental perceived eczema severity, parent self-efficacy, and parenting style all influence child mental health and eczema management outcomes, highlighting a direct link between interpersonal interactions and eczema severity outcomes (Morawska et al., 2024).

Support Growing Up

In psychology, therapeutic support can be framed as “an attitude or response of acceptance, encouragement, or reassurance” (APA, n.d., supportiveness section), as is expected of a therapist. However, within the context of this study, support takes a wider lens, including elements of familial, educational, peer, community, and institutional support. To allow for an openness to how participants perceived support, I chose not to analyse the construct of support in-depth—allowing the participants’ voices to shape what support meant to them. However, my own experience raising a child with ADHD and eczema guided several expectations. For example, eczema treatment often includes lotions, hydrocortisone

creams, and antihistamines, while ADHD is often partially treated with stimulants and may include therapy. Additionally, parents, teachers, school, and friends all play a big part in the lives of boys growing up; therefore, my expectations of *where* support might be experienced included: ADHD (e.g., ADHD New Zealand, n.d.; Storebø et al., 2011) and eczema (e.g., Ferreira et al., 2024; Howells et al., 2019; Mitchell et al., 2015; Steinhoff et al., 2025) treatment and management; parents (e.g., Batra, 2013; Davidsson et al., 2025; Ferreira et al., 2024; Howlett, 1999); teachers and school (e.g., Bolic Baric et al., 2016; Frolli et al., 2023; Frymier & Houser, 2000; Im & Kim, 2012; Metzger & Hamilton, 2021); and from within friendships (e.g., Dangmann et al., 2024; Košir et al., 2007; Maya Beristain & Wiener, 2020; Wiener & Mak, 2009).

Pulling it All Together

Given the potential interactions between emotion regulation, self-perception, and interpersonal relationships for those with Co-ADEx, this research aimed to explore these constructs in everyday experiences. Currently, much of the literature on ADHD and eczema is deficit-focused, advising how to survive rather than thrive (Verma & Sondhi, 2021). However, a deficit focus adds to the stigma of ADHD (Chernyshov, 2016; Metzger & Hamilton, 2021; Rasmussen et al., 2022) and eczema (Howlett, 1999), therefore, reinforcing negative stereotypes¹⁴ (Metzger & Hamilton, 2021). Additionally, research appears to be stacked towards researching negative outcomes rather than focusing on potential strengths of having ADHD or eczema (see Bertilsdotter Rosqvist et al., 2023).

Reassuringly, and contrary to deficit-based literature, Rasmussen et al.'s (2022) article “Rise and Shine” highlights the importance of moving away from “fix-it” focused environments, towards ones that encourage the strengths and differences of individuals with ADHD. They say that when young people are encouraged by significant others and not made to feel broken or stigmatised, it helps build self-esteem and resilience. According to Rasmussen et al., this helps young people find joy and celebrate their achievements.

Research Scope and Questions

The current study asked young men aged 20 to 25 years old about their lived experiences of growing up in Aotearoa with Co-ADEx. The study took a retrospective

¹⁴ Stereotype: A set of ridged, simplified, and exaggerated beliefs about a group of people which are often negative; leading to biased speedy judgments (APA, n.d.).

approach as participants attempted to make meaning from their past experiences. There was no preconceived idea of what would be discovered; rather, an interpretative phenomenological analysis (IPA) approach to discovery was applied (more on IPA in Chapter 3). The study aimed to answer the following questions:

1. How do young men make sense of the impacts of growing up with coexisting ADHD and eczema on self-perception, emotion regulation, and interpersonal relationships, within the context of their family, school, and community?
2. How well-supported did they perceive themselves to be in these contexts?

Outline for Each Chapter

Chapter 2 introduces the topic of masculinity from a social perspective and its relation to Co-ADEx, while also diving deeper into the constructs of interest. Chapter 3 outlines the research design and methodology, including the rationale behind the design. Chapter 4 presents the findings using direct quotes and researcher interpretations of participants' meaning-making. Lastly, Chapter 5 discusses the findings in the context of the existing literature and what it all means. Additionally, research limitations and future research directions are outlined there.

Chapter 2: Literature Review

I approached the following literature review with the goal of laying a foundation for hearing and analysing stories (Smith & Nizza, 2022) on the interactions between ADHD and eczema. The literature review explores topics pertaining to self-perception, emotion regulation, and interpersonal relationships. I also explore ADHD sex differences, cultural expectations of boys—providing context for lived experiences, and introduce the itch-scratch cycle common to eczema.

ADHD Sex Differences

It remains debatable as to whether boys actually have ADHD at higher ratios than girls, or if behavioural differences in ADHD expression better reflect disparities in diagnosis ratios of 1:3, respectively (Ford-Jones, 2015; Mowlem et al., 2019; Murray et al., 2019; Siddiqui et al., 2024). Research by Seymour et al. (2016) and Murray et al. (2019) supports this idea, finding that boys and girls often exhibit different ADHD behaviours in childhood. For example, boys with ADHD often express more external action motivated ADHD behaviours, while girls with ADHD tend to be more day-dreamy and unfocused. Therefore, the so-called “male” type ADHD might align more with the stereotypical idea of ADHD as the “energizer bunny” (Ford-Jones, 2015; Zaccariello, 2010), thus getting diagnosed more often. Alternatively, boys generally tend to be more active than girls (Zaidi, 2010) and may experience overdiagnosis more frequently (Ford-Jones, 2015; Fresson et al., 2019). Importantly, both over- and underdiagnosis can be problematic, as overdiagnosis can come with a label that lowers expectations or introduces unnecessary use of medications (Bahr & Keizer, 2023; Fresson et al., 2019); while underdiagnosis may prevent specific ADHD treatment and support (Martin et al., 2024).

From a clinical perspective, male and female ADHD characteristics appear to have distinct measurable differences. For example, a clinical trial by Ojuri et al. (2024) indicated ADHD sex differences in *response inhibition* and *response speed*. They found response inhibition was more likely to be impacted in male but not female ADHDers, and the reverse for response speed. For context, response inhibition is a measure of impulse control, while response speed is a measure of how quickly information is processed and acted on. Therefore, in this ADHD experiment, the boys made more mistakes but were quicker than the girls, while the girls made fewer mistakes but took longer to complete the task than the boys.

Lastly, physical brain differences may help explain variances in diagnosis and type of ADHD. For example, a recent study by Yu et al. (2025) found ADHD sex differences in brain white matter structure—myelinated nerve fibres (APA, n.d.)—in brain regions associated with movement, attention, and impulsivity. Thus, these differences may help explain variations in male externalising and female internalising ADHD expression. Collectively, research like that of Zaidi (2010), who asserts there are brain “anatomical, functional and biochemical [sex] differences in all stages of life” (p. 49), and studies like Yu et al.’s, may help explain sex differences in ADHD diagnosis and characteristics.

Cultural Expectations of Boys

Humans are conceived into a developmental trajectory, taking them from infant to child to adolescent to adult, over a period of decades. This journey is often full of expectations for the future and the “who” each person will become (Solbes-Canales et al., 2020). For boys, these expectations often involve “becoming a man” (Lashlie, 2015). As this study explores the lived experiences of boys growing into young adulthood, consideration of societal expectations associated with *manhood* is important for contextualising participants’ experiences.

Masculinity

According to Thompson and Bennett (2017), the concept of what it takes to be masculine largely emerges from the social and cultural norms of “local traditions” (p. 46). However, they state that while there are similarities and differences of what masculinity is thought to be across cultures, there are no defined “trait-based archetypes of manhood” (p. 50), even within individual cultures. That is, masculinity ideologies vary within and across cultural groups. In support of this view, identifying a consensus in the literature regarding what it means to be a man proved impossible. Therefore, the following outlines several widely discussed Western concepts.

Firstly, *hegemonic masculinity* depicts an interpretation of masculinity that represents an ideal but often unachievable “ultimate goal” of manliness (Connell, 1987; McVittie et al., 2017). In its Westernised state, McVittie et al. (2017) summarise hegemonic masculinity to encompass the concept of “machoism”, described as:

[B]eing (to at least some extent) assertive and aggressive, courageous, almost invulnerable to threats and problems, and stoic in the face of adversity. It is thereby viewed as associated with behaviors [*sic*] that display courage and strength and that

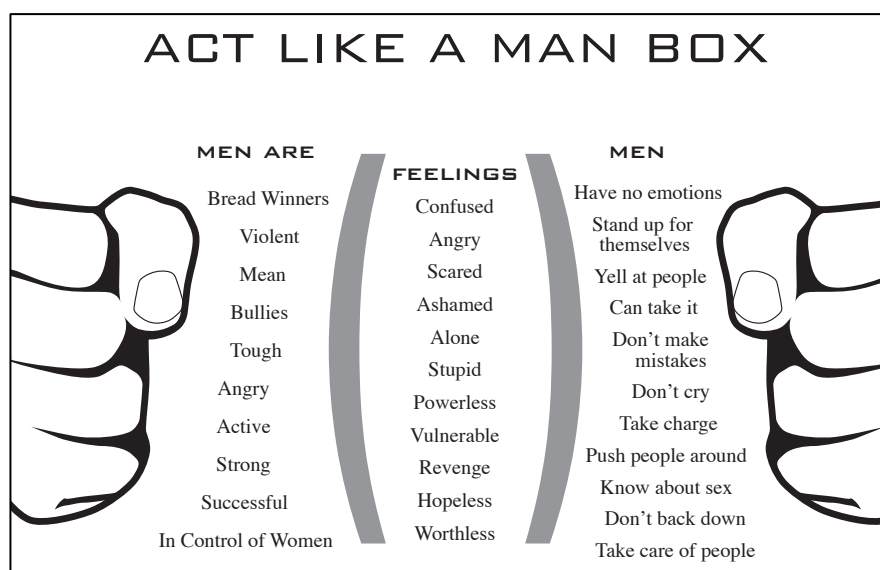
include refusal to acknowledge weakness or to be overcome by adverse events, while discouraging other behaviors such as the expression of emotions or the need to seek the help of others. (p. 122)

McVittie et al. (2017) state that while hegemonic masculinity provides one lens to research masculinity, it fails to explain cohesive behaviour and assumes *all* men seek these “macho” traits, which is not the case.

Another well-utilised concept is “The Man Box”; a set of societal rules, or expectations, regarding what it takes to be a man (Tyler et al., 2024). Figure 2 shows the original list of “manly” messages assumed to be passed down to boys. Alarming, a 2024 Australian study found that those who most agreed with the listed statements were more at risk of violence and poorer health outcomes (Tyler et al., 2024).

Figure 2

A Theory of Male Socialisation: The Man Box



Note: From The Act Like a Man Box by P. Kivel, (2007), retrieved from www.paulkivel.com. Licensed under CC BY-NC 3.0.

Hegemonic masculinity and The Man Box provide a grim picture of expectations placed on boys growing into men. Nevertheless, while recent literature paints a “toxic” picture of masculinity¹⁵, not all men are on board. For example, in the Australian study no statement in The Man Box was supported by more than 50% of men aged 18 to 30 years; *acting tough* was the highest agreed social pressure, although the average agreement rate

¹⁵ A Google Scholar search revealed numerous articles about toxic masculinity. Also see Kieselhorst (2025).

was closer to 25% (Tyler et al., 2024). Therefore, perhaps masculinity is more about the challenge of embracing healthy masculinity, while rejecting hypermasculinity¹⁶ (Kieselhorst, 2025).

What Boys “Should” Do

A different stance is to consider what boys think they should *become*, rather than thinking about an *ideal persona* per se. A study by Skipper and Fox (2022) provides a glimpse into the life of boys at a U.K. school and the perceived expectations from peers and teachers. In interviews with 13- and 14-year-olds about subject selection, Skipper and Fox found that both girls and boys described greater gendered expectations for boys. For example, boys are supported by peers to take physical education—a “male” subject—but may be bullied for taking dance—a “female” subject. Girls, on the other hand, have more freedom to select female atypical subject choices. They also found that teachers treated boys and girls differently, with boys being perceived as naughty, loud and more violent by teachers. Some boys reported that this made them feel angry and annoyed, with some admitting it led to them acting out or “living up to the stereotype” (p. 400) of being bad.

Closer to home, an Aotearoa study titled “The Good Man Project” aimed to answer what it means to be a good man in the world today (Lashlie, 2015). The study questioned approximately 180 classes of Year 9 to 13 boys about what *they* thought a good man was. The findings described adolescent boys as more vulnerable than their female peers, showing less emotional resilience, and often looking to peers for direction on behaviour deemed appropriate. Regarding emotions, the boys discussed how all upsetting emotions are converted into anger—the only “acceptable” emotion. It was not that boys lacked feelings, but that anger was a way of dealing with them. Overall, the top three characteristics of a good man were *trust, loyalty, and humour*.

Masculinity: ADHD and Eczema

The often retorted saying “boys will be boys” conjures up images of loud, boisterous, physical boys. This may be one reason peer acceptance of ADHD behaviour by boys is more accepted than for girls. According to Diamantopoulou et al. (2005), this may be explained by the *gender appropriateness hypothesis*, which states that culture defines gender-appropriate

¹⁶ Hypermasculinity is “used to describe the exaggeration of masculine stereotypes such as aggression, dominance, strength, and physical prowess” (Griffin, 2017, para. 1).

stereotypes, and that those whose behaviour varies from these expectations are often less tolerated. For example, males are often considered active and loud, while females are considered calmer. Therefore, if a girl expresses hyperactive type ADHD, her behaviour may be considered “non-gender appropriate”, whereas for boys this type of behaviour may be more acceptable (Diamantopoulou et al., 2005). Importantly, however, boisterous behaviour is also a reason boys with ADHD get into trouble at school (Ewe, 2019) and receive a diagnosis (Fresson et al., 2019).

Eczema can also affect gender-expected behaviour. For example, eczema can lead to reduced participation in sports (Bronkhorst et al., 2016; Lewis-Jones, 2006), which are often considered masculine activities (Skipper & Fox, 2022). Not participating in sports may affect how boys with eczema feel about themselves, and how peers accept or perceive them (Diamantopoulou et al., 2005). Therefore, there is an increased risk towards social isolation and negative self-perception (Bronkhorst et al., 2016).

Why Considering Emotion Regulation and ADHD Matters

Carr et al. (2020) report that 40% of children with ADHD experience dysregulation of emotions, highlighting the importance of considering emotion regulation in the context of ADHD. According to Christiansen et al. (2019), children, youth, and adults diagnosed with ADHD and naïve to medication may notice environmental, social, and emotional negative stimuli more often than those without ADHD (also see Shushakova et al., 2018). Additionally, research by Melnick and Hinshaw (2000) specifically looking at emotion regulation in boys with ADHD suggests that boys with ADHD are more prone to interpret others’ actions as hostile or threatening during emotionally charged events, compared to typically developing peers. Furthermore, they highlight potential difficulties in areas such as self-emotion identification, accurate facial and/or behavioural expression of emotion, and heightened-sustained emotional arousal, making it more difficult for them to regulate emotional expression. Overall, Melnick and Hinshaw found that emotion regulation difficulties appear to be stronger for boys who have ADHD, impulsivity, and aggression than for those without aggression or inattentive type ADHD.

A review by Christiansen et al. (2019) investigating emotion generation and emotion regulation in those with ADHD points to difficulties in stimulus *emotional evaluation*—such as being more attuned to negative stimuli—and weaknesses in *response outcomes*—such as being more prone to angry outbursts. That is, individuals with ADHD may find it harder to

apply beneficial emotion regulation strategies in situations where perceived negative social or emotional stressors drain their cognitive ability to self-regulate. Christiansen et al.'s research associates these emotion regulation difficulties with potential brain-based “altered vagal regulation patterns” (p. 6) affecting prefrontal cortex function. Lastly, ADHD is also associated with an ambivalent/resistant attachment style ¹⁷ (discussed in more detail below), which can lead to “hyperactivation of the emotional regulation system” (Wylock et al., 2023, p. 2).

The understanding that ADHD potentially leads to less control over expressed unbeneficial emotions warrants a consideration of Gross' (1998, 2015) PMER in relation to ADHD emotion regulation outcomes. Gross suggests that relying on response suppression techniques, rather than cognitive emotion regulation such as reappraisal, may lead to less healthy outcomes in both the short and long term, because suppression requires more effort and reduces cognitive resources. Furthermore, while suppression may reduce emotional expression, the physiological response may persist. Conversely, cognitively based emotion regulation requires less effort, has no known social or cognitive impact, prevents unbeneficial emotional expression, and often effectively reduces both internal emotional experiences and physiological responses. In summary, Gross (1998, 2015) describes emotional suppression strategies as being associated with poorer mood, fewer close relationships, and overall lower levels of wellbeing. In contrast, applying cognitive strategies before negative emotions are experienced, potentially preventing unbeneficial responses, is associated with better mood, greater wellbeing, and closer relationships.

According to Raio et al. (2013), “cognitive regulation relies on intact executive functioning” (p. 15139); however, negative emotional states can noticeably impair executive functioning. Moreover, research shows ADHDers often experience difficulties in areas of executive function (Isaac et al., 2024). Therefore, the impact of heightened attention to emotional and/or social stimuli may play a role in the overall ability of those with ADHD to reappraise environmental stimuli and exert control over emotional expression. For example, on any given day, most people have the opportunity to be offended or upset in some way,

¹⁷ Ambivalent attachment is an insecure attachment style associated with strong emotional distress when separated from the primary caregiver. It is often expressed through impulsivity, fears, psychosomatic disorders (Wylock et al., 2023), and exaggerated anger, all driven by the hope that the behaviour will catch the caregiver's attention (Benoit, 2004).

and research shows that the more cognitively drained an individual is, the harder it is to apply emotion regulation in times of stress (Raio et al., 2013). Therefore, if an individual with ADHD experiences more frequent emotional triggers simply by being more attuned to the negative, it is likely they experience extra stress and cognitive drain. Consequently, it would not be unconventional to suggest that those who experience more persistent daily stressors would find emotion regulation more difficult.

Why Considering Emotion Regulation and Eczema Matters

The History of Eczema and Emotional Development

Howlett (1999) has provided a comprehensive description of the conceptualisation of eczema and emotional development over the decades, highlighting a strong relationship between eczema and emotions. In the 1940s to 1950s, Howlett refers to theories of child-mother relationship strain, whereby the mother was unfairly considered at fault for eczema exacerbation due to her “poor mothering in infancy, maternal rejection, hostility, neglect, and rough handling or a lack of holding and caressing” (p. 1). The 1980s and 1990s saw a shift towards behavioural symptoms associated with childhood eczema, such as clinginess and poor sleep, becoming more prominent when mothers were stressed or unsupported. Research during this era also started exploring the biopsychosocial model of the mind-body connection. For example, Taylor (1987) discussed the cyclical element of mind-and-body impacting each other, where eczema intensity, such as itching and bleeding, impacts the emotional state, further exacerbating the skin; and the cycle continues if not treated or intervened. Additionally, Howlett (1999) discusses theories of environmental or system-based impacts on eczema, such as family or community systems, all working together to ultimately influence the child’s skin and development.

To date, research on emotion regulation often focuses on several visual skin conditions, such as combined skin conditions (Lotfi et al., 2017; Mento et al., 2020), psoriasis (Almeida et al., 2017), eczema/AD (Harfensteller, 2022), and acne (Cengiz & Gürel, 2020). Given the social stigma, QoL, and often shared emotion regulation impacts of skin conditions, a mixture of studies was utilised within this study to provide a wider view of visual skin conditions and their potential impact on emotion regulation. For example, Mento et al.'s (2020) systematic review found that skin conditions are often associated with sadness, depression, fear, anxiety, frustration, and anger. Their review highlights a regular state of “emotional activation” (p. 82), which can lead to emotion regulation difficulties.

Similarly to ADHD, this heightened emotional drain may influence the ability to apply cognitive-emotional regulation strategies effectively.

Skin Sensations and Emotions

Howlett (1999) discusses the experiential aspects of infancy eczema, a period of development when learning about the world is largely done through sensation—of which the skin plays a major role. Howlett discusses how infancy eczema places the infant in a prolonged state of sensation discomfort, instead of pleasurable sensation exploration, during a critical period where emotions and physical sensations have yet to be separated. Related to this idea is the influence caregiver touch plays in infant emotional development. For example, infant caregiver holding and comforting (Ciuluvica et al., 2014), massage (Field, 2010; Lin et al., 2023), and maternal skin-to-skin contact (Johnston et al., 2008) have been shown to reduce the stress related hormone cortisol, while increasing levels of the love/relational hormone oxytocin. However, for infants with eczema, loving touch, such as infant massage, which would normally sooth, might be felt as pain on eczema-raw skin. Therefore, given this critical period of infant emotional development, it would not be surprising to see emotion regulation difficulties arise in infants/children with chronic recurring eczema.

Conversely, however, research shows that caring mothers' touch buffers eczema influenced physical and mental harm. For example, Lin et al. (2023) found that mother-infant massage, while applying lotion, reduced eczema severity; improved infant and mother sleep¹⁸; and improved mothers' mental health. Similarly, a study by Ferreira et al. (2024) found that mother-child massage reduced eczema-related skin effects, and anxiety levels in both mother and child. Therefore, loving touch, even on painful skin, may support emotional development and improve mental wellbeing. According to Ferreira et al. this may be facilitated through the gentle stroke pressure of massage, which helps override pain and itch signals to the brain, while also increasing the release of oxytocin, which helps lower stress.

The Itch-Scratch Cycle of Eczema (and ADHD). Eczema is associated with both acute and chronic itch sensations, which lead to a desire to scratch (Ishiuji, 2019). According to recent literature, the mechanisms underpinning itch sensations are complex,

¹⁸ Poor sleep is associated with childhood irritability and behavioural difficulties (Yang et al., 2019), and anxiety and depressive symptoms (Yosipovitch et al., 2024).

multidimensional, and difficult to control (Ishiuji, 2019; Rinaldi, 2019). However, at a basic level, itch begins in the skin, with nerves sending itch messages to the spinal cord, which then relays the message to multiple regions of the brain, triggering a reflexive urge to scratch (Ishiuji, 2019; Mack & Kim, 2018; Rinaldi, 2019). An important element of itch sensation is its distinct difference from pain; neurons that relay pain to the brain are separate from those of itch (Mack & Kim, 2018). Individuals who experience itch discomfort will often scratch until pain receptors engage, override the itch sensation, and bring relief, but also potentially damage the skin (Mack & Kim, 2018). For these individuals, there appears to be a preference to endure mild pain over the discomfort of itch (Rinaldi, 2019). In individuals with chronic itch, such as those with eczema, scratching has the potential to further exacerbate itch sensations, leading to further scratching and inducing a series of itching and scratching—known as the *itch-scratch cycle* (ISC; Mochizuki et al., 2015).

In addition to relieving itch via pain, scratching can also introduce an element of pleasure (Ishiuji, 2019; Mochizuki et al., 2015). While individuals without chronic itch may find short-term pleasure from scratching, for those with chronic itch the pleasure of scratching can become hedonistic (Ishiuji, 2019; Mochizuki et al., 2015). Ishiuji (2019) suggests this hedonic element of scratching may be driven by an extensive overlap of reward-related neural circuitry and chemistry (i.e., dopamine and serotonin) for both chronic itch and *addiction*. That is, similar areas of the brain are active for those with chronic itch when scratching as those with addictive behaviour, such as substance abuse. Importantly, Ishiuji also highlights the potential for functional and structural brain changes in those with chronic itch, which can perpetuate the itch sensation. Thus, this highlights a brain that may now be “wired to scratch”. Overall, the science behind the ISC reveals powerful brain activations with the potential to override any good intentions not to scratch, thus shedding light on the intense battle some individuals with eczema face.

There also appears to be a relationship between ADHD and the ISC. For example, Loos et al. (2025) discuss the potential for ADHDers to be more sensitive to skin sensations; therefore, attention may be more easily drawn to itchiness. Loos et al. suggest ADHD hyperactivity/impulsivity and attention deficits may potentially lead to increased skin picking or scratching behaviours. Loos et al. refer to this as a “skin-psyche” connection, which, similar to Taylor's (1987) mind-body connection theory, highlights a cyclical relationship between bodily outcomes and emotional states.

From a practical stance, the ISC has the potential to impact several areas of life—outside the initial harm to skin—including sports participation, relationships, academic performance, mental health, and QoL (e.g., Aksakal et al., 2025; Berkey & Wiedemer, 2021; Kelly et al., 2021). For example, itching can inhibit sleep, with up to 60% of individuals with eczema experiencing sleep disturbance (Berkey & Wiedemer, 2021). Poor sleep can impact multiple areas of life, such as increasing the risk of emotional reactivity and instability (Aksakal et al., 2025), reducing memory and learning abilities (Nelson et al., 2022), reducing social bonds and increasing frustration (Lai et al., 2025), and blunting empathy (Gordon-Hecker et al., 2025). Specifically, for those with Co-ADEx, ADHD can also increase sleep disruptions through increased movement during sleep, higher obstructive sleep apnoea, more daytime sleepiness (Cortese et al., 2006), and greater difficulty getting to sleep (Martz et al., 2021). Other areas impacted by the ISC include reduced participation in sports due to bullying and/or skin damage or discomfort, and increased parent-child tension due to demands to stop scratching and children feeling misunderstood (Kelly et al., 2021). Overall, the ISC can be intrusive to doing life, impacting areas such as masculine expectations (e.g., sports participation), learning, emotions, and overall social and physical wellbeing.

The Broader Picture of Eczema and Emotions

According to Harfensteller (2022), individuals with eczema often experience a reduced ability to recognise their own emotions, an important precursor to emotion regulation (Morie et al., 2022). Since regulation of emotions requires an awareness and identification of the emotions being felt, a lack of awareness can make it difficult to select beneficial emotion regulation strategies. Therefore, Morie et al. state that individuals with reduced emotional awareness may apply suppressing strategies more often than reappraisal ones. This can lead to poor mental health, reduced resilience, and a decline in overall wellbeing. Furthermore, Almeida et al. (2017) suggest visual skin conditions may influence individual emotion regulation strategies more when the outcome of a situation is perceived to be outside their control, for example, feeling powerless to change the outcome, low treatment satisfaction, or experiencing poor impulse control. Interestingly, Cengiz and Gürel (2020) and Almeida et al. (2017) suggest emotion regulation difficulties are often stronger predictors of impaired well-being and/or QoL than the perceived severity of the skin condition itself. Therefore, this highlights the importance of considering adaptive emotion

regulation strategies in clinical interventions for eczema, particularly for improving QoL and promoting better mental health outcomes.

Self-Perception: Beyond the Self

Psychology has numerous theories relating to the development of *what someone thinks or believes about themselves*. Examples from the APA dictionary (APA, n.d.) include Self-Perception Theory; Self-Concept Theory; Looking-Glass Self; Social Cognitive Theory; Attachment Theory (Bowlby and Ainsworth); and Psychosocial Development Theory (Erikson). To cover each of these in detail is beyond the scope of this thesis; however, exploring a few will help consolidate how self-perception can develop over time.

Erikson's psychosocial development theory is often cited in developmental psychology and is considered a key theory in childhood development (Maree, 2021). Erikson's eight stage model (published in 1950), as shown in Table 1, aligns with the current study as it considers impacts of social and environmental influences at all stages of human development. Erikson believed humans develop through a series of stages or “identity crises”, each helping to shape an individual's sense of self, while also laying a foundation for the next stage.

Table 1

Erikson's Eight Stage Psychosocial Development Theory

	Stages (years)	Psychosocial Crisis	Basic Strengths	Core Pathology
1	Infancy	Trust vs Mistrust	Hope	Withdrawal
2	1 ½-3	Autonomy vs Shame/Doubt	Will	Compulsion
3	3-6	Initiative vs Guilt	Purpose	Inhibition
4	6-12	Industry vs Inferiority	Competence	Inertia
5	10-18	Identity vs Confusion	Fidelity	Repudiation
6	19-29	Intimacy vs Isolation	Love	Exclusivity
7	30-65	Generativity vs Stagnation	Care	Rejectivity
8	65+	Integrity vs Despair	Wisdom	Disdain

Note. Adapted from Batra (2013, p. 258).

The first five stages focus on birth through 18 years old, after which stages become larger chunks as development slows during adulthood. The first stage, for example, begins at birth to approximately 18 months old and is labelled “Trust vs. Mistrust”—with an outcome goal of “hope” (Erikson, 1996; Maree, 2021). During this stage, the infant develops a sense of trust or mistrust in both self and others (Erikson, 1996). According to Erikson (1996), trust

develops through predictable care and attention from the mother/caregiver. Failure to develop trust may hinder healthy development in the following identity crisis stage: Autonomy vs. Shame and Doubt (discussed later). Importantly, in relation to self-perception, failure at any stage can hinder how the individual sees themselves, with Erikson stating infants *form an identity* based on “I am what I am given” (p. 48).

Bowlby’s Attachment Theory (1969), like Erikson’s theory, is relationally based and considers the biology (e.g., survival instinct) and environment of the child (Storebø et al., 2016). Attachment Theory believes an infant’s early experiences with their primary caregiver help form their understanding of the world—including how worthy they are of love, how to stay safe, and how much they can trust the world (Gomez, 1997; Özyürek & ÇetİN, 2022; Storebø et al., 2016). Therefore, Attachment Theory is based on the idea of either a secure or insecure attachment¹⁹ forming between child and caregiver (Özyürek & ÇetİN, 2022; Wylock et al., 2023). Bowlby believed humans are born with “built-in” behaviours that help them maintain connection with their primary caregiver, with the purpose of keeping the child safe and creating a “secure base” to explore the world from (Gomez, 1997). Individual attachment styles are formed through ongoing child-caregiver interactions. In most cases, a secure attachment style requires consistent, caring, and timely responses from the caregiver. However, without consistent caring responses or if abuse/neglect is experienced, an insecure attachment may form (Gomez, 1997).

In relation to the development of self-perception, Özyürek and ÇetİN (2022) state that a secure attachment in childhood leads to healthy self-perception, adding “[secure attachment] is vital in terms of its positive effects on peer relations, school adjustment, and social-emotional competencies” (p. 273). Stepping outside the boundaries of self-perception, secure attachment also helps produce beneficial emotion regulation by providing a secure base for healthy development, while insecure attachment has been linked to hyperactivated emotion regulation due to the unavailability of the caregiver (Wylock et al., 2023).

Self-Perception and ADHD

Research shows that growing up with ADHD can adversely impact self-perception for several reasons. Interestingly, the literature associates ADHD with *Self-Perception Bias* (SPB)

¹⁹ Insecure attachment styles include avoidant, ambivalent and disorganised (Gomez, 1997).

and *Positive Illusory Bias (PIB) theories*. Colomer et al. (2020) and Owens et al. (2007), respectively, describe SPB and PIB as discrepancies between perceived abilities and “actual” abilities, and the underreporting of ADHD symptoms. Owens et al. (2007) reviewed the literature on PIB and reported that children with ADHD, while having “significant functional problems” (p. 335), still show higher self-competency ratings than non-ADHD children. Similarly, Colomer et al. link the heightened SPB of adolescent ADHDers to the *ignorance of incompetence hypothesis*, which believes “individuals who have poorly developed skills in a given domain are unable to recognize [*sic*] their incompetence in that domain” (p. 240). These examples highlight the deficit and often damaging approach taken when researching ADHD. The harmful and judgmental language used in these articles and the assumptions taken, such as those with ADHD are ignorant of their symptoms and consequences, add nothing positive to our understanding of growing up with ADHD—even if the authors suggest the research is for the purpose of developing effective treatment approaches.

In contrast, Dragojević's (2025) doctoral research provides firsthand insight into the lived experiences of growing up with ADHD and its impacts on self-perception. Dragojević's research reveals the ups and downs often experienced by primary school students with ADHD who experience internal conflict regarding their differences, while wanting to be like everyone else. These students appear to have an awareness of their *impulsive* or *disruptive* behaviours and reduced social skills. Furthermore, their awareness is heightened by the daily environmental feedback provided by peers, teachers, and parents, such as “you talk too much”. Dragojević writes that through this constant feedback system, a struggling self-perception can emerge.

Self-Perception and Eczema

A review by Nguyen et al. (2016) looked at the impact eczema and acne had on self-esteem and identity. Their findings capture the often-stigmatising elements of having a visual skin condition, and the teasing that can accompany it. Nguyen et al. explain that teasing, which often starts young, can be playful or intentionally harmful, but either way has an accumulative negative impact on self-esteem and identity. Magin et al. (2008) echo this idea, declaring that the act of being teased for physical appearance can be harmful to self-esteem. Further, according to Nguyen et al. (2016), individuals with eczema may fear social interactions due to expressed disgust from peers, resulting in reduced self-esteem and social isolation. Lastly, Nguyen et al. observed an interplay between behavioural problems and self-

esteem, due to some parents not enforcing consequences for the misbehaviour of children with eczema. This lack of discipline can fuel additional disruptive behaviour, adding further tension to adult-child (e.g., teacher-student) interactions. Nguyen et al. state that frequent negative interactions can reduce self-esteem and exacerbate a cycle that ultimately diminishes positive self-perception.

QoL is another well-researched aspect of skin condition outcomes linked to self-perception. Kelly et al. (2021) highlight that parents/caregivers of children with eczema often report lower perceived QoL ratings compared to parents not raising children with eczema. Lower QoL ratings have been associated with increased levels of parental depression, anxiety, and negativity towards the child with eczema. From the child's perspective, these parental emotions—often originating with the mother—can lead to poor perceptions of self, such as not feeling worthy of love. Kelly et al. (2021) also speak to the impact of behavioural strain, and the impact eczema “treatment conflict” may play in the parent-child relationship. For example, they mention conflict arising when a child is “demanded” to stop scratching, and the child feels misunderstood. Treatment conflict not only threatens secure attachment, it also has the potential to reduce interpersonal relationship quality—examined in more detail soon.

Given most eczema starts before 12 months old, applying Erikson's psychosocial model and Bowlby's Attachment Theory as examples of how eczema might impact a child's self-perception and expectations is useful. The identity crisis of Trust vs. Mistrust, spanning birth-to-18 months, relies on parent-child interactions and consistent/predictable attunement of the parent fulfilling the child's physical and psychological needs. In the instance of chronic eczema, if the parent is consistently alert to scratching behaviour but is delayed in providing “essential body satisfaction” (Erikson, 1996, pp. 47-48), such as taking the discomfort of itch away, this could hypothetically lead to mistrust of parent and self and impact the quality of attachment security.

The next identity crisis builds on stage one, as Autonomy vs. Shame and Doubt, and is about exploring and supporting independence. For example, when a 2-year-old says “me do it”, they are exploring independence. However, as mentioned by Berkey and Wiedemer (2021), parents may prevent their preschoolers from taking part in different activities, such as swimming or restrict playing in the heat, to prevent exposure to adverse conditions related to eczema flareups. The potential roll-on effect of reduced exploration of

independence may lead children to perceive themselves as incapable of independence, resulting in an experience of self-doubt or shame, rather than autonomy (Batra, 2013; Erikson, 1996). This highlights how a series of identity crises may be experienced through the presence of eczema, rather than neglectful caregiving.

Interpersonal Relationships: Parents, Teachers, and Peers

According to Baumeister and Leary (1995), humans are designed for interpersonal connection and “a great deal of human behavior [*sic*], emotion, and thought is caused by this fundamental interpersonal motive” (p. 497). Baumeister and Leary go as far as saying high levels of happiness cannot exist without some close bonds. For boys growing up, parent, teacher, and peer relationships are of particular importance for their day-to-day social experiences. Therefore, each relationship will be briefly considered below, before exploring its influence on the experiences of growing up with Co-ADEx.

In the early years, parents take centre stage, with the parent-child relationship considered the most important relationship anyone will have (Popov & Ilesanmi, 2015). According to Parental Acceptance-Rejection Theory, it is the “warmth, love, affection, and acceptance parents show their children” (Deleş & Aral, 2025, p. 2) that help shape a child’s social skills. Likewise, different parenting styles, such as authoritarian, democratic/authoritative, permissive, or neglectful, lead to different outcomes for the child in extrafamilial social interactions (Deleş & Aral, 2025). Similarly, children appear to learn from their parents’ behaviour how to behave themselves (Popov & Ilesanmi, 2015). Notably, children and youth want to be heard and understood by their parents, and crave reciprocal interactions (Popov & Ilesanmi, 2015) and safe, respectful communication pathways (Cunningham et al., 2024).

Attachment was introduced earlier as a fundamental parent-child relational bond that helps shape self-perception and emotion regulation from infancy onwards. Özyürek and ÇetİN (2022) also express the importance of secure attachments for improved social relations. Thus, secure attachment appears fundamental for healthy self-perception, emotion regulation, and interpersonal relationships. Moreover, this speaks to the importance of early parent-child life experiences and the interplay between how a child is treated, how they view self and others, and how they engage in forming relationships.

Teachers are another important adult in a young person’s life. According to Frymier and Houser (2000), positive teacher-student relationships help facilitate a student’s interest

and motivation to learn through positive communications. Frymier and Houser discuss two important communication skills students value in their relationships with teachers. Firstly, “explaining things clearly and facilitating understanding” (p. 216) helps students feel confident about what is expected of them, thereby reducing frustration and enhancing engagement. Secondly, teacher-directed “ego” support, or helping students feel good about themselves, enhances self-confidence and provides encouragement, which can help students feel they have value in the classroom. Additionally, Mainhard et al.'s (2018) research highlighted that a teacher’s ability to convey warmth while maintaining classroom control was associated with student enjoyment. Failure to be a “warm demander”, as Mainhard et al. refer to it, was linked to higher anxiety levels. Overall, this snapshot of the teacher-student relationship highlights the important role teachers have in students’ enjoyment and engagement at school, as well as their self-perception.

Lastly, peer groups²⁰ and friendships²¹ become more important as children develop and start forming extrafamilial relationships. In Aotearoa, approximately 91% of 4-year-olds and 86% of 3-year-olds attend Early Childhood Education (Ministry of Education, 2020), indicating that a high proportion of children are socialised outside the home from an early age. This highlights the importance of understanding peer groups and friendships throughout development. Importantly, both peer groups and friendships have significant roles in social development.

According to Rubin et al. (2013), the function of friendship changes with age. For example, in early childhood, playing with others is about added excitement and amusement while practising organisation skills during emotionally stimulating engagement. During middle-childhood, friendships support learning “behavioural norms” and how to enact these norms to enhance self-presentation, echoing Lashlie's (2015) study where boys look to their peers for direction. Additionally, according to Haselager et al. (1998), during middle-childhood children are drawn to others who exhibit similar behaviours and/or social status. From early adolescence, friendships become emotionally supportive relationships based on similar interests, and support self-exploration (Rubin et al., 2013).

²⁰ Childhood peer groups: A group of individuals within the same age category (APA, n.d.).

²¹ Friendships: Dyadic voluntary relationships often with mutual positive feelings (Ladd, 1999).

Rubin et al. (2013) discuss the influential role of friendships during childhood and adolescence. Figuratively, friendships mimic a “practice arena” where the mastering of various social skills is acquired. Rubin et al. highlight skills that align with several stages of Erikson’s psychosocial development theory (Batra, 2013), most specifically *Industry vs. Inferiority* (middle childhood), with a goal of *competence*. For example, friendships provide a space for practising the control of hostile impulses; working in cooperation with others towards a goal; taking turns and allowing others to lead; negotiation; compromise; and healthy debate in the face of disagreement (Rubin et al., 2013). Aligning with Erikson’s *Identity vs. Confusion* stage, friendships during adolescence provide companionship, validation, emotional support, and a place to practice conflict resolution when the outcome is personal. Additionally, aligned with Attachment Theory, Rubin et al. believe that friendships provide a secure base for continued exploration outside the safety (hopefully) of the family home. Taken as a whole, friendships provide many opportunities to benefit from, practice, and learn interpersonal skills.

Influence of Social Interactions: ADHD and Eczema

Within the context of Co-ADEx, parent, teacher, and peer relationships have significant implications. A study by Im and Kim (2012) observed the impact of chronic eczema on South Korean schoolchildren’s resilience. They found that positive parent, teacher, and peer relationships help protect against adversity and build resilience. Additionally, positive relationships help reduce eczema severity by reducing socio-emotional strain, while positive friendships help nurture self-confidence.

Parental Relationships. A longitudinal analysis by Lifford et al. (2008) studied the impact of ADHD on parent-child relationships, and on both mother-child and father-child relationships. They found ADHD symptom severity correlated with perceived mother-child rejection but not father-child rejection. Maternal rejection was speculated to be influenced by behavioural conflicts between mother and child, and higher mother-child daily interactions compared to fathers. Conversely, Lifford et al. found when father-child rejection was present, it exacerbated or led to ADHD behaviours over time; however, mother-child rejection did not exacerbate ADHD behaviours. Both examples highlight the importance of nurturing parent-child relationships and supporting parents in navigating ADHD related behaviours to enhance/protect positive bonds with their child. Similarly, studies by Mitchell

et al. (2015) and Nguyen et al. (2016) found when parents feel confident in the treatment and management of childhood eczema, the parent-child relationship remains stronger.

Teacher Relationships. Considering teacher-student relationships and ADHD, a literature review by Ewe (2019) highlighted several important elements. Firstly, Ewe discovered many teachers lack ADHD understanding, including the social and academic impacts ADHD can have. This lack of awareness can negatively impact teachers' actions in managing difficult classroom behaviours, often leading to punitive discipline and critical comments that damage teacher-student relationships. Secondly, Ewe found teachers report hyperactive and inattentive behaviour as some of the most challenging to manage. However, for students with ADHD, the expectation to sit still and be quiet in an environment full of distractions can trigger hyperactivity and inattention, and be an unrealistic expectation. Resultingly, according to Gwernan-Jones et al. (2016), some children with ADHD report the classroom as "leaving them feeling frustrated, angry, drained and/or imprisoned" (p. 91). These findings highlight the limitations of "typical" classrooms in meeting the needs of students with ADHD. Additionally, Ewe (2019) reported the act of trying to "sit still" but failing to do so can negatively impact student self-perception/esteem, as well as teacher and peer relationships. Lastly, Ewe reported that teacher-student relationships can act as a protective or damaging factor, with poor relationships associated with higher conduct problems, while positive relationships appear to buffer conduct problems.

Greener (2016) highlights the importance of teachers understanding eczema so they can better support students and help protect against bullying, exclusion, and internalising and externalising behaviours. Alternatively, Nguyen et al. (2016) found that when teachers have limited knowledge regarding eczema treatments, it hinders their ability to provide caring support.

Peer Relationships. Maya Beristain and Wiener (2020) asked 16- to 18-year-olds with ADHD about their friendship journey growing up. The path appeared challenging, with many experiencing bullying and rejection within close friendships. An extract from their study highlights the difficulty some boys experienced: "I didn't really try to be friends with anyone because I didn't trust myself to make good friends..." (p. 286). However, while difficulty marked the younger years, participants evidently found "their" people. Overall, the study highlighted the formation of social-resilience through the tough times, and friendships later provided acceptance and support. Additionally, when children with eczema pursue a passion

or something of joy, within a social network of like-minded others, this can act as a protective mechanism against negative peer interactions, such as teasing (Nguyen et al., 2016).

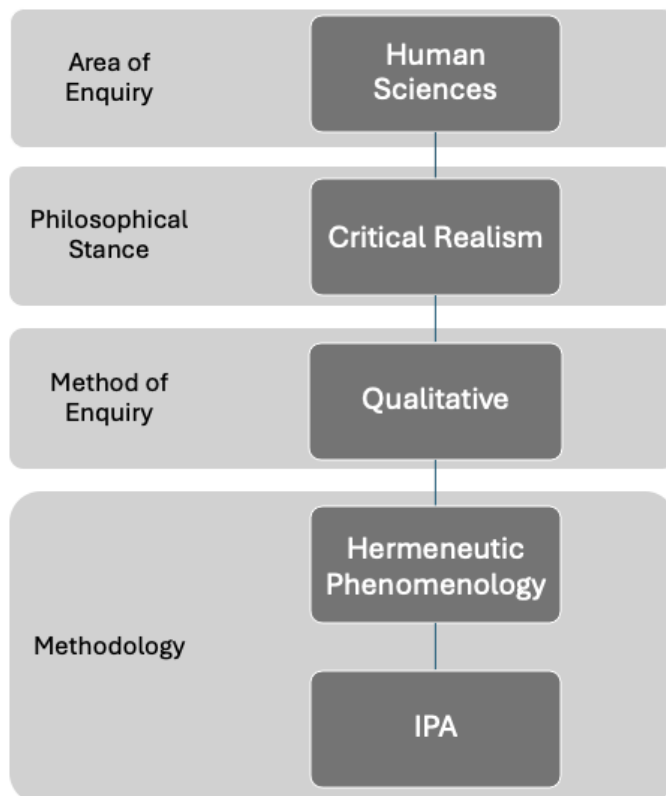
Collectively, this literature review reveals that positive relationships and interactions with parents, teachers, and friends can have favourable effects on the lives of those with ADHD and eczema, highlighting the importance of interpersonal relationships in all areas of life.

Chapter 3: Research Design and Methodology

This chapter presents the research design and methodology, as outlined in Figure 3, of the current study exploring the lived experiences of males growing up in Aotearoa with Co-ADEx.

Figure 3

Philosophical Underpinnings of the Research Design



Research Design

A key aim of the study was to uncover perceptions and insights of young men who have grown up with Co-ADEx. Consequently, one could say the phenomenon under investigation is the meaning these young men ascribe to their thoughts, feelings, perceptions, and memories of their experiences of ADHD and eczema. Their interpretation of the impact of these experiences, along with how supported they felt, was deemed valuable. Therefore, due to the conscious-mind element of the phenomenon under investigation, the research comes under the umbrella of *human sciences*. According to Ingthorsson (2013), “human sciences study meaningful phenomena” (p. 34) of that which is conscious and has free will, different to that of natural sciences which study the “merely physical” (p. 28) aspects of nature.

The aim of uncovering meaning behind lived experiences comes with an assumption of an objective reality (Laverty, 2003). However, it is assumed this reality will be experienced subjectively due to influences of personal traits, social interactions and cultural/religious beliefs. This aligns with the philosophical stance of critical realism (CR), incorporating *realism ontology* which posits a real world exists separate to human knowledge; and *relativism epistemology* which posits human understanding of the world is influenced by perceptions (Willis, 2023). Ingthorsson's (2013) statement, "I think that the meaningful phenomena studied by the human sciences are objectively real even though they are mind dependent" (p. 34), sums up CR.

Critical realism aligns with a *qualitative* method of enquiry, where Mason (2018) lists CR as a qualitative epistemological approach to research. While quantitative research often looks to "prove something", qualitative research is more subjective, messy, rich and ambiguous in its approach, seeking to explore the implicitly unknown (Finlay, 2011). Importantly, taking a qualitative CR approach of enquiry allowed importance to be placed on the perceptions and interpretations of participants' meaning-making (Finlay, 2011; Mason, 2018).

With a focus on lived experiences and the interpretations of those experiences by both participants and the researcher, a *hermeneutics phenomenology* (HP) methodology was selected. This is due to phenomenology aligning with the research questions' aim of revealing and describing lived experiences (Finlay, 2011), and hermeneutics aligning with the goal of gaining a deeper understanding of participants' inner world through participant and researcher interpretations (Pietkiewicz & Smith, 2014; Smith & Nizza, 2022). Lastly, *interpretative phenomenological analysis* (IPA) was selected to guide the procedures and techniques of the current study due to its strong focus on interpreting human experience and an awareness of researcher influence (Smith & Nizza, 2022).

Methodology

Hermeneutics Phenomenology (HP)

Hermeneutics phenomenology draws on the philosophies of phenomenology—the study of human lived experiences and what they mean (Laverty, 2003), and hermeneutics—the theory of interpretation to discover meaning (APA, n.d.).

Phenomenology. Edmund Husserl (1859–1938) established phenomenology within the field of psychology due to seeking a scientific and rigorous research approach that

embraced the subjective lived experience aspect of being in the world, something the natural sciences had overlooked (Ingthorsson, 2013; Lavery, 2003). Finlay (2011) describes phenomenology as not seeing the world and human as separate, but rather supposing an intertwining of body-world, where perceptions are experienced through body-as-vehicle. Finlay goes on to explain how humans often “do life” on autopilot or pre-reflectively. That is, without giving much thought to how they live in the world. However, there are times when humans transition into conscious awareness of a lived phenomenon. For example, when the body experiences discomfort, such as a condition like eczema, a body-world awareness comes into focus, bringing forth the *essence* (i.e., structures of consciousness) of the *conscious-mind*.

Consciousness is knitted to the social and cultural world in which one lives (Sherman, 2025). According to Lavery (2003), Husserl saw consciousness as a “co-constituted dialogue between a person and the world” (p. 23), where one intentionally engages with the essence of a particular phenomenon. Consequently, Husserl focused on *getting behind* conscious thought. That is, how do we get to an individual’s thoughts, feelings, and actions to gain a deeper understanding of their real experience, given we do not have direct access to the mind of another (Sherman, 2025). Phenomenological research acknowledges both participant and researcher as part of “the world”. Therefore, the researcher cannot remove themselves from their own lived experiences, nor their expectations and pre-conceptions (Finlay, 2011). Nevertheless, phenomenological researchers have a commitment to reveal the heart of a participant’s experience which is outside the researcher’s own understanding. Therefore, Husserl recommended researchers engage in *reflexivity* and put aside, or *bracket*²², any pre-conceptions of the world or scientific constructs which may conceal the experience under investigation (Finlay, 2011; Smith & Nizza, 2022).

Hermeneutics. According to the APA Dictionary (APA, n.d.), hermeneutics’ origins lie in the interpretation of scriptural texts, later expanding to include all texts, then all cultural expressions. In psychology, HP is associated with Martin Heidegger (1889–1976), who took Husserl’s philosophy of phenomenology further by suggesting all human behaviour has meaningful expression capable of *interpretation* (APA, n.d.). It is this element of

²² Bracketing involves the putting aside of pre-conceptions or habitual ways of knowing; it requires intense reflection and curiosity, and an openness to “experience” rather than reasoning (Finlay, 2011).

interpretation that makes HP what it is. While phenomenology regards bracketing as a way of accessing real experience, Heidegger believed “pure” bracketing or complete removal of all pre-conception is impossible, as a researcher cannot simply put their assumptions aside. As such, Heidegger believed the researcher interprets participants’ interpretations through a lens of their own lived experiences (Laverty, 2003). Consequently, Heidegger engaged in a process known as the *hermeneutic circle* and the concept of *appearing* (Eatough & Smith, 2017).

The hermeneutic circle aims to prevent researcher pre-conceptions from controlling their interpretations (Finlay, 2011). Therefore, the researcher is open to new understandings of their pre-conceptions as they switch between looking at the *whole* and *parts* of the phenomenon being explored. For example, growing up with ADHD and eczema could be considered a “whole”, while an individual event, such as missing swimming lessons because of an eczema flareup, would be considered a “part”, or an experience (Smith et al., 2022). The researcher is interested in how the whole and its parts work together, separately, and within context to uncover meaning (Eatough & Smith, 2017; Smith & Nizza, 2022). In addition to the hermeneutic circle, *appearing* is the dynamic investigative process of discovering the “meaning” of interest in the whole and parts (Eatough & Smith, 2017). It is this process of exposing pre-conceptions to new understandings, the appearing of something new, and a focus on lived experiences that makes hermeneutic phenomenology a suitable methodology for this study.

Interpretative Phenomenological Analysis (IPA)

Originating within the field of psychology, IPA is a qualitative phenomenological method of enquiry (Smith et al., 2022). IPA is designed to explore people’s lived experiences and how they make sense of them within the context of their lived-world (Smith & Nizza, 2022). According to Smith and Nizza (2022), IPA is not a philosophy but rather a set of procedures and techniques *guided by* a set of philosophical principles. The three guiding principles of IPA are phenomenology, hermeneutics and *idiography*. Phenomenology, as discussed, looks to discover lived experiences, while hermeneutics looks to interpret experience and meaning-making. Additionally, idiography requires a case-by-case approach to analysis, meaning each individual participant’s data is analysed in isolation before moving to the next case. Therefore, any convergence or divergence between participants’

experiences of a similar phenomenon is only investigated once *all* cases have been examined individually (Smith & Nizza, 2022).

Interpretation is an important element of IPA. The term *double hermeneutic* is what Smith et al. (2022) use to describe the process of researcher trying to make sense of (i.e., interpret) participants' trying to make sense of their experiences. Therefore, double hermeneutics allows for the lack of direct access to participants' thoughts and feelings, while also acknowledging the role the researcher has in the interpretation process. For example, four different researchers may provide four different interpretations from the same data. While each interpretation has value, these differences highlight the importance each researcher places on different experiences and, therefore, which elements of an experience they choose to investigate further. This does not reduce the importance of the findings but rather highlights the role of the researcher in the search for meaning (Smith, 2011)—something that exists regardless of which philosophy guides the research²³.

Lastly, data generation techniques in IPA vary. However, the most prominently used method is *semi-structured interviews* (Smith & Nizza, 2022), which was selected as the method of data generation for this study. The specific steps taken during IPA data analysis will be discussed in the data analysis section.

Procedure

This section outlines the recruitment, participants, and data generation procedures of the current study. These procedures support a hermeneutic phenomenology approach, with the aim of answering the research questions mentioned earlier and reintroduced below:

1. How do young men make sense of the impacts of growing up with coexisting ADHD and eczema to self-perception, emotion regulation, and interpersonal relationships within the context of their family, school, and community?
2. How well-supported did they perceive themselves to be in these contexts?

Participant Recruitment

Participant recruitment was guided by IPA. For this reason, a purposive sampling approach was selected. Purposive sampling is best utilised when a study calls for information about a specific experience, and a particular group of people are assumed to hold the most

²³ For example, the selection of a particular research topic is directed by the researcher's interests.

appropriate insights regarding this experience (Campbell et al., 2020; Smith & Nizza, 2022). Purposive sampling also supports a homogeneous sample, which is recommended for IPA (Smith & Nizza, 2022).

Initial recruitment of participants involved displaying an advert describing the study and participant eligibility requirements (see Appendix A). While recruitment efforts included various physical and digital avenues (see Appendix B), all participants were eventually recruited via several paid Meta adverts. The Meta adverts targeted Aotearoa males aged 16 to 25 years. Everyone who showed interest after seeing the advert completed an online form asking for their name and email address. Interested persons were followed up via email and provided a *Participant Information Sheet* (see Appendix C). From the 25 interested persons who made contact, four were not eligible, 16 made no further contact after receiving the information sheet, and five participants were recruited and took part in the study.

Participants

According to Smith et al. (2022), IPA research requires small participant numbers to allow for in-depth accounts of personal experiences. The core concept is quality of information over quantity. Smith et al. stress that sample size is not prescriptive and should be based on case-by-case needs. However, they suggest that having more than six participants for novice IPA researchers risks spreading the analysis too thin. Therefore, the current study set out to include six participants with the following inclusion criteria:

- male,
- aged 16 to 25 years old,²⁴
- grew up and live in Aotearoa,
- experienced eczema in childhood,
- diagnosed with ADHD at least six months prior to the study.

Exclusion criteria included:

- not privately known to me; to increase authenticity and reduce power imbalance,
- not self-diagnosed with ADHD; to increase homogeneity.

Participant recruitment proved challenging. Speculated reasons for recruitment difficulties include an awareness of the general public having limited knowledge regarding

²⁴ The age range was selected to allow for *growing up* to have taken place while not being too far past the *child* stage; approximately aligning with “emerging adulthood” (Arnett, 2000).

the link between ADHD and eczema. Specifically, while there are numerous studies on associations between ADHD and eczema within certain fields of research (e.g., genetics), no published literature on the lived experiences of Co-ADEx could be found, which may contribute to limited public awareness of Co-ADEx. This may have reduced “public interest” in the study. Additionally, differences in the type of research females and males are likely to participate in may have contributed. For example, according to Carbone et al. (2024), females are more likely to participate in self-disclosure research than males. Nevertheless, due to recruitment difficulties and time constraints in the study, five participants were recruited instead of six. Notably, according to Smith et al. (2022), three to six participants can be effective in producing quality, insightful IPA research findings. All five male participants were recruited from the North Island, with a mean age of 22.8 years; each were provided a pseudonym.

While each participant was male, lived in Aotearoa, and had childhood eczema and an ADHD diagnosis, their individual journeys were unique. Therefore, to allow for a closer connection with the participants while reading, Table 2 provides a brief overview of each participant.

Table 2

Participant Introductions

	Pseudonym	Age	Ethnicity	ADHD diagnosis Age	Main Childhood Eczema Sites	Eczema Status
1	Josh	24	NZ European	13 years old	Arms and thighs	Outgrown
2	Logan	25	NZ European	8 years old	Widespread	Still has
3	Austin	20	South African	7 years old	Arms	Still has
4	Blake	24	Chinese	23 years old	Arms	Still has
5	Ezra	21	NZ European	20 years old	Hands	Still has

Data Generation

Data was gathered via in-depth semi-structured interviews, as outlined by Brinkmann (2013) and aligning with HP and IPA (Finlay, 2011; Smith & Nizza, 2022). Each interview was guided by a preplanned *Interview Guide* (see Appendix D), containing a set of carefully considered questions. According to Brinkmann (2013) and Finlay (2011), the flexible nature of semi-structured interviews allows the *voice* of participants to be heard. It also allows the researcher to have flexibility to go deeper when needed, all while guiding the interview in a

purposeful direction. In essence, the role of the interviewer is to invite and guide participants to speak openly about their experiences with the hope of uncovering rich accounts of personal importance.

All interviews were conducted on Zoom, in part due to participants' locations. Once participants had confirmed their interest in taking part, an interview time was agreed on, and a Zoom meeting link was emailed prior to the interview day. After introductions were completed and participants agreed, interviews were recorded for subsequent transcription. This also allowed me to give the participants my full attention without being distracted by note-taking. The interview guide was used to ask questions and provide prompts/probes when needed. All interviews went smoothly, with an average recording time of 70 minutes—excluding opening and closing conversations.

Once the recording was finished, participants were asked how they were doing and told they would receive an email with a copy of their transcript to check for accuracy once it was ready. All participants, upon receiving their transcript, returned signed *Transcript Release Forms* (see Appendix E) within the allocated two-week timeframe, confirming they were happy for the transcript to be used. A \$50 ePrezzy Card was emailed shortly after the interviews as compensation for their time and expertise.

Research Ethical Considerations

The current study underwent a full application process before the Massey University Human Ethics Committee and was approved to proceed under application ID: OM1 25/21. The following outlines the ethical considerations arising during the study design process and completion of the ethics application.

Cultural

Aotearoa is a bicultural nation that recognises Te Tiriti o Waitangi (1840) as a founding document. Te Tiriti (The Treaty) acknowledges both Māori and non-Māori culture as important (Hayward, n.d.). Therefore, the current study sought Te Tiriti guidance in several ways.

Firstly, the Massey University of New Zealand's *Code of Ethical Conduct for Research Involving Human Participants* (Massey University, 2017) provided a starting point, directing researchers to apply Te Tiriti principles in their research. This includes, but is not limited to, the principles of *partnership*, *participation*, and *protection*. Secondly, the Māori research ethics guidelines of *Te Ara Tika* were utilised due to its emphasis on an ethical framework

embracing *tika* (research design/validity), *whakapapa* (relationships), *manaakitanga* (cultural and social responsibility), and *mana* (justice and equity) from a Māori tikanga (protocols and practices) stance (Hudson et al., 2010).

Thirdly, an awareness of how childhood eczema can disproportionately impact Māori, Pacifica and lower SES populations²⁵ (Harvey, 2023) was gained. By contrast, during the ethics application process, it was originally decided not to collect ethnic data, considering some individuals can be apprehensive of ethnic data collection due to historical misuse (for example, see Cormack, 2022). However, this decision was questioned by the ethics committee, and thesis supervisors highlighted the importance of “context” within IPA data analysis. Therefore, the original plan was reconsidered, and ethnic data was collected with the explicit purpose of experiential context only.

Lastly, I explored available literature on how ADHD (*aroreretini*) is understood from a Māori worldview²⁶. ADHD is often diagnosed within a Westernised framework, thus having the potential to *indirectly discriminate* against Māori and other cultures outside a Westernised worldview (Eatwell & Wilson, 2016; Larkin et al., 2006). Considering this, all participants were invited to share their story from their worldview. That is, what made sense to them. This was supported in the interviews by asking participants to tell me what they considered significant to them. Importantly, IPA allows for analysis to be rooted within a “wider social, cultural, and perhaps... theoretical, context” (Larkin et al., 2006, p. 104). Given my location as a NZ European cultural expertise was requested and secured, for assisting with the interpretation of participants’ meaning-making. Whilst participants’ ethnic and cultural backgrounds did vary, with three participants being of European descent, one South African and one Chinese, this did not appear to significantly influence how their stories unfolded.

Respect, Privacy, Autonomy, Accessibility, Informed Consent, and Safety

The current study aimed to ensure all participants felt comfortable, safe, and respected. Therefore, time for relationship-building with potential participants was worked into the design. This entailed optional whanaungatanga/relationship-building Zoom meetings prior to the interview, with the goal of getting to know each other and ensuring an

²⁵ Eczema more frequently leads to hospitalisation in these groups than in individuals outside these population groups.

²⁶ For examples see Kopua and Skirrow (2023) and Rangiwai (2024).

opportunity for answering any questions. While the whanaungatanga option was provided for all participants, none of the participants selected to take part, opting instead to meet for the first time in the official interview. Further, when scheduling interviews, participants were asked if they had any specific cultural or other requirements that would help make the interview process more comfortable. No participant had any special requests. Lastly, sensory fidget toys have been shown to help some individuals who process information better or feel less anxious while “doing” something (Liu, 2025; Son et al., 2024). Therefore, fidget toys had been planned for interviews in person. However, due to all interviews taking place on Zoom, these were not needed.

Informed consent (see Appendix F) was sought from each participant prior to the interviews taking place. These forms were emailed to participants once they had agreed to take part in the study. It was suggested that participants either read their own form, or read it over with someone they trusted, or with me, before signing or verbally confirming. These options were provided to align with the Māori cultural consideration of oral consent (Hudson et al., 2010), as well as being an *inclusive practice* which can increase accessibility to taking part in research (Fletcher-Watson et al., 2021). All participants read the consent form themselves, then signed it and emailed it back to me prior to their interviews.

To ensure privacy and anonymity, all personal information was handled with respect. This included secure data storage at all stages of research, with data and participant information kept password-protected on my Massey Microsoft OneDrive. OneDrive is considered safe and secure and aligns with Massey's cyber security policies. Additionally, permission was verbally gained from participants before starting the recording of their interview in Zoom. The Zoom audio transcript was then quickly transferred to the AI-powered platform Sonix for ease of transcription-editing and accuracy checking. Sonix (Sonix, 2025) was selected due to its security and privacy policies, which, unlike many AI transcript providers, does not use personal data for AI training. Sonix uses data encryption technology. Once transcripts had been edited and confirmed for use, they were deleted from the Sonix platform. Additionally, all transcripts were de-identified before sharing with supervisors and used in this thesis. This included providing a pseudonym and replacing or removing any identifiable information, such as place of work, institutions, and family names.

In-depth interviews enquire about personal lived experiences, and therefore, have the potential to cause psychological discomfort. Further, as mentioned in Chapters 1 and 2,

having ADHD and/or eczema can be associated with stigma, bullying, conflict, relational difficulties and other such experiences. Because of this, discussing and remembering events from the past had the potential to raise painful memories or experiences. Therefore, prior to interviews starting, participants were reminded of their right to ask questions along the way, to leave questions unanswered, to pause the interview, or withdraw from the study if they felt they needed to. However, no participant felt the need to take up any of these options, and all appeared to be mostly relaxed throughout the interview. At the end of the interview, I checked in with how participants were doing and followed up with a "checking-in" email a few days later (along with their transcript). Information for helplines, counsellors, and further information about ADHD and eczema was provided in the Participant Information Sheet and reiterated to participants at the close of the interview.

Data Analysis

This section outlines the step-by-step process taken to analyse data. Analysis was guided by Smith et al. (2022), with some adaptations to suit my strengths and mode of thinking—highlighting IPA’s flexibility. For example, by nature, I am a verbose person, processing information through words. IPA’s flexibility allowed the addition of “reflective notes” within the data analysis, ensuring my interpretations were firmly rooted in data, while also scaffolding my ability to move forward without leaving anything behind.

The idiographic approach included seven data analysis steps. *Step one* involved listening to the *first* interview’s audio while reading the transcription to ensure the transcript matched the audio verbatim. Pauses and vocalisations, such as laughter, were added, and all identifiable information was removed or replaced. The product from this step was sent to the participant to check for accuracy²⁷. *Step two* involved listening to the audio a second time for deeper familiarity. First impressions were jotted down while working in Sonix. *Next (step three)*, the edited transcript was exported from Sonix to an Excel spreadsheet. Smith et al. (2022) recommend creating a table/spreadsheet with three columns: one for the original transcript, one for exploratory notes, and one for experiential statements. However, a fourth column was added to include my “interpretation rationale” behind each experiential statement, a layer of reflexivity (see Table 3).

²⁷ No participants requested any adjustments to their transcripts.

Table 3*Example of IPA Data Analysis Spreadsheet*

Line #	Experiential Statement	Rationale Notes (<i>extra</i>)	Original Transcript	Exploratory Notes

Then (step four), the transcript was read while *exploratory notes* were taken, with the goal of developing in-depth comments, which encouraged the richer meaning-making to emerge. For *step five*, succinct *experiential statements (ES)* were formed by consolidating the exploratory notes and capturing the most important experience descriptions, without compromising the complexity of the meaning. ES captures both the participant's meaning-making and the researcher's interpretations; the additional "rationale" column was utilised here. *Step six* involved printing and cutting ES into strips and organising them randomly on a table. This step involved identifying connections between ES and grouping similar ES. These groupings were then given a theme name to encapsulate the combined experience. *Finally*, for the first participant, *step seven* involved creating a new spreadsheet that combined the themes to show the Personal Experiential Themes (PETs). This involved deciding on "top-tier" PETs, then dividing each PET into subthemes (a maximum of five). Participant quotes were selected to support each subtheme, always ensuring to keep PETs/subthemes grounded in the participants' experiences. *I then repeated* all previous steps for the remaining four participants. *Lastly*, Group Experiential Themes (GETs) were developed through cross-case analysis of PETs and subthemes, looking for both shared and unique characteristics across *all* participants' experiences. This step was similar to developing PETs, but rather than using one participant's PETs, it included all participants' PETs and subthemes. *Eventually*, five (5) GETs were determined. These were discussed with my supervisors, modified further during the writing process, and are now outlined, along with their subthemes, in Chapter 4.

Validity and Quality Statement

While qualitative research is less focused on validity and reliability than quantitative research, IPA still allows a level of rigour and robustness in the findings (Finlay, 2011). According to Shinebourne (2011), qualitative research applies four guidelines to assess validity and quality: sensitivity; commitment and rigour; transparency and coherence; and impact and importance. The current study upholds sensitivity by using direct quotes, with interpretations grounded in data and relevant literature. Commitment and rigour are upheld

through commitment to appropriate sample selection (which required perseverance), idiographic methodology, rich data-producing interviews, and complete data analysis. Transparency was upheld by providing an in-depth description of all research procedures and coherence through researcher interpretations of direct quotes. Lastly, impact and importance relate to “engaging the reader” (p. 27) in a way that communicates something of importance or interest. This study upholds this by introducing novel research in an area previously unrecognised in lived experiences literature, and by providing new insights into various interactions and differences between ADHD and eczema.

Chapter 4: Findings

There are no meaningful phenomena that do not involve conscious beings that perceive the phenomena as meaningful in some particular way.

- Ingthorsson, 2013, p. 30

This study explored the lived experiences of boys who grew up in Aotearoa with Co-ADEx. The research was guided by two main questions: how these young men made sense of the perceived impacts of growing up with Co-ADEx to self-perception, emotion regulation and interpersonal relationships; and how supported they perceived themselves to have been. Findings revealed a complex interplay between ADHD and eczema, while providing an inside perspective of living with these conditions in a socially influenced world. Importantly, the findings also revealed how participants' lives are influenced by ADHD and eczema in different ways. This chapter narrates the findings using Group Experiential Themes (GETs) and subthemes, as outlined in Table 4. Notably, within this chapter, participants use the terms "adrenaline" and "dopamine" within a *popular psychology* context (APA, n.d.). Therefore, these terms are often operationalised within the context of participants' views, rather than their scientific meanings.

Table 4

Group Experiential Themes with Subthemes

No	GETs and Subthemes
1.	Coexisting Conditions Have Various Explicitly Observed Interactions
2.	Living in a Socially Influenced World Shades Individual Experiences and Identity
2.1	The Lens You Look Through Shades the Experience of Self-perception
2.2	Societal Interpretations Impact How ADHD and Eczema Are Understood
2.3	Becoming "Battle Hardened"
3.	Recognising the Strengths, Difficulties and Complexities of ADHD
3.1	Balancing the ADHD "Adrenaline Tank"
3.2	ADHD Helps Me Get More Out of Life
3.3	Medication is Only One Tool in the Toolbelt
3.4	Missing ADHD in Childhood has Significant Implications
4.	Growing Up With Eczema Deserves its Own Story
4.1	The Itch-Scratch Cycle Interrupts Life
4.2	A Shift From Shame to Confidence
4.3	There is a Daily Self-Vigilance Mode to Eczema Control
5.	Support Systems as Bridge or Barrier
5.1	The Education System: Getting it Right
5.2	Parents Have a Big Impact
5.3	It Takes a Village: Understood, Accepted, and Held Accountable

To contextualise the following narrative, data analysis revealed the core constructs of emotion regulation, self-perception and interpersonal relationships were embedded within and interwoven across themes. Therefore, each GET represents an important experience of growing up with Co-ADEx with a reflection, where appropriate within the context of an IPA analysis, on how emotions, self-perception, and interpersonal interactions were impacted or contributed to the experience. The topic of support was more clearly defined and is discussed in theme 5.

1. Coexisting Conditions Have Various Explicitly Observed Interactions

Most participants recognised some interaction between ADHD and eczema. However, the degree of awareness varied from observing interactions in others to being self-aware of the impacts in their own lives. Therefore, interactions ranged from obscure to obvious, with the impact on lived experiences ranging from subtle to rather influential. Josh, experienced no noticeable interactions: “I think they were very separate... I wouldn’t say there was any correlation”. Yet for Austin and Blake there was an awakening to the possibility of an interaction:

I never thought of it until I saw your ad for it. And when I think about it, a lot of people who I do know who have ADHD usually do have eczema as well. So, I thought, oh, that’s a pretty interesting link.

Austin is open to the idea of a Co-ADEx connection but never gave it much thought until the idea was presented to him. Therefore, the participant recruitment advert sparked an interest in the *possibility* of a connection, making Austin more aware of those with Co-ADEx around him. For Blake, his interest was aroused when he received an ADHD diagnosis as a young adult: “after my [ADHD] diagnosis I was thinking, man, someone should so do a study on [impulsive scratching], and amazingly I was found by an ad”. He later goes on to explain why:

[The impact of ADHD on eczema scratching is] something I thought about recently because I have friends who have eczema who don’t have ADHD, and they basically just say like ‘stop, don’t scratch’. But... I think when I start itching, I kind of just like itch for like a lot and ages and it’s almost like mindless.

Blake sees a connection between the impulsive scratch behaviour in himself as different to his friends who have eczema but not ADHD. It appears having ADHD provides Blake with a rationale for why he struggles with scratching more than his friends. Ezra also explicitly

supports this line of thinking: “As a kid, I’d scratch really badly, and I feel like ADHD didn’t help with that. It just made it more impulsive to scratch because it was itchy. And then that would make [the eczema] even worse”.

Ezra highlights a circular influence of ADHD impulsivity increasing eczema scratching, which further exacerbates the eczema, and on it goes (i.e., the ISC). Both Blake and Ezra see a strong connection between impulsive type ADHD and the reduced ability to not scratch. For Logan, the interactions were less about impulsivity and scratching, but rather spread throughout his day-to-day life. During the interview Logan expressed a desire to be “natural”, stating: “ADHD... can be managed, and walking is one of the big ways to control that because I’m always more grounded... as well as [walking managing] eczema”. Logan makes the connection that walking helps manage both ADHD and eczema, hence, there is an interaction in the management of Co-ADEx. Later Logan explained:

I found [ADHD medication] too stimulating and addictive, I just said no I don’t want [medications], got rid of them because it made the eczema worse [by] increasing the stress hormones and activating the adrenal gland stuff... I was just like, no, I’d rather have a green tea.

Logan experiences a circular influence of ADHD management (e.g., medication) on eczema control; just as we saw with ADHD impulsivity and scratching control. Logan also voices a dislike for medication, preferring natural approaches like “green tea”, reinforcing this by saying: “I’ve got a thing about hating being sedated or drugged, I like to be natural”.

Growing up Ezra also found ADHD impacted the management of eczema, but his experience is different to Logan:

It was very noticeable in looking back on it... like, primary and intermediate school, where I’d just lose the creams and lotions that I had to help [eczema], due to what I know now as ADHD and just forgetfulness... And then, of course, if I didn’t have creams or lotions, then that [would] very quickly get really painful, and really bad with eczema.

Ezra provides an explicit example of an interaction between ADHD and eczema where an element of ADHD neurodiversity (i.e., forgetfulness) led to losing eczema lotions. This in turn led to not being able to treat the eczema and eczema severity increasing. Again, highlighting a circular Co-ADEx relationship.

Lastly, both Logan and Ezra experienced social-level interactions between ADHD and eczema. Logan explains the impact of eczema dietary restrictions:

Just kind of felt, not outcast like, but, you know, something's wrong. Something's abnormal. You know that kind of thing. Exclusion is possibly [pause] the thing that came across... when you're excluded from something... and of course being ADHD I was very hyper.

Logan makes a subtle association between eczema and ADHD. That is, as he describes the "exclusion" he experiences from having eczema related dietary restrictions, he feels the need to also mention he has ADHD "hyper"-activity. It appears Logan is expressing a connection between the experience of eczema and ADHD driven exclusion during his childhood years. This highlights an interaction at the *interpersonal* level of Co-ADEx. Ezra also experienced this:

As a kid it was those factors from ADHD and eczema combined... led to all these, like, quirks. And then, the more quirks you have, the more different you are. And then any kid who's like, a bit different finds it hard to make friends. That's for sure.

Ezra describes the social impact of both eczema and ADHD. They both have "quirks", and those quirks make you "different", making it harder to make friends. This highlighted a Co-ADEx effect on interpersonal relationships driven by "Othering"²⁸. There is also an impact on self-perception, where certain quirks can lead to a self-perception of being different to others.

Overall, across the different lived experiences Co-ADEx has observable interactions in areas of impulsive scratching, management, self-perception, and interpersonal relationships.

2. Living in a Socially Influenced World Shades Individual Experiences and Identity

This theme is about being "in the world" and the ways these young men navigated various situations and understandings of ADHD and eczema, from self and others. Participants described the influence of what I call "doing life in a socially influenced world". Societal influences include things like preconceptions or stereotyping, "socially accepted" ways of treating others, and the interpretations participants made of their own situations. From this viewpoint, social influence shades both external and internal experiences.

²⁸ Othering: "To treat or consider a person or group as alien to oneself or one's group" (Merriam-Webster, n.d.-a, Other 5 of 5 section). Othering can lead to stigmatisation (Bhugra et al., 2023).

2.1 The Lens You Look Through Shades the Experience of Self-perception

These young men perceived life through a lens which encouraged positive self-perception. Whether they were forced to see life a certain way, or it is merely an element of their character, each participant showed a resilience or “overcomer”²⁹ attitude. When remembering childhood eczema Josh said: “I would have been self-conscious to do maybe specific things, but it would never have prevented me from taking part”. Josh admits to a level of self-consciousness, but he chose not to avoid the situation or let self-consciousness win. This shows a level of healthy emotion regulation, as explained in Chapter 1. In a similar manner, Austin explained: “When I was younger, I used to say [ADHD] was a superpower, so I had always a really positive outlook on it”. This provides an explicit example of how reappraisal, discussed in Chapter 1, provided a positive understanding of ADHD rather than ADHD being something undesirable and deficit focused.

Reappraisal was also conveyed in less obvious ways, such as in Ezra’s story. Ezra had a drawn-out and often turbulent road to receiving an ADHD diagnosis, only being diagnosed approximately six months prior to our interview. He pointed out some of the difficulties of a later diagnosis:

What’s been hard for me is having to start undoing some of those [learned maladaptive ADHD coping strategies] and trying to build better management strategies, which is something that I have great difficulty doing. And is something that is very much like front of mind for me right now when anyone mentions ADHD, it’s how to help those things.

Ezra acknowledges the difficulties he is facing, but rather than feeling defeated Ezra is facing the challenge of learning to un-do unhelpful habits head-on. Not running away (i.e., avoiding) but choosing to make it “front of mind... to help”. Ezra is currently working with a counsellor and is learning to reappraise *life with ADHD* to provide hope for a better/easier future. By actively engaging in this challenge, Ezra shows a belief that he can overcome difficulties. Logan also applies a hopeful lens:

God only gives you what. Or, you know, life only gives you what you need, not what you desire... I’m happy for that to go through. You know, it was a necessary thing to go

²⁹ Overcomer: a person who overcomes something; one who succeeds in dealing with or gaining control of some problem or difficulty (Merriam-Webster, n.d.-b).

through to get to the state because obviously, from what I believe anyway, from a personal perspective... your personal experiences, as long as you learn from them and grow from them, happen for a reason.

Rather than feeling aggrieved by the difficulties he has had to overcome and work through, Logan has embraced the idea of using what life has given him. He shows evidence of applying a positive reappraisal of the unjust stuff that happens in life. It is like aligning life with purpose and meaning, “there is something greater than me and I am important in how everything comes together”. Like Logan, Blake does not let things keep him down, he reappraises them to work in his favour: “Even if I didn’t do what I set out to do... even if I want to get there eventually, I’m still kind of like failing upwards towards it”. For Logan and Blake, there is an element of purpose or meaning in everything that happens, even if in the moment it is not obvious. Blake describes it as: “automatically tak[ing] the most positive interpretation”.

Taken together, participants’ stories show elements of self-acceptance, where obstacles do not define them, but rather equip them to be who they were born to be. This highlights how facing adversity head-on can empower individuals to step into their identity. Self-perception is a part of this story, as each decision made has the potential to influence how individuals perceive themselves. By taking control of difficult situations and applying a positive lens, these young men help themselves to maintain a positive self-perception. Therefore, this highlights the participants ability to apply the emotion regulation strategy of reappraisal to increase their chances of a positive outcome.

2.2 Societal Interpretations Impact How ADHD and Eczema are Understood

As participants told their stories a patterning of preconceptions, stereotypes, and societal interpretations of ADHD and/or eczema became apparent. Surprisingly, some stereotypical understandings of ADHD were found within participants meaning-making, while ADHD and eczema were both more poorly understood within society. Ezra expressed how with some visible medical conditions, other than eczema, people: “Ask a bit more respectfully. But with eczema, it just feels like a thing that people just are like, ‘what’s wrong?’, in a very casual way, without knowing that sometimes it’s quite sensitive to some people”. Ezra experiences a lack of societal understanding or awareness towards the painful impact eczema can have for some individuals. Logan echoes this idea, further highlighting a societal lack of understanding, or even empathy, regarding eczema:

I mean, people see you scratching or itching... and they start to think all sorts of things, especially with this bloody [Covid] pandemic that's happened... people have become really [pause], just busybodies... really gossipy. And social networking... in terms of [smartphones and social media] emboldens people to comment on personal issues, such as the eczema..., whether they know if it's eczema or not.

Logan perceives a societal shift since the Covid pandemic where people seem to be more on-edge, while also less informed, about health issues. Logan also includes social media as part of the problem, where people sometimes think they have the right to comment without a filter, perhaps best explained as a lack of social empathy. This has led Logan to feel more anxious in public, where the gaze of strangers can be an emotional trigger for him now.

Preconceptions or stereotyping showed most strongly in the interpretations of ADHD. Without really understanding they were doing it, some participants self-stereotyped ADHD. Logan described what ADHD looked like for him at primary school: "You know, the jumping and interjecting conversations, not sticking to a topic, all the usual stuff". This highlights his understanding of the "usual stuff" associated with ADHD. At a deeper level, when asked if ADHD influenced his emotions Josh considered:

I don't think it does, though, because, I mean, so many people who currently have ADHD are hyper emotive... So, I don't know if I feel like I'm kind of the opposite end of the spectrum. So, it's like, oh, do I even have ADHD?... is the diagnosis wrong?... I don't know, because I'm very logical in my way of thinking... I'm very able to rationalise my emotions.

Josh, who received an ADHD diagnosis in Year 9, is processing the idea that the diagnosis may be wrong. That is, Josh's experiences of himself are different to his preconception of ADHD; therefore, "they" might have got it wrong. Similarly, Austin also reflected a level of disconnect from his preconceptions of ADHD emotions when asked the same question:

I don't think so.... I always have my emotions, like I never yell out of anger or act out for any reason. I feel like I do think through a lot of like, whenever I do feel like doing something, I'll probably say what [are the] consequences and stuff like that. So, I think no.

Both Josh and Austin reveal preconceptions about ADHD emotions. For example, because they both have good control over their emotions, they did not feel ADHD had an influence. I felt this reflected a societal stereotyping of what ADHD emotions look like. That is, when considering what ADHD emotions are, society tends to lean towards emotions that are explicitly considered more negative, such as anger or becoming illogical. In this instance, however, I later went on to explain the question was about “all emotions” whether considered negative, positive or neutral. Austin’s reflection then changed to express that yes, he believed ADHD made him more excited about things and he laughed louder than his friends, both things he enjoys. This paints a more positive picture compared to his earlier understanding of what ADHD emotions are, while also illuminating the impact preconceptions can have on self-perceptions and understanding others.

In a similar manner, Blake explicitly discussed his own preconceptions of ADHD when he was at school and how they prevented him from associating himself with ADHD: “[In high school] my awareness of ADHD was like ‘I couldn’t have it because I don’t need like the high school support... I just have a bit of attention issues’...” Later adding: “I didn’t know what ADHD was back then... I just kind of assumed I didn’t have it”. Blake’s prior understanding of ADHD was rooted in a societal understanding of what ADHD is, for example, “I must not have ADHD because...”. Participants’ perceptions make me believe that society has a somewhat rudimentary understanding of what ADHD is, highlighting potential barriers to diagnosis and, at times, reducing self-ADHD-understanding. Yet it is Important to be aware of overdiagnosis too, as Josh pointed out: “everyone seems to have ADHD nowadays”, emphasising the need for a balanced approach to societal education which incorporates a comprehensive understanding of what ADHD is, and what it can look like.

Blake and Ezra also considered the negative impact societal preconceptions of ADHD can have. Blake shared a story involving his Chinese cultural background, highlighting how within certain communities a lack of understanding can lead to negative stereotyping:

I think in Chinese communities especially, like it’s not that you’re like mental or you’re crazy, but... it’s just something to make you do better... I feel like for me, if there was more awareness or vigilance or understanding that maybe some of the kids who are doing really well in school sometimes might just have ADHD and they could do better.

Blake highlights how a rudimentary understanding of ADHD provides a narrow stereotyping of what ADHD means, with certain communities having more detrimental understandings

than others. Blake then expresses the impact narrow/negative stereotyping had for him directly by conveying the idea that children with ADHD, like him, can do well at school, challenging a common stereotype of ADHDers struggling academically (e.g., Metzger & Hamilton, 2021). This highlights how stereotyping can enact negative academic expectations for those with ADHD, while also blocking ADHD assessment, as was the case for Blake and Ezra.

I'd say... from what I know and from what I see, there are kids who have had a similar experience to me that weren't diagnosed in school at all. But as a result of their ADHD like circumstances in life, had a much worse time at high school and got into serious substance abuse. I'm talking about people I know who were only diagnosed because they ended up so far in the criminal justice system... There's fewer degrees of separation than people realise between themselves and the people that we like to other... It's something I find hard to communicate to people about ADHD in society. And it's something that weighs on me very heavily...

Ezra is expressing a societal naivety towards ADHD, that he himself had to live through, while also highlighting how life circumstances can lead people in different directions. Ezra emphasises the importance of a deeper societal understanding of ADHD, with the goal of helping boys succeed. Ezra's turbulent path through the schooling system has ignited a passion within him to advocate for children currently growing up with ADHD, highlighting how experiencing adversity can produce empathy for others facing similar experiences. Given eczema also comes with a level of societal carelessness which can lead to harm, there is an increased risk of harm for those with Co-ADEx, which may be important to understand.

2.3 Becoming "Battle Hardened"

For several participants their younger years were touched by repetitive painful interactions, painting a need to develop layers of emotional self-protection. Ezra said: "by [high school] I'd matured enough, and been teased and bullied enough to, like, not give them satisfaction". Ezra is referring to the kids who still liked to tease. Logan echoes: "There's the comments [about eczema] and I learned to just tough, get a thicker skin... and I just learned to rather than just try and explain to people what's going on, it's no point." Both Ezra and Logan describe mechanisms for resisting the impact of teasing or difficult comments. Logan elaborated on his journey:

I've kind of low self-confidence, negative and stuff in the past. And I still think it you know, at some level it does impact. But now it's just... once you've had some experience, I'm battle hardened, [pause] now that's a good phrase, yeah.

Both Ezra and Logan grew up being teased for having Co-ADEx. While Ezra described the bullying as reducing as he and his peers got older, there appears to be an unshakable element of Co-ADEx that leaves a lingering element of undesirable attention. Due to the lingering nature of this attention the only option these young boys had was to develop self-protective skills, aka: a "thicker skin".

For Josh becoming battle hardened was less explicitly stated and expressed as: "I didn't really care, quite frankly. It didn't particularly bother me if people liked me or not. I had friends and I have friends... I just cared so little about other people's opinions". Here friends have the capacity to be protective or hurtful. For example, Josh has good friends and that is enough. However, as Josh told his journey of reaching the point of "caring so little", certain elements stood out which expressed hurtful interactions with others along the way: "I definitely felt emotionally hurt, maybe by breakups or betrayals, and I think it's just I've experienced a few of them, as has everybody". By not caring, Josh created a layer of self-protection because if you do not care then the idea is, you cannot be hurt. From engaging with Josh during the interview the outcome of "not caring" appeared to come from dealings with parents, school, and others in his earlier years. Importantly, this layer of self-protection is not necessarily negative. Josh provided an insight to his thinking regarding his actions: "I'm quite self-confident in who I am, so it's not like I feel like I need to vie for these friendships". Rather than seeing the ability to not care what others think as a negative, it could be more about becoming confident in who you are and not fearing what others think.

A key shared element of growing up with ADHD and eczema was an experience of negative interactions with others during the younger years. While the self-interpretations of how this was experienced sound different, the overall outcome was a justified layer of self-protection from the outside social world. This could also be described as having personal boundaries³⁰.

³⁰ "Personal boundaries, or limits, refer to the internal boundaries an individual establishes for themselves in their interactions with the surrounding world and other people. These boundaries determine what types of behavior [sic], communication, or influence [one] accepts from others, as well as what [one] is willing to give or receive in interaction with others. The concept of personal boundaries reflects the level of self-awareness, self-esteem, and interaction of the individual with the surrounding world" (Chernata, 2024, p. 25).

3. Recognising the Strengths, Difficulties and Complexities of ADHD

Participants often made sense of their ADHD and eczema experiences in isolation from each other. Therefore, this theme focuses on experiences of ADHD specifically. Participants spoke of positive aspects, difficulties, and certain complexities of growing up with ADHD. While unique experiences vary considerably, highlighting the idiographic nature of analysis, collectively they embody a shared experience of ADHD.

3.1 *Balancing the ADHD “Adrenaline Tank”*

Participants each shared stories relating to elements of high energy or “dopamine” seeking behaviour. I have called this the “adrenaline tank”, which is a metaphoric tank³¹ seeking “adrenaline rushes”³² that requires regular refilling. For some participants, high energy was part of their identity and midway into our conversation Logan provided an example of this:

You can tell I’m normally chatty, so I’ll talk most of the time if not all the time. Anyway, don’t worry caffeine’s kicking in. I turn into this guy... I grew up looking at called Robin Williams... it has ‘good morning Vietnam’ and all this stuff... And I thought, yeah, I’m like that on coffee.

He later explained how: “[ADHD multitasking] doesn’t work when I’m brain dead”, which was then described as being: “like a Zombie... like, the ADHD is there, but it’s not really in full and all its glory”. I see Logan as not feeling like himself when his mind is still, connecting his identity with high energy and fast thoughts, which can reduce during “ADHD brain fog” (see Stanborough, 2022). Logan provided an example of what an empty tank might feel like. However, being healthfully-active in daily life is one way that appears to fill the tank; Blake explains:

[In childhood] I played soccer, badminton, table tennis, rock climbing, and biking a lot. But mainly I picked up rock climbing and bouldering recently... I prefer bouldering because there’s less overhead. It’s like no setup. You can just get into it... And then the other part is like, you know, the thrill.

³¹ The adrenaline tank is fashioned from Dr Gary Chapman’s *emotional love tank* (Chapman, 2015), and Diane Levy’s (NZ family therapist) discussion on children’s *emotional tanks* (Levy, 2002).

³² An adrenaline rush in this context is related to feelings of intense excitement and stimulation, rather than the association of adrenaline as a hormone involved in the “fight or flight” emergency response.

I call this “no time to be bored”. Blake has an ADHD adrenaline tank that needs filling. He does this, in part, by keeping active and using his body. He likes sports he can get straight into, that include a “thrill”. For Austin being active was also part of his story:

In terms of sport, I pretty much play anything and everything. I played rugby, cricket, I did mountain biking... I also did soccer, hockey, basketball for a little bit and all that kind of stuff.

Additionally, Austin describes an element of daily-life movement:

I was diagnosed in Year 2 because I was found to be, quite disruptive and stuff in class... [laughing]... The rocking on my chair..., the fidgeting..., I used to click my pens and break apart my erasers and stuff like that... I think still nowadays my friends will tell me, just like, not to rock so far back on my chair and stuff like that.

Austin is expressing a strong subconscious need to move and be active. Fortunately, Austin’s ability to laugh at his childhood behaviour, as well as other comments during the interview, highlight positive experiences he encountered from teachers. However, this was not the case for Josh: “For me [fidgeting] was beneficial, a beneficial activity... [it would have been good if teachers had] more of an understanding that I have no control over it. Instead of lambasting me for it”. Like Austin, Josh moved around a lot in class, so did Logan as we saw earlier in his comment: “jumping and interjecting conversations”. For these participants movement appears to be a way to refuel. Ezra was able to explicitly explain his need for excitement after I asked him if provoking people at primary school was for enjoyment or from being upset about something: “Both, I’d say. Yeah, both to kind of get the like [pause], I don’t want to say excitement, but, yeah, like the excitement of provoking someone”. Later, he added:

When I was in primary school and I’d get in trouble, I’d have to tell the principal that I’d just lost control. And it was like the urges and like the impulse to seek that adrenaline were just so great... And especially if you’re a child with ADHD at school and you find that really boring, then you’ve just kind of like, your brain is just, like, starved of any kind of adrenaline or impulse at all.

Ezra explains impulsive excitement seeking behaviour insightfully by describing it as a need to overcome boredom and seek adrenaline. Ezra’s “need” to fill the adrenaline tank is described as outside his control, similar to “fidgeting” in class. However, it also highlights the

possibility of overfilling the tank. That is, as excitement got away on Ezra he found himself engaging in troublesome behaviour, such as fighting.

So far, participant experiences have focused on physical activity; however, Josh also appears to refuel at an intellectual level:

I quite enjoy confrontation, to be fair... I wouldn't say I go [pause] looking for confrontation, but, if it presents itself, then I'm more than willing to be a participant... If someone's heated, it probably just encourages me more. It definitely doesn't make me heated, it just makes me more logical, because I understand that I've got a really good point.

The intensity of the confrontation appears to increase Josh's ability to remain calm. I imagine debating a point helps refuel the tank, and the calmness comes from the tank being filled.

Ezra also describes a more cognitive, less physical, element to the adrenaline tank:

Excitement sometimes gets away on me... with the adrenaline and the dopamine, like the body just wants to keep exciting itself, which works terribly in terms of balance when the mind keeps running at a 1000km an hour..., I guess even though they're not sad emotions, it's just the ADHD kind of like sticking on them for a long time.

Just as with behaviours like provoking others at school or fidgeting in class, the "sticking" emotions are outside Ezra's control. And while many of the stories mentioned appear to produce a fulfilling experience, such as a thrill, boredom breaker, or enjoyment, sticking emotions highlight possible overstimulation, which can accompany ADHD ruminating (Rangiwai, 2024) or racing thoughts (Martz et al., 2021). Importantly, while the different stories told vary from enjoyable to upsetting, and have physical or psychological aspects to them, they all appear driven by something similar. That is, adrenaline-seeking behaviour motivated by a need for excitement, stimulation, or action.

3.2 ADHD Helps Me Get More Out of Life

"I suspect ADHD has helped me be very, very happy". – Blake

To varying degrees all participants stated positive aspects of having ADHD, and most were now happy they have it. Logan expresses a journey of discovering ADHD as a benefit:

The ADHD thing, I'm long over. That doesn't bother me. It's just an irritant. I like it. I'd rather have it, to be honest, because it makes things interesting. I don't care if people think I'm neurodivergent, I like that, makes me seem interesting.

Learning to appreciate having ADHD is not an overnight thing, it takes time. Logan does not say everything about ADHD is amazing. He expresses a friction between ADHD as an irritant, but then immediately builds on this and expresses it as something of value. It seems Logan has worked through the more difficult aspects of ADHD, now reaching a point where his self-identity is positively connected with it. Like Logan, Austin is happy he has ADHD, but he expresses a more tangible example of how ADHD plays out in positive ways:

I feel like [ADHD] has definitely given me a lot of advantages in some areas. Like... I find it quite easy to pick up and learn topics, especially if I'm interested in it... I can hyperfocus on it for like a couple of days... I also found it does make me quite curious as well... generally I think it's a positive thing. You know, I'm happy that I have it.

Austin, like Logan, is not saying everything is easy with ADHD but he has identified that when a combination of ADHD *interest* and *hyperfocus* come together, good things can happen. For example, curiosity can lead to learning new things more easily and quickly. Like Austin, Blake describes the interaction between the ADHD *interest-factor*, and less explicitly, the hyperfocus element: "I think if I'm really interested in something, it's almost like I get it done without even trying. It's almost like I'm falling into it's like gravitational pull". Blake describes a level of not having a choice, once hyperfocus kicks in he is pulled into whatever has caught his attention. However, he also highlights how things get done without even trying. All these examples provide a balanced view of ADHD, where having ADHD is not necessarily easy; however, it can have life enhancing benefits. It's about learning to harness the *interest-hyperfocus-factor* to serve rather than distract.

Ezra, also notices his ability to consume information: "I read and consume a very large amount of information which has always been a thing. And I feel like that's something that has always led me to be quite knowledgeable on certain things". Ezra sees information consumption, which could be interpreted as a level of hyperfocus, as an element of ADHD. However, in this context Ezra was also stating it as a possible reason why ADHD was not detected at school. This highlights how some advantages of ADHD may prevent or delay an ADHD assessment (see theme 2.2 and 3.4). Josh also discussed hyperfocus but almost in a way where he did not see it as part of ADHD, but as an ability he has despite his ADHD diagnosis. Josh said the following after explaining it was his mum who was more set on the idea of ADHD: "If anything, I get hyperfocused and obsessed about things... Which has been helpful, sometimes it's obsessive, but it's been helpful". Even though Josh sees hyperfocus as

something he can access, despite ADHD, just like everyone else he sees it as helpful. However, he also highlights a fine balance between it being beneficial or problematic; shown in his statement about hyperfocus becoming “obsessive” sometimes.

The hyperfocus element of ADHD was evident for all participants, whether explicit or implicit. However, participants also shared experiences where they perceived ADHD as having broader benefits. For example, as with Blake in the opening line, Austin attributes getting more joy out of life to ADHD:

I feel like I do get a lot more like, excited and happy about something than other people do. I also do laugh quite loud. Like when I find something funny and stuff like that... [it's a] really enjoyable experience.

Austin is describing an element of heightened emotions playing out in positive ways, where ADHD helps him get more joy from certain lived experiences than others might get. Another element perceived to be related to ADHD was described by Blake:

I remember back in the days in one of my previous jobs... there were like some... very risky situations. But that actually gave me enough pressure to just be in the moment, be in the flow, and just problem solve and do things...

Blake went on to quote a friend with ADHD who describes it as: “almost like, that’s enough pressure for me to finally function”. Blake describes an element of ADHD where he brings a calmness to the storm. When others are starting to become overwhelmed by a situation, he is becoming calmer and enters a “flow”. This aspect of ADHD could also be related to the ADHD adrenaline tank where Blake is experiencing an adrenaline rush that allows him to “function” at his best. That is, the “pressure” in the tank rises to a work-enhancing level as the situation escalates. Importantly, however, while not discussed by Blake, there could also be a point where the pressure becomes too much and overwhelm sets in. Therefore, it is about finding a balance that works for the individual, and keeping in mind that a flow state comes from a place of competency (see Reich et al., 2024).

3.3 Medication is Only One Tool in the Toolbelt

After being diagnosed with ADHD every participant was prescribed ADHD stimulant medication³³. Age of diagnosis did not matter, medication was a universal path of self-discovery. The path described by participants leads to an exploration of understanding one’s

³³ ADHD New Zealand (n.d.) provides an overview of standard ADHD stimulant medications.

own unique ADHD, how medication can assist or hinder, and the extra skills or habits needed to thrive in life. There are two parts to the journey, the first is understanding how the medication uniquely works for you, and the second is learning what skills or habits are needed in addition to, or instead of, medication.

Josh was diagnosed in Year 9 and was: “Put on Ritalin. [Mum] seems to think it [helped], but I don’t think it really did, I definitely didn’t feel different, any different inside”. For Josh the medication was not seen to help him directly, it was more for the benefit of those around him. There is a sense that his voice was lost, and the adults in his life pushed forward without him. Logan also went on medication, initially being told the “calmness he felt on meds confirmed his ADHD diagnosis [para-phrased]”. But as he got older Logan explained:

I found [the meds] too stimulating and addictive... and that was sort of my late teens... And I just said, ‘no I don’t want methylphenidate, I don’t want the other’, got rid of them because it made the eczema worse.

Logan was prescribed medication when diagnosed as a child and stayed on them for a few years. But once he was old enough to consider whether he wanted medication, he decided to opt-out. This echoes Josh’s experience of having no voice as a child, and was confirmed by Logan when he said, “you’re limited by your own ability to speak for yourself... when you’re that young”. During the interview Logan was clear about not being comfortable with medication for several reasons. Namely “addictiveness” and a Co-ADEx interplay which made his eczema worse. He also described feeling “sedated” on ADHD and eczema medication, but not enjoying this feeling and wanting to feel more “natural” (aka: like himself). Logan appears to have been searching for his authentic self, while also grappling with the interplay of Co-ADEx management. This was touched on in theme 1; however, it deserves a second mention here due to the essence being about medication discovery.

For Blake and Ezra doing mundane things became easier with medication. Ezra described: “I definitely noticed like the physical cleanliness of my bedroom and, my flat improved. Because it was a lot... easier to do those things”. Blake echoes this:

At first, I kind of thought [medication was] doing nothing, honestly. But it was only after I reflected on what I did over the past week, I kind of just realised rather [than] having a lot of laundry pile up and a lot of dirty dishes in the sink at the end of the week, I remember there was just one Sunday... I guess kind of just did the things.

Because usually I'll struggle to do the thing... It felt like that entry barrier... I was just able to do it.

ADHD medication acts like a key, unlocking the ability to doing the more boring but necessary things in life. This is an element of emotion regulation where medication helps overcome motivational barriers associated with ADHD (Turgeman & Pollak, 2026).

Ezra noticed medication assist with his relationships: "One thing I noticed after starting medication, was that it was easier to hold conversations with people because... impulses were controlled a bit better. And I didn't have the urge to... interrupt people as much". Additionally, Austin noticed helpful *focus* aspects to using medication: "I do notice that I can focus a lot more. And I feel like doing the work is definitely a lot easier when I'm on [Ritalin] versus when I'm off it". Austin started Ritalin in early primary school and still uses it. He trialled two years at college without medication and discovered some techniques that helped. However, these techniques often required a lot of cognitive energy to focus, and after a few weeks of good intentions Austin would find himself falling behind:

Initially [stopping medication] was a bit of an adjustment, but I feel like I had highs and lows... Usually when the term started for the first, like two or three weeks, I was pretty on top of all my work. I'd actually be ahead of my work. I felt I was in a good routine. I would wake up early, go to the gym or whatever..., but then usually at like week three, week four, you know, I'll get fatigued, and I'll miss one thing and then it would lead to missing something else. So, it usually kind of goes up and then down, down, down, down.

Austin's experience highlights the amount of energy that goes into managing ADHD without the support of medication, leading to fatigue and difficulties keeping up. This is where the second part of the ADHD medication path comes in. For Austin this meant learning what habits supported his success: "I feel like... rigidness does help, you know, keep everything in place". For Logan managing ADHD without the assistance of medication has become a life habit. It requires self-vigilance and constant researching of ways to manage not only ADHD, but also eczema. This includes things like exercise, sleep, reducing stress, diet, and using alternatives: "Vitamin B12 is good for mental clarity. That's better because I like caffeine and I don't like it because it takes away, you know, later. Gives you energy and takes it away".

Ezra also shared his medication experience: “[Medication] definitely helps [but] it hasn’t kind of solved all of the issues that ADHD creates, which is a bit frustrating”. Ezra had hoped medication would be a “silver bullet” but soon discovered he was going to need to learn other ways to manage ADHD: “I’m still trying to work out what works best for me. A lot of strategies I’m finding are very ineffective. And it’s just the long process of like trialling different things and seeing if they work or not”. Ezra explicitly describes the journey he is on regarding learning to manage ADHD, it takes effort and knockbacks, requiring a level of perseverance to push forward. I felt this reflected an element of emotion regulation in which perseverance acts as a conscious strategy to reach the place he wants to be. Ezra goes on to describe how important learning to manage ADHD is:

I would hate young kids to just be given medication and not taught how to manage [ADHD]. Because I think if you are a kid that’s like 8 years old and you’re diagnosed, given medication and taught how to manage it, then I think that later in life, you would have much fewer problems.

Ezra’s reflects on his experience of enduring school undiagnosed, and the pain of ADHD being missed, and the difficulties that caused. Therefore, equipping children with ADHD to navigate life well is something very close to his heart. Theme 3.4 discusses undiagnosed ADHD further.

For Ezra, medication helps prevent him from interrupting others; however, for Austin this is something he has had to work on: “I noticed with my ADHD, I do find it hard to actually like listen to people... In like normal conversations and stuff, I’ll sometimes interject and finish the sentences for them... I do it unconsciously”. Later he shares: “Nowadays I try to make it a habit to try and fully listen to people”. Austin told me he interrupts because he is excited by the conversation, but he understands it can be frustrating for others. Therefore, to improve his relationships Austin is working on preventing interruptions—with the help of friends and family. Again, this is an element of emotion regulation requiring strategies such as delayed gratification, to enhance his interpersonal conversations.

Combined, participants’ stories reveal ADHD medication as a tool in the toolbox, but not the only tool—highlighting an idiosyncratic nature of ADHD and ADHD management.

3.4 Missing ADHD in Childhood has Significant Implications

For two participants, an ADHD diagnosis was missed during their childhood and teenage years. As Ezra and Blake reflected on growing up undiagnosed, they both shared

stories which evoked metaphoric “survival scars”—emphasising the potential long-term implications of ADHD going un-noticed. A common theme was how academic *capabilities* can mask *struggles*. Ezra shared: “Year 9 was really easy, that wasn’t a problem. Year 10 kind of same thing. Got to NCEA and then it was just a very large compounding problem. In terms of yeah, just falling behind with school”. He added:

Your teachers say that you can do this... but that you're not doing the work. You know, what's the deal there? And I'd have to have the same conversation with my parents... I felt ashamed quite a lot, and I didn't like talking about it... I felt very ashamed... yeah, personal shame.

As the researcher, I have frequently heard the phrase “they’re bright but lazy” used to describe students perceived as having academic ability but who are not meeting teachers’ standards³⁴. For Ezra, this misconception led to feelings of personal shame, a weight Ezra was forced to carry alone, with no way of putting it down. The dramatic shift Ezra experienced in his ability to do schoolwork was also experienced by Blake:

When I kind of look back... I only realised when I got to university that I had never properly studied or, like, done anything. Basically, I was okay enough to just coast through school without ever really paying attention... And then all of a sudden in Year 13 I was like, oh, wow... I need to learn how to study properly.

Blake describes how he was able to “coast” through school relying on his natural ability, rather than ever *learning-to-learn*³⁵. For Ezra and Blake, teachers overlooked ADHD as a possible reason for their grades dramatically dropping. Potentially this was due to a common preconception of ADHD students needing learning support from an early age. Indeed, Blake indicated this earlier: “I couldn’t have [ADHD] because I don’t need... support”. For Blake there was also a sense of loss of “what could have been” if only he had been diagnosed earlier:

If [ADHD] got picked up, I think that’s probably where I could have seen myself shooting in a completely different trajectory because... at the start of high school I was

³⁴ For an interesting read on underachievement in gifted students see McCoach et al. (2020).

³⁵ *Learning-to-learn* is a lifelong learning term associated with cognitive and metacognitive learning strategies (Cornford, 2002). It is a needed skill when schoolwork becomes harder. For example, when an ADHD student reaches a tipping point academically where their natural ability no longer compensates for their reduced capacity to pay attention, they may start to struggle for the first time. Without the knowledge of understanding *what strategies to apply* when learning new information, the student may struggle to progress.

in [basically] all the accelerated extension classes, but kind of slowly I dropped from the accelerated programmes, and then by the end of high school... every subject other than physics, I was just like passing... So, I feel like somewhere along that line... If some genius picked it up and realised what was happening, I could definitely see myself going in a completely different trajectory.

However, this sense of loss is not without conflict. After being asked if an earlier ADHD diagnosis would have been beneficial Blake said: *“Yeah. Definitely. Definitely. Probably. Probably.... But I think I prefer this [outcome]”*. Blake was wrestling with an internal conflict as he reflected on the question and where his life has landed. I got the sense this was rooted in the difficulty of enduring undiagnosed ADHD versus a “present” he enjoys that might never have come about otherwise.

Lastly, and importantly, both Ezra and Blake recognise how fortunate they were to avoid some of the more harrowing outcomes of undiagnosed ADHD. Both recalled others they had met who landed in the criminal justice system, or in drug rehabilitation centres. Blake reflected: *“In the drug rehab clinic it’s like, well it kind of makes sense that a lot of people would seek to abuse stimulants if they had an undiagnosed condition”*.

Overall, growing up with undiagnosed ADHD forced these participants to grapple with identity, and questions of “why am I struggling” or “who could I have been”? It also forced them to carry an extra burden, which for Ezra became shame.

4. Growing Up with Eczema Deserves its Own Story

Throughout the interviews most participants had powerful stories to tell about their experiences of growing up with eczema. While stories differed between participants, overall, three important subthemes emerged.

4.1 The Itch-Scratch Cycle Interrupts Life

The itch-scratch cycle (ISC), common to eczema, had significant impacts in the lives of several participants. Previously in theme 1 this uncomfortable and impulsive cycle was seen to be further influenced by ADHD, highlighting an interaction between eczema and ADHD. However, in this subtheme it is the *lived-out* implications of the ISC that are discussed. Importantly, while participants experienced overarching issues of cracked, damaged, or infected skin, there was another layer to the story. Specifically, the ISC interrupted several areas of *doing-life*.

Sleep was one area impacted by the ISC as highlighted by Logan: “I often have used paracetamol at times at night to stop the itching”, as this helps to “*numb*” the skin, therefore, supporting better sleep. Blake also mentions sleep as being interrupted: “It was probably the worst when I was a child... One main thing I remember is that, well, even now, [being itchy and scratching] always impacted my sleep”. Blake expresses an element of sleep disruption throughout his life; however, the scratching does not only impact his sleep: “I was told by my partner that my itching woke her up... she said, sometimes it happens multiple times a night”. This reveals how the ISC can also impact other people’s sleep and relationships, in this context intimate relationships. It can also impact parent-child relationships. Blake shares: “I was always told not to itch, but... sometimes it would always get itchy enough that I would just scratch”.

Blake indicates an experience of childhood responsibility not to scratch, going on to say: “I wasn’t meaning to do it, but I just end up doing it”, emphasising the weight of responsibility to manage scratching, while enduring the traumatic experience of the ISC as a child, something Xie et al. (2020) discovered can lead children into “shaping an incapable and wounded self” (p. 862). For Austin, the scratching also carried a subtle level of responsibility: “I used to scratch quite a lot, sometimes I’d scratch, like, a bit too much”. These boys were not only impacted by the relentless body discomfort of the ISC, but also the psychological aspect of responsibility and feeling bad. According to Rinaldi (2019), however, scratching is a *reflex-like* response to itching, something possibly outside the control of a young child. Nonetheless, Kelly et al. (2021) state scratching can add tension to the parent-child relationship. This might look like a parent feeling stressed because scratching can lead to infection; however, the child may then feel bad because they scratched (Xie et al., 2020). This level of family tension came through at various levels in Blake, Ezra, and Logan’s stories, but was more explicitly explained by Logan: “Yeah [eczema caused a bit of tension at home]. And of course, when you’ve got tension, that becomes a self-feeding thing. A perpetually feeding thing, more tension equals more stress, equals more eczema”.

In addition to sleep, self-responsibility, and family tension, the ISC had other intrusive implications:

[Eczema] impacted on [sports]. I mean, cricket, especially when you have to wear helmets and those pads and boxes... Oh, and you get itchy. You’re in the hot sun

batting and [pause]; sometimes I think I just ran myself out or got lbw or this, that or the other, purely because I just wanted to get away from the sun and the eczema.

Logan expresses a need to try and get away from the itching, by any means necessary. There is also a level of exclusion playing out here. Specifically, while the other kids can keep playing, Logan must exclude himself from the game just to get comfortable. This is a significant interruption to life as a young person due to sports being a mechanism for social, mental, and physical wellbeing (Eime et al., 2013).

Further, Blake describes a level of getting lost in the ISC to the point where the rest of the world disappears and all that is left is the scratching:

I remember... when I was about 8, my parents told me to get something from downstairs. And so, I go downstairs, and then I start itching, and then I'm kind of just itching myself downstairs for like 10 minutes and after that, I'm kind of like, what was I doing down here?

As an adult Blake describes a similar experience but makes a connection to his brain now being wired this way: "I feel like [scratching] always happens when I'm supposed to be doing something. But I just, like, itch, and I'm like wow, this is really good... it's just some really good sensation". He later added: "I think in my brain I'm like really, that's why I'm pretty hard like, yeah let's itch". The ISC directly impacts Blake from doing things he is "supposed" to be doing, therefore, directly interrupting life at a practical level and possibly preventing certain things from getting done. However, there is an element of the pull into the scratch, the pleasure of scratching, and the hardwired nature of scratching. Blake shared quite strongly about the pleasure of scratching, something other participants did not really touch on. This experience for Blake may be described as the ISC *enticement factor*, where pleasure and brain wiring drive impulsive scratching behaviour.

4.2 A Shift from Shame to Confidence

This subtheme speaks to the visual aspect of eczema. For most participants their eczema was often in visible places, such as the hands, arms, or legs. Interestingly, their stories revealed a shift from feelings of shame or embarrassment when they were younger, to feeling more confident as they got older. Their stories express reflections of how visual eczema impacted their self-perception and interpersonal interactions over time.

Austin described how he covers up eczema flares: "I wouldn't think of myself like, as a to [pause] self-conscious person, but I definitely do try and like, especially when [eczema's]

flaring up and stuff, keep it a little bit covered and stuff". Austin explained how wearing "long sleeves" had a double function. One, they helped prevent him from scratching, hence providing a physical barrier. But they also provide a layer of emotional self-protection where the sleeves "hide" eczema from being seen. Austin described a 50/50 split between these two functions. Importantly, Austin appeared to be an outgoing young man who was quite confident to just be himself, and I think for participants there was a shift from how they experienced eczema as children, to now as young adults. For example, Ezra remembered back to childhood: "In primary school, it was a bit like other kids would be 'eww', why are your hands like that?". But then he went on to say now: "I don't have a problem talking to other people about [eczema] because I find it a bit fascinating, [and] if people bring it up, I just talk about like yeah, it's really weird".

Ezra is now in a place where the visual aspect of eczema does not affect him as much. In fact, he has come to find eczema as an interesting conversation topic when others bring it up. In this regard, Ezra has transformed eczema into a positive element of interpersonal relationships and his own self-perception. That is, eczema has become a "fascinating" topic to talk about. Blake also experienced this transition: "I do remember a lot of time I would wear long sleeves because [eczema] was so bad that..., it felt like too much to show other people... something kind of like shameful that I don't want to show". However, similar to Ezra's experience Blake adds: "But now if I have eczema, even if it's pretty bad, I'll take my shirt off, who cares!... Honestly, the eczema nowadays has been more like... a springboard of conversation or like relating to people".

These stories highlight how self-confidence has grown over time, from the long sleeves used by Austin and Blake growing up, to eczema as a conversation starter for Ezra and Blake later in life. I understand their stories as illuminating a shared journey, starting with childhood shame or embarrassment, but landing at various levels of adulthood confidence. This sheds light on a self-perception journey, potentially driven by a combination of maturation, resilience, and a thicker skin—as discussed in subtheme 2.3.

4.3 There is a Daily Self-Vigilance Mode to Eczema Control

Usually, eczema does not come with a one-time fix-it solution, nor a simple management plan. Hence, these young men's narratives expressed a high level of self-education and self-vigilance needed to both understand and control eczema. Primarily, there is a sense of frustration, almost powerlessness, at the unknown triggers and causes of

eczema. Austin touches subtly on this: “I tried to, we tried, a bunch of things like coconut oil and stuff like that, which did help. But yeah, it was pretty annoying”. While the lotions used by Austin “did help”, there is a communication inferred in the “tried” that expresses treatments did not always work. Logan provides a more overt example of this: “Over time, as I’ve learned to modify the... histamine and stress responses, [eczema] has got better. But it still doesn’t stop it flaring up at times”. Even after self-education and making modifications, Logan expresses how eczema can still “flareup”. Blake dives deeper again, highlighting his frustration at being powerless to take full control of the issue:

It seems like there’s never a proper, like there are no biomarkers, there’s no tests that you can do to find out what treatment will work for you... There’s no kind of like, you know, actual quite solid way to [find the right eczema treatment]. It kind of feels like throwing things and seeing what sticks to the wall.

Due to various causes of eczema, and the extensive nature of triggers, understanding one’s own eczema can be difficult. Blake expresses an inability to do anything other than keep trying, without really knowing if the next attempt will help. Logan echoes this frustration when discussing some recent testing:

They don’t know. I mean, there’s nothing diagnosed... And all the tests point to normal enzyme levels... In other words, completely normal. I mean, I can walk 8 Km a day... I’m pretty fit, and I can do a lot of things, but just having that bloody eczema and [pause] yeah, I can feel it.

Later, he added: “And it’s a lifelong thing, I was told by the doctor”. You can hear the frustration and almost pain as Logan describes eczema as being a barrier to truly feeling healthy. Logan describes what he can do, such as walk 8km a day, but eczema is a health barrier; and its un-escapable (i.e., “lifelong”).

Importantly, while eczema management comes with frustrations, participants also shared ways they *can* control eczema. Ezra discussed how he can go swimming, something he loves, by applying what he *does* know: “[Pool water] is a little bit of an adjunct, but I’m able to manage that... You just shower off and then I use moisturiser etc... And... that kind of counters those effects”. Ezra described his post-swimming routine very matter-of-factly, showing how applying eczema knowledge has become a normal part of life. Importantly, there is also a level of give-and-take that comes with knowledge. A simple example of this came from Logan: “[Eczema] always worsens a little bit when the moisturiser actually kicks in,

but afterwards you feel so much better”. Logan experiences an initial discomfort when applying moisturiser before the relief of the moisturiser takes effect. I see this as a level of compromise due to the discomfort needing to worsen before getting better.

Ezra also employs compromise when reflecting on something we had previously discussed about: “the nightmares of having liquid soap on you at all times as a primary school child”. Ezra was referring to a time when he needed to bring his own soap to school since the school soap made his hands sore, but the soap kept spilling in his bag: “The soap thing, I just kind of gave up on. I just ended up using whatever soap school has... [using lotions and moisturisers] was something that I was better able to manage”. Ezra has gained knowledge to help himself, and part of the knowledge is settling on what he can manage, rather than trying to maintain the un-manageable.

Logan provided many examples of self-knowledge helping him manage eczema, including using paracetamol to numb the skin, avoiding caffeine, and reducing stress. However, in the end he stated: “I’m naturally health curious...[and] knowledge is power... I just don’t want things like bloody eczema or whatever to impact me. I’ll find a way eventually to get through it. I’m starting to control it, not it controlling me”. Logan has a life commitment to achieving control over his health and is willing to put as much time into getting there as it takes. This requires a level of daily self-vigilance which incorporates a tuning in of the body and an attentiveness to the impacts of every little thing.

Overall, while participant eczema journey’s varied in their severity and direction, it was evident a level of self-vigilance regarding eczema triggers and controls was part of the story.

5. Support Systems as Bridge or Barrier

Support systems refer to the layers of support participants encountered in their journeys thus far. Importantly, “support” does not automatically suggest something was supportive (i.e., a bridge), but rather that it should have been and sometimes was. This theme highlights even when adults have good intentions, the implications for the child or adolescent may be very different (i.e., a barrier).

5.1 The Education System: Getting it Right

Overall, this subtheme speaks to the experience of “school life” and the beneficial or harmful experiences participants had. It alludes to the importance of the education system, and those working in it, being aware and educated regarding eczema and ADHD, and the

importance of teacher-student interactions. Essentially, adults in this space hold a level of power to influence how a young person with Co-ADEx feels about school and themselves.

Some participants had positive school experiences; however, others highlighted areas where schooling added to their life challenges. This is witnessed in Ezra's recollection of school: "I always reflect on primary school being a very terrible, a very miserable time [because of social isolation and always getting into trouble with teachers and the principal]". Josh echoes the sentiment of not enjoying school but for different reasons: "I found [school] a bit of a waste of time... to be honest, it just seemed like a lot of what we were being taught was redundant and superfluous". Additionally, Josh described the learning support provided at school as being: "pushed down my throat" and him being: "quite capable at school in terms of academics". He then shared: "I just wanted to kind of be like everybody else in a way". These comments highlight a tension within the education system where support needs of participants have not been met, or the type of support needed is not adjusted to the individual, highlighting how the voice of the student can be lost. This experience from Logan provides an insightful understanding of one reason he found school unenjoyable:

At university, that's where I learnt to be free. I thought this is how school should have been bloody like... just be myself... not to have to be rank and file like a soldier with a uniform on and taught to be regimented. At least grow people's minds at secondary school... allow them to be much more independent... It leaves a lot to be desired.

Logan is describing an element of education's role in supporting or hindering a student's authentic-self and efficacy. Logan felt robbed of authenticity in a one-size fits all schooling system, not free to find his true self or value, something university was able to help with. While Logan's experience addresses the education system, Josh and Ezra shared stories where teachers supported or hindered the school experience. For example, Ezra was frequently contending with eczema at primary school and used lotions regularly to manage the eczema on his hands: "My teachers as well were kind of, gently teasing about like, oh, 'you're like an old lady with her hand creams' kind of thing... it was something that compounded the annoyance... it did lead to frustration". The very people who should have been supporting Ezra to find courage in the difficult times were joining the students in teasing him. I believe Ezra uses the word "gently" to describe the subtleness of the teachers teasing, yet research shows all teasing is harmful (Magin et al., 2008). Furthermore, Mainhard et al. (2018) state teachers who use sarcasm or make fun of students, negatively

impact teacher-student communication and reduce student class enjoyment. Ezra's memories of primary school support these findings.

Josh also expresses how important teachers' attitudes are: "There were some teachers who I really respected who looked at things on a practical level. And you know, they really kind of connected with me. So, some teachers really, really liked me, and some teachers really disliked me". Later, he added: "I think a lot of them... just seemed like they were there to get their paycheck... they weren't really there for the right reasons. I think I respected the teachers who were clearly there for the right reasons. Josh highlights the importance of how teachers interact with their students. Even students who might be harder work or come with some challenges (e.g., ADHD) still need to be supported, made to feel valued, and provided hope. To see the good in every child allows them to see the good in themselves. Austin provided an example of where this happened: "I think [the teachers] didn't really treat me differently or anything", and when asked if that was supportive, Austin said: "definitely". Blake talks specifically to the positive attitudes of teachers and how important it was for him:

I mean, generally I just feel like I was really lucky. If I wasn't treated, if teachers kind of saw my attitude in a more negative light I probably would have gone down a lot worse of a path. I would have had a lot more distaste towards education.

Blake alludes to the idea that it is almost "luck of the draw" how teachers interpret student behaviour, highlighting a need for more awareness around both ADHD and eczema. Blake had seen other students with behavioural issues treated more harshly and witnessed a less positive outcome for those students, such as exiting school early. Related to this experience, Josh described becoming what is expected of you:

Perhaps there was some impact in terms of having the ADHD, perhaps getting in trouble at school initially and being sent out of class... just for things that I couldn't help, like moving around or fidgeting or not paying attention. And then perhaps it led to me creating this character [of being inauthentic] because, you know, I'm always getting in trouble for things that I can't help... Introspectively maybe it was kind of a domino effect, but I guess we all have to take responsibility for our actions, and we can't just blame the ADHD.

Josh tries to shift the responsibility back to himself, and not the ADHD or the teachers, perhaps echoing Ezra's attempt to interpret the teasing from teachers in a more

subtle way. However, I think Josh provides explicit insight to the importance of teachers' expectations and the ultimate outcome of student behaviour and how they feel about themselves. For Josh, this appears to have created a "persona" while at school, which impacted not only his self-perception but also his relationships. However, a key phrase in Josh's experience is "for things that I couldn't help". To substantiate this, later in the interview when Josh was asked what could have supported him, he said:

The only things that probably would have been helpful is just the... [pause] understanding of the fidgeting and the moving around... So, I think it's just more of having that awareness that sometimes... it's not being done on purpose and... perhaps if I was treated differently in my formative years, maybe I would have had a different view on school. Maybe I would have been an easier person to teach.

Theme 3.1 already touched on the often "active nature" of ADHD in boys. But here, Josh is expressing the absolute importance of the adults in these boys' lives understanding the *why* of the behaviour. Importantly, not only is movement often driven by ADHD, it can also be therapeutic to learning (see Hoy et al., 2025), which Josh confirmed: "For me [fidgeting] was a beneficial activity".

In this subtheme the stories could go on to include topics such as school policies like phones in classrooms, the importance of home-school communication, and the painful implications of school soap for kids with hand eczema. However, what has been included provides an important overview of the need for adults in the education sector to be informed about eczema and ADHD. It also speaks to the importance of teachers reflecting on their attitudes and interpretations of student behaviour. Children spend a lot of time at school, and as the findings show the impact of school can be far-reaching for self-perception, emotion regulation, and interpersonal relationships.

5.2 Parents Have a Big Impact

Obviously, parents play a considerable role in supporting their young people, and this came through at various levels for all participants. Parental support was shown to vary and included stories of being supportive, providing too much support, or overreacting. Often participants recognised the good intentions of their parents, yet many shared experiences where intended support was not experienced that way. This subtheme also emphasises the importance of parental education for both eczema and ADHD, and the role parents have in supporting children to *access* support.

For Ezra a parental barrier to accessing support was evident: “the adults in my life thought [dyslexia] was the problem. And yeah, didn’t go for ADHD at all at the time”. Earlier Ezra had shared how a counsellor who was working with him in primary school suggested ADHD as a potential cause behind his behaviour. However, Ezra’s parents were not interested in following the suggestion up. Unfortunately, the delayed ADHD diagnosis accumulated in feelings of shame:

In the last few years of high school, I learned more about ADHD and I was like, oh, this sounds like the issues I’m facing, I have to seek help about this. But it was kind of the shame of discussing that with my parents that stopped me from doing it.

Ezra felt shame from past conversations about school behaviour and academic results, rather than support and acceptance. Consequently, this shame prevented Ezra from seeking an ADHD assessment, even after he strongly believed ADHD could explain the struggles he was experiencing. It seems plausible the shame Ezra experienced was established by being made to feel he “should be” doing better. Blake experienced a level of this with eczema:

I was kind of told like [bad eczema] was my fault as well because I was itching... I think [the lotions] might have worked if I used them more consistently. But, like, my parents didn’t really understand eczema and I, as a kid, was not really disciplined or caring about my own problems as much as I just wanted to do things.

Because Blake’s parents did not really know what to do, Blake felt an internalised responsibility to manage his eczema. Similarly to Ezra, Blake believes he “should have been” looking after his eczema better, highlighted in his comment “I was not really disciplined”, as he then attempted to rationalise why he “failed” to do better. Ezra and Blake’s experiences show the complexity of parental support for Co-ADEx and illustrate how lack of parental understanding/education can leave the burden with the child. In turn, this can lead to feelings of shame and poorer self-perception.

Conversely, participants also shared stories when parents got it right: “I feel like I was pretty well supported, especially like from my parents and stuff, because... from... 8 years old, we, I obviously got medicated [for ADHD] and then... monthly checkups with our GP and stuff”. Austin felt supported in the everyday management of ADHD as a child, with his parents taking the responsibility of appointments and ensuring follow-ups. Additionally, Logan shares an explicit example of an inventive way his parents supported him: “That’s part of the reason my parents got me into chess is because of the ADHD, the ability not to

concentrate... But with chess you're forced to concentrate, and learning those skills has been of immeasurable value for me". Logan previously talked about how much he enjoys chess and attributes getting into chess to his parents. Logan expresses an appreciation by illuminating how "immeasurably valuable" chess has been. Contrasting but similar, Josh did not always appreciate his mother's acts of support; however, he showed a gentle regard towards understanding why she did what she did: "She's just a worried mother. You know, she gets a diagnosis and then just thinks, I want to give my son as much as I can possibly give him".

Parental "good intentions" were evident from most participants at some stage; however, Logan introduced the idea of parental emotion regulation also being important:

Parents, I think they magnify their own issues, cumulatively... they may be stressed about stuff then suddenly, this is the little apple that knocks over the horse's cart. Purely because it's just a bit of eczema. 'Oh look, you gotta get your bloody creams out' or whatever... And of course... more tension equals more stress, equals more eczema.

This is an explicit example of how parental emotional control is important in the management of a child's eczema (and ADHD). The triggers of parental stress could possibly be, in part, related to managing childhood Co-ADEx on top of everyday parenting responsibilities (see Davidsson et al., 2025; Kobusiewicz et al., 2023 & Lifford et al., 2008). However, Logan spoke of the importance of: "hav[ing] a sense of humour with it... Not everything is life and death".

Overall, participants' narratives point to a need for parents to be supported to support their children. Otherwise, the weight of responsibility can shift from parent to child, at a stage when the child is too young to process the responsibility in a healthful or empowering way.

5.3 It Takes a Village: Understood, Accepted, and Held Accountable

"Honestly, I feel like the biggest benefactors have been just... not treating someone differently because they have [ADHD]. And... I mean, yeah, being somewhat like holding them accountable also is a pretty good thing." – Austin.

Participants shared about support from friends and the wider community and Austin's experience nicely sums up the overall experiences being portrayed. That is, "we" want to be accepted for who we are while also being guided into personal growth—in the

same way typically developing children are. When Logan was asked how to support children with ADHD he said: “Give them time to explain themselves. Don’t cut them off. Don’t admonish their condition. Just engage with them, whether it takes them half an hour to get through ADHD style of where they’re at”. This is about acceptance and meeting individuals where they are at. Logan’s comment echoes back to his experiences of school and the one-size-fits-all approach to education supressing his true self. Hence, Logan illuminates the importance of seeing each child for who they are rather than trying to conform them into someone else.

At a self-perception and social level, Blake described how his girlfriend helps to keep him grounded:

I don’t know if this is an ADHD thing but... if someone was talking to me and they were not that interested in my conversation, I kind of just automatically think, oh, they’re just a bit tired. And then my girlfriend will be like, they did not care about what you’re saying. No one, like cares about ant colonies here.

While this might sound harsh to some, Blake truly appreciates the feedback his girlfriend provides him, he said it: “keeps me level headed”, providing a well-balanced window into the lived experiences of being accepted for who you are, while also appreciating honest feedback. Similarly, Austin has found support in directly asking his friends to assist him as he practices not interrupting others: “So, like even with some of my friends, I do tell them, if I do interrupt you... just tell me I’m interrupting you... So, whenever I speak over them, they’ll say, oh wait, I’m just saying something”. Josh provides a different scenario again, but with the same essence: “If someone close to me doesn’t like my behaviour or how I’m acting, I like when they tell me that and they explain it to me... I appreciate it, in fact”. Blake, Austin and Josh all describe explicit ways their friends provide *active* feedback; consequently, helping them form healthier ways of interacting with life.

Likewise, Logan expresses how important supportive friends are but emphasizes the significance of emotional support. Logan found discussing his eczema with friends helped him to get on with his day with a more positive and carefree attitude:

Just attract the people that are friends, supportive and everything. And I was quite open with them about [eczema]. They go oh ‘eczema flare again’ my friend said. And I said ‘yeah it’s just eczema flaring again’... ‘oh yeah, don’t worry about it’, you know, get a bit of counselling from them... they kept me on track, kept things in perspective.

Logan said these friends helped protect him from teasing, highlighting how positive interpersonal relationships can support both positive self-perception and emotion regulation.

Diving deeper into wider community support, for Ezra it was a counsellor who supported him prior to his ADHD diagnosis: “I was talking to [a] counsellor... who encouraged me to, build up that courage to talk to a GP about [ADHD] again”. The counsellor acts as a supportive “gateway” to assessment, providing Ezra with courage to pursue something that was scary for him at the time.

In summary, as the old saying goes “it takes a village to *raise* a child”, and I feel this subtheme suggests it takes a village to *support* one too. Overall, while unique lived experiences vary between participants, and the notion of support changes between stories, the message being conveyed is that these young men wanted to be valued and accepted for who they are, while being supported in personal growth.

Chapter 5: Discussion and Conclusion

This study aimed to explore the lived experiences of boys growing up in Aotearoa with Co-ADEx. Outside the association and potential outcomes of ADHD and eczema, no prior literature was found relating to the lived experiences of Co-ADEx. Therefore, given the newness of this topic, three constructs often associated with ADHD and eczema were selected as the springboard for exploration: self-perception, emotion regulation, and interpersonal relationships. Due to potential sex differences in the expression and experiences of ADHD, and the cause and trajectory of eczema, it seemed logical to start this exploration by researching a single sex. Additionally, the question of support and its role in growing up with Co-ADEx was explored. The findings revealed nuanced interactions, as well as separations, between ADHD and eczema, with these being undetachable from the contextual social world. This chapter explores the significance of the findings, linking insights to current literature while also unearthing a novel narrative.

The Explicit Interplay Between ADHD and Eczema

While not all participants noticed obvious interactions, those who did revealed several explicit interplays between ADHD and eczema. Firstly, a circular relationship between impulsive ADHD behaviour and eczema scratching was experienced. In this Co-ADEx relationship, the impulsive characteristic of ADHD appears to influence the ISC, further exacerbating eczema severity. While Mochizuki et al. (2015) discussed the potential for scratching to increase itch sensations in those with chronic itch, for some individuals with Co-ADEx, the pull to scratch may be even stronger. This idea is supported by Loos et al. (2025), who state that ADHDers can experience elevated skin sensations combined with impulsivity/hyperactivity; therefore, potentially increasing itch awareness while reducing the ability to not scratch. Additionally, there may be a level of addictive behaviour underpinning the Co-ADEx ISC relationship, where the *pleasure* of scratching (Ishiuji, 2019) may be exacerbated by ADHD associated dopamine impairments (Wu et al., 2012). While brain chemistry was not examined in the current study, this idea warrants further investigation, given the negative impact cyclical scratching can have on both physical and mental wellbeing.

Secondly, having Co-ADEx can complicate the treatment and management of each *independent* condition. For example, one participant experienced forgetfulness, often associated with ADHD (Hamed et al., 2015), which made it harder to keep track of and use

eczema lotions in childhood; therefore, exacerbating eczema flareups. For another, ADHD medication elevated stress hormones, making eczema worse. These examples provide important insight into the idiosyncratic behaviour of Co-ADEx interactions, highlighting that each journey is different but essential to understand. Importantly, one participant provided insight into several shared *effective* management strategies, such as diet, exercise, and reducing stress. These more natural approaches to controlling ADHD and eczema are supported by literature (e.g., Elzohairy et al., 2024; Harfensteller, 2022; Heilskov Rytter et al., 2015; Kessler, 2024; Ng et al., 2017), highlighting how research focused on ADHD *or* eczema may also support those with Co-ADEx.

Thirdly, during the primary school years, several participants experienced relational impacts associated with having Co-ADEx. Consistent with the literature (e.g., Chernyshov, 2016; Howlett, 1999; Kelly et al., 2021; Lewis-Jones, 2006; Magin et al., 2008; Metzger & Hamilton, 2021), the present study found that ADHD and eczema appear to increase childhood risk of teasing, social difficulties, and stigma. Words used to describe how Co-ADEx made some participants feel were *different*, *excluded*, *abnormal*, and having *quirks*, with one participant explicitly stating how being different made it harder to make friends. This aligns with Haselager et al.'s (1998) research, stating that middle-childhood friendships are often based on *shared behaviours*. That is, children are drawn to peers like themselves. Therefore, having Co-ADEx, which comes with skin and behaviour differences, could make a child stand out as different, potentially leading to *Otherring*.

Bailey (2009) describes the act of Otherring as developing over time through multiple acts of *labelling* and *identity-forming actions*—such as receiving learning support—in sight of others and self. Therefore, Otherring has the potential to not only change how others see you, but also how an individual sees themselves. This highlights how early childhood social experiences can also impact self-perception. Importantly, while some participants found early childhood social-school experiences difficult, that was not the experience for all participants, with some reporting strong friendships and limited teasing throughout their childhood. These variations are likely due to personal characteristics, environments, and the individuals these boys grew up with.

Taken together, the findings reveal that having Co-ADEx can compound difficulties already associated with ADHD or eczema, including the ISC, the management and control of ADHD and eczema, interpersonal relationships, and self-perception. This highlights the

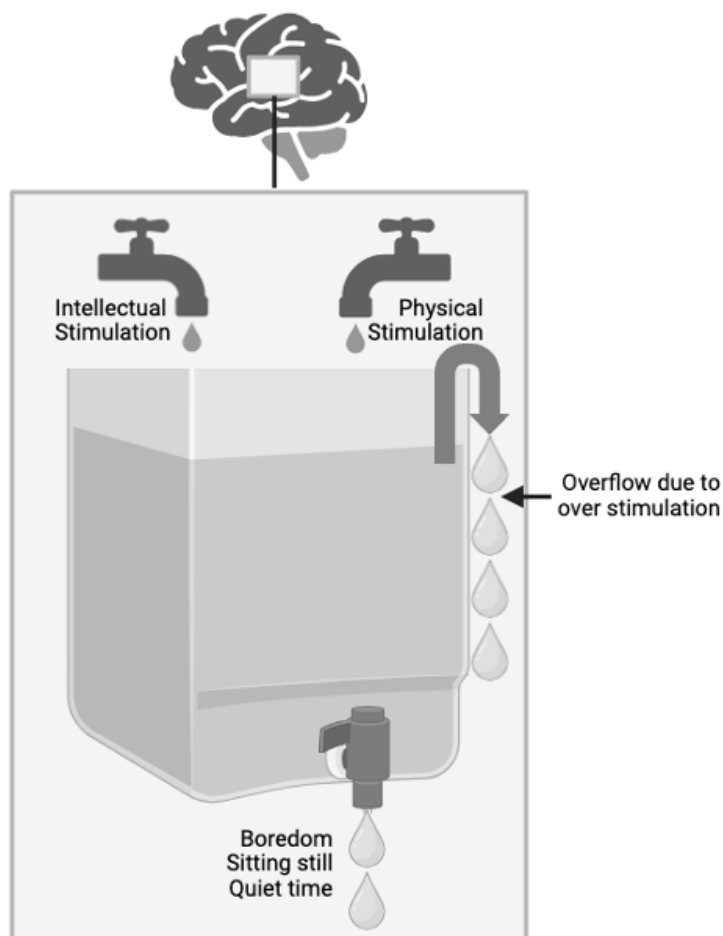
importance of the adults in these young people's lives having an awareness of the potential interactions Co-ADEx can bring. Notably, these are only the observably noticed interactions, so there are potentially more.

The Psychological Benefits (and Difficulties) of Movement and Intellectual Stimulation

A particularly intriguing finding was the metaphor of the ADHD adrenaline tank, which I have depicted in Figure 4. Despite much literature mentioning the active nature of boys with ADHD, and the DSM-5-TR diagnosis for hyperactive/impulsive subtype including a list of movement criteria, such as fidgeting, getting up from seat, and climbing (APA, 2022), hearing from participants about their personal movement experiences was insightful. As participants made sense of their movement/excitement-seeking behaviours, it provided me with an understanding of what might be going on *inside* a boy's mind, rather than simply reading about the *outcomes* of this type of behaviour. Importantly, the adrenaline tank is not strictly about movement but also includes intellectual stimulation.

Figure 4

The Metaphoric "Adrenaline Tank"



How Movement Fills the “Adrenaline Tank”

By young adulthood, most participants were happy they had ADHD. And while getting to this level of acceptance took time, ADHD appears to be a positive aspect of their self-perception. Participants were able to reflect on childhood and remember their often subconscious need to move. Movement included things like fidgeting, pulling things apart, jumping around, rocking in chairs, interjecting, engaging in altercations, and more. Sports also featured strongly in childhood, with all participants rolling off a list of sports they played. By young adulthood, many participants were still playing sports or being purposefully active, showing a hunger for movement, excitement, or physical challenge.

A potential interpretation of “active living”, within the context of the adrenaline tank, is movement and sports acting as day-to-day fuel for the tank; therefore, counteracting low-energy (e.g., brain fog; Stanborough, 2022) or boredom. Recent literature by Isaac et al. (2024) suggests two potential reasons underlying the need for movement. Firstly, *state-regulation theory* suggests difficulties in some ADHD brains to balance the arousal of brain executive function regions; thus, producing cognitive energy highs and lows “leading to both executive dysfunction and hyperactivity symptoms” (p. 3). Secondly, and the most widely accepted theory, is *dopamine-signalling deficits*. Here, dysregulation of dopamine in brain regions associated with executive function are thought to influence impulsivity and distractibility, though the relationship with hyperactivity is less well understood. However, dopamine-mediated motivational reward systems have been linked to enjoyment of physical activity (Rhodes & Majdak, 2023) which could help explain the need for movement. While both theories help explain why individuals with ADHD may experience a need to move, the exact reason is not yet fully understood.

As highlighted in the literature review, boys may be diagnosed with ADHD at higher ratios than girls due to the often boisterous characteristics of their ADHD. While this study did not compare boys to girls, actions such as fidgeting in class were reported as one of the reasons a diagnosis was sought, and a reason for getting in trouble with teachers. Importantly, the experience of gaining the teacher’s attention for fidgeting, moving, or talking in class was experienced differently between participants. Some interpreted the teacher’s attention as supportive, while others described being “lambasted” or made to feel they were in the military. Yet according to Son et al. (2024), fidgeting can help sustain attention by aiding arousal, and Liu (2025) describes fidgeting and movement for

neurodivergent children as acting like an “anchor[...] to the present moment” (p. 3). In fact, Liu describes movement through fidgeting as having the potential to support helpful cognitive redirection, interruption of ruminating thoughts, engaging prefrontal cortex pathways, burning up excess energy, helping with focus and concentration, and promoting self-regulation. Interestingly, Liu states that for typically developing children, fidgeting can have the opposite effect, leading to distraction. Additionally, Hoy et al. (2025) found that movement benefited executive functioning in those with hyperactive/combined subtype ADHD, high severity, and males; while remaining stationary was beneficial for inattentive subtype ADHD, low-to-moderate severity, and females. Therefore, this highlights the importance of understanding the unique needs of managing ADHD.

In support of the benefits of movement for young ADHDers, another study by Liu et al. (2025) looked at the potential benefits of physical exercise for ADHD adolescents. Their study found that just one 60-minute exercise session each week, over 12 weeks, improved mental wellbeing in areas of anxiety, depression, and stress. Further, greater inhibitory control was observed, and short-term resilience also improved. Therefore, combining the research literature results of fidgeting and exercise for young ADHDers, and the self-confessed benefits experienced by participants, movement seems to have advantages for certain ADHDers. This highlights the importance of teachers and the education system, understanding how movement benefits many students with ADHD. By adapting the classroom environment and curriculum to accommodate these benefits, more ADHD students might enjoy school and improve their engagement. Secondly, incorporating movement into some lessons—allowing for differences in needs—may make teaching students with ADHD easier and more effective (Frolli et al., 2023). Importantly, children with ADHD, parents, and clinicians may also benefit from a deeper understanding of the benefits of movement for some ADHDers.

The Excitement and Thrill-Seeking Dynamic of the “Adrenaline Tank”

Another element of the ADHD adrenaline tank was its thrill or excitement-seeking behaviour. As described by one participant, the urge to overcome boredom can be strong, especially when combined with reduced impulse control and aggression. Words and phrases such as *urges*, *impulses*, *seeking adrenaline*, *brain starved of adrenaline*, *boredom*, and *loss of control* describe something outside the individual’s control, like a driving force pushing the individual on. While adrenaline-seeking behaviour can feel rewarding, this description

highlights how the adrenaline tank may “overflow” at times, leading to detrimental behaviours or outcomes, such as getting into fights. Interestingly, while a recent literature review by Christiansen et al. (2019) associated ADHD with greater attunement to negative environmental stimuli, Melnick and Hinshaw (2000) found emotion regulation tended to be more difficult for boys with a combination of ADHD, impulsivity and aggression, rather than non-aggressive ADHDers. They describe impulsive and restless ADHD behaviours as being separate from emotion dysregulation and emphasise the importance of coaching emotion regulation strategies when aggression is present, rather than focusing on behaviour. They also stress the importance of parents’ role modelling healthful emotion regulation, which more recent literature also supports (Gershon et al., 2025). Interestingly, Melnick and Hinshaw’s explanation helps explain the absence of other participants reporting aggressive behaviours in childhood, further emphasising the heterogeneous dynamic of ADHD.

While Shaw et al. (2014) explain childhood ADHD emotional aggression as being driven by frustration, which was an element of some inflammatory conduct, the findings suggest adrenaline-seeking behaviour may also contribute to aggressive childhood behaviour. That is, boredom, a need for excitement, and frustration may all play a role in childhood ADHD aggressive conduct. Importantly, this way of framing aggressive behaviour may help adults better understand what is happening on the *inside* for young male ADHDers struggling with aggression.

Interestingly, findings suggest both aggressive and fidget-type behaviour appear outside the conscious control of young ADHDers. However, with maturation, greater control of adrenaline-seeking behaviour appears to develop. For example, finding a thrill-seeking sport, such as bouldering, or selecting to go for a walk to calm ADHD overwhelm, both highlight the cognitive ability to select healthy ways of seeking or calming excitement. This aligns with Gross’s PMER strategy of *situation selection* and highlights the development of positive emotion regulation capacity over time. The process of maturational development supports Allport’s self-perception theory (see Enns, 2025), which describes a growing awareness of one’s physical and psychological abilities through childhood to adulthood. Consequently, selecting sports and other activities to help fill the adrenaline tank aids positive self-perception through domain-specific self-efficacy (Orth et al., 2021) and skill mastery (Rasmussen et al., 2022).

While maturation highlights how emotion regulation and self-perception develop over time through cognitive development, experience, and practice, an important consideration for those with ADHD is the potential for delayed cognitive development. For example, Hay et al. (2021) explain how physical aggression or antisocial behaviour often starts to taper off in the preschool years, supported by developing language, self-regulation, and executive skills. However, many ADHDers struggle in these areas (Bailey, 2009; Qiu et al., 2011b; Storebø et al., 2011), highlighting cognitive delays as potentially driving delayed prosocial behaviours. The findings support this suggestion, with all participants expressing various difficulties during primary school, but then developing more prosocial behaviours as they got older. Intriguingly, the participant who struggled with physical aggression at primary school said he just “outgrew” that behaviour, possibly reflecting the development of the cognitive capacities required to select more effective emotion regulation strategies.

Finally, intellectual stimulation was a surprising element of the ADHD adrenaline tank. Intellectual stimulation appeared in several participant experiences. Firstly, in the enjoyment of verbal confrontation, where the thrill of knowing you have a good point is rewarding, even to the point where the more heated the opponent gets, the more logical one becomes. Secondly, it appears to align with “being in the flow” during risky work (or other) experiences. For example, one participant discussed becoming calmer as the intensity of a risky situation increased. These examples appear to relate to the adrenaline tank in that, as the intensity of the situation rises, one becomes calmer and more logical. Moreover, these examples show how participants—functioning in an area of competence—enter a *flow state*. According to Reich et al. (2024), flow is a “state of human peak performance” (p. 2) involving complete task absorption; potentially highlighting a utility of ADHD³⁶. However, the findings also show how ADHD can accompany “sticking” emotions. This may reflect an element of overflow where the tank has overflowed, and emotions now require some form of interruption. For example, the use of fidget toys may interrupt ruminating thoughts or unenjoyable sticking emotions (Liu, 2025).

³⁶ Research regarding ADHD and flow state vs. hyperfocus is still exploring whether these are similar constructs. However, currently, hyperfocus is more strongly associated with ADHD (Grotewiel et al., 2023).

Movement and Scratching

While not an explicit observation by participants, the relationship between movement-seeking behaviour and scratching is important to consider. Firstly, from a physical perspective, scratching is a reflexive response to itching (Rinaldi, 2019). Therefore, there may be a Co-ADEx relationship between an unconscious need to move/fidget and the reflexive action to scratch. That is, both are automatic reactions. Furthermore, scratching requires an element of movement; therefore, scratching may provide a movement-action to fulfil movement-impulses sought by some ADHDers. This theory aligns with the findings, with some participants feeling they struggle more with scratching than their non-ADHD friends with eczema. Therefore, it seems reasonable to consider a relationship between Co-ADEx, movement, and increased scratching. In support of this theory, Loos et al. (2025) discuss how ADHD has the potential to increase skin-picking/scratching due to elevated skin sensations, hyperactivity/impulsivity, and attention deficits. Consequently, it would be interesting to see if movement activities or fidget toys could help reduce scratching occurrences in those with Co-ADEx. This is already supported in the reduction of skin-picking/scratching behaviour in those with chronic itch, without Co-ADEx (Yedidi, 2023).

Secondly, at a psychosocial level, research has shown that scratching can cause parent-child tension (Kelly et al., 2021). Participants' experiences support this finding, with several mentioning parent-child tension related to scratching. Similarly, ADHD can also lead to increased parent-child and teacher-student tension, with "inappropriate" movement deemed as one such cause of tension. Therefore, while the movement of someone with Co-ADEx scratching may accomplish two goals with one action (movement and scratching), it may also compound relationship tension with parents and teachers.

Lastly, sport is a great way to fill the adrenaline tank and can reinforce *gender appropriate* behaviour (Diamantopoulou et al., 2005) and *masculine expectations* (Skipper & Fox, 2022), which both support peer relationships. However, according to Kelly et al. (2021) eczema may prevent participation in sports due to bullying and discomfort. The findings support eczema's impact on sport, with some participants experiencing several interruptions to sports participation. *Heat discomfort* was the main noted reason for sports withdrawal, leading to exclusion and reduced opportunity for healthful movement, highlighting how eczema can interrupt beneficial movement and social engagement for those with Co-ADEx.

In summary, insight into the metaphoric adrenaline tank is important to help support boys with Co-ADEx, or ADHD, to be safe, self-secure, and healthy. Taken together, the findings highlight the importance of learning more about how movement can benefit some ADHDers, while also being cautious to ensure the type of movement does not exacerbate the eczema element of Co-ADEx. Further, these insights could help support the development or fine-tuning of strategies to encourage the healthful filling of ADHDers' adrenaline tanks while preventing overflow.

Overcomers: Growing Up in a Socially Influenced World with Co-ADEx

Participants described social, physical, academic, and psychological challenges as part of their growing up experiences. In particular, the influence of preconceptions, stereotypes, stigma, and misunderstandings stood out as major influences on participant experiences, illuminating how the social world impacts experience (e.g., Berkey & Wiedemer, 2021; Kelly et al., 2021). Interestingly, while many stereotyping or preconception experiences came from external sources, they also came from beliefs held by participants themselves, illustrating how self-understanding can be shaped by societal expectations (Dangmann et al., 2024). Additionally, as predicted, this study shows how ADHD and eczema both come with extra life challenges, highlighting the increased risk for those with Co-ADEx to experience adversity. Crucially, however, these young men showed themselves to be *overcomers*.

Resilience and Reappraisal

Participants' stories provided examples of successful emotion regulation strategies, such as situation selection and reappraisal (Gross, 1998, 2015), where they had selected to do the harder thing to reach a given goal. For example, going swimming with eczema; asking friends to help modify unhelpful habits; trialling no medication and seeking different strategies; approaching a GP for a diagnosis while still feeling shame; and going out in public even when you feel the gaze of strangers, are all examples of choosing to overcome adversity and make the most of life. This shows an element of what Dangmann et al. (2024) call the "resilience factor" and supports Dangmann et al. (2024) and Rasmussen et al.'s (2022) findings that resilience helps young ADHDers build self-esteem and enjoy life.

Importantly, the findings suggest resilience and emotion regulation build together during the process of growing up and learning about one's unique characteristics. Furthermore, neither develops in isolation from the society in which one is embedded. That is, participants in this study, and in Dangmann et al. (2024) and Rasmussen et al.'s (2022)

studies, described a journey involving social adversity and social support. Additionally, participants also described a growing understanding of self and self-acceptance, all combining to develop resilience and greater control of emotions. Put another way, just like a muscle needs to work hard to become stronger, so too does the capacity for emotion regulation and resilience. For instance, during childhood, some participants expressed how comments about eczema were hurtful. However, with time, these interactions often became much easier to process, in part due to a thicker skin, personal boundaries, or reappraisal—which can be framed as resilience. We see this in action where several participants described how, rather than feeling distressed when someone comments on their eczema, as young adults, they find it quite entertaining or a great conversation starter. Other examples of reappraisal included calling ADHD a superpower, failing upwards, seeing the benefits of ADHD—such as hyperfocus, curiosity, and fun—or deciding knowledge is power and pursuing it. Here, reappraisal functions as a powerful tool on the path to resilience and positive self-perception.

Societal Preconceptions and Emotions

An important finding to consider within the context of social influence and Co-ADEx is the concept of emotion dysregulation. Shaw et al. (2014) discuss this construct within the frame of “negative emotions”, while Gross (2015) and Mento et al. (2020) use a wider lens and incorporate emotion dysregulation within the scope of all emotions. Interestingly, the initial reaction of participants in this study revealed a societal *self*-preconception of ADHD as involving non-logical, angry, and impulsive emotions—often being unrelatable to the participants³⁷. While there could be a masculinity connection playing out here, similar to Lashlie's (2015) study where boys described anger as the only male way to express emotion, there appears to be something deeper occurring; a preconceived societal framing of ADHD driven emotions as undesirable. However, when participants were asked to explore emotions across the full scope of emotional expression, as per Gross (2015) and Mento et al.'s (2020) framing, several affirming characteristics of ADHD-related emotion (dys)regulation appeared. For example, having more fun, getting more excited, laughing louder, and being really happy. The findings did reveal some emotional turbulence growing up, including anger and inappropriate, excited talking or movement. However, by young

³⁷ In this study, participants did not connect eczema to emotion regulation or expressed behaviours.

adulthood, ADHD-related emotions were prominently experienced as life-enhancing, or at least less absolute than societal stereotyping portrays.

This societal understanding of ADHD emotions as undesirable is likely influenced by biased reporting of ADHD in academic literature (Bertilsson Rosqvist et al., 2023) and social media (Karasavva et al., 2025), which often highlight negative ADHD characteristics and neglect to affirm positive characteristics. The previously mentioned studies by Owens et al. (2007), regarding PIB, and Colomer et al. (2020), regarding SPB and the ignorance of incompetence hypothesis provide examples of biased academic literature regarding ADHD. In these studies, each author alludes to ADHDers having “puffed up chests” and limited ADHD behavioural self-awareness. However, the findings of the present study diverge from this, as all participants acknowledged an awareness of their behaviour and the often accompanying difficulties. Rather, the findings are consistent with Dragojević’s (2025) research, which highlights childhood self-awareness of ADHD behaviours and societal reinforcing feedback systems. That is, instead of living in a bubble of societal-protection fabricated from blissful-unawareness, participants went on a journey from boyhood to adulthood, making decisions to understand, reappraise, forgive, self-improve, and advance *in order to* protect themselves.

Lastly, stereotypes can act as assessment barriers for those with ADHD who do not fit societal preconceptions of ADHD. For example, the findings show that excelling academically can act as a barrier to ADHD diagnosis, leaving boys to grow up without self-understanding or appropriate support. As seen in the findings, this can lead to feelings of shame, and even feelings of loss as a young man looking back and thinking “what could have been”. Consequently, overall, there is a strong need for a balanced and well-educated understanding of what ADHD is, and is not, while also embracing the heterogeneous character of ADHD and Co-ADEx.

A Level of Societal Naivety

In line with past research (e.g., Birdi et al., 2020; Ewe, 2019; Howells et al., 2019; Kelly et al., 2021), the findings reveal societal misunderstandings of ADHD, eczema, and Co-ADEx. Misunderstandings are different to preconceptions as they reveal naivety rather than expectations. Eczema naivety appears to be experienced more strongly than ADHD, with several participants sharing how people bluntly ask about eczema with a thoughtless approach, appearing to have little understanding about the condition. One participant

indicated the COVID pandemic and social media as exacerbating the problem, alluding to an increase in judgment and less empathy—leading to increased anxiety levels. Interestingly, while literature often discusses the impact of reduced social skills for those with ADHD and eczema, this finding suggests widespread anti-social skills relating to how society approaches difference (Hair et al., 2002). That is, discrimination behaviours could be described as social skill deficits acted out towards an individual/s, often driven by prejudice and leading to ill treatment of the “target” (Kenny et al., 2018).

Additionally, several participants discussed how parents and teachers often have a limited understanding of eczema, which consequently impacts eczema prevention and treatment. Moreover, this lack of “adult” knowledge can leave the weight of eczema responsibility on the shoulders of unequipped children. This highlights the importance of educating adults about eczema to help support and empower children with eczema (e.g., Greener, 2016).

Regarding Co-ADEx, the findings within this study, and discussions between myself and friends outside the study, suggest limited awareness of the association between ADHD and eczema. An example of this is the shocked look on friends’ faces when I told them what my thesis was about, and the follow-up comment “ADHD... and eczema?!”. As discussed, literature on the topic of Co-ADEx largely focuses on biological associations between ADHD and eczema rather than the lived experiences. Therefore, while an association between the two has been established (e.g., Loos et al., 2025), in general, the public is yet to learn about it. This was largely supported in the findings, with only two participants having actively considered the connection before taking part in the study. This highlights a naivety regarding Co-ADEx, not only at a societal level but at the lived experience level too.

Combining current literature, along with this study’s findings, it seems reasonable to conclude that the more equipped and educated society is regarding Co-ADEx, the smoother the journey would be for those living with Co-ADEx. This would take the naivety away from things such as “if eczema is contagious”; “if diet can impact eczema or ADHD”; “the interaction between the ISC and impulsivity”; “the idiosyncratic nature of ADHD”; or “the forgetfulness of ADHD and looking after eczema creams”. It would also help support young boys growing up with Co-ADEx to avoid stigma, judgment, and unreasonable responsibility.

The “Village” of Support

The findings indicate that support looks like many things, such as the guidance of a parent, a friend who has your back, or a teacher committed to understanding their students. Therefore, support can be recognised as the way people treat and interact with others. This idea is supported by Verma and Sondhi (2021), who discuss ADHDe resilience as developing through the support of parents, teachers, peers, and school. Additionally, support was also found to include treatment and management. Together, these layers of support combine to form a support system, or *“village” of support*. Importantly, support was experienced as either supportive, neutral, or damaging.

Acceptance, Guidance, and Social Skill Development

In this study, being accepted for who you are was experienced as a layer of support. Features of *acceptance* included: understanding how movement can benefit ADHDe; patient and warm interactions; not being treated differently; not applying a one-size-fits-all approach; using humour; and being given space to be authentic. Alongside being accepted, participants also experienced *guidance* as being helpful for personal growth. Guidance was described as supporting personal growth through constructive feedback from *close* others. Most participants discussed guidance as an important characteristic of supportive friends and family.

Taken together, wanting acceptance while also appreciating supportive guidance speaks to how participants have come to accept self (or are getting there), while still having a desire to grow. Each participant spoke about self-development, reflecting on social areas they struggled with, such as impulse control or social awareness. Participants also discussed helpful strategies to overcome these social challenges, such as asking friends for feedback; potentially highlighting how Co-ADEx forces boys to self-reflect more than boys without Co-ADEx. Asking others for feedback also shows courage. The idea of courage in the face of difficulty is supported by Maddi (2006), who describes courage and motivation as tools that support growth during difficult or stressful periods. Importantly, as mentioned by Maddi and supported in the findings, social support is an important element in the process of personal growth. By accepting and guiding boys with Co-ADEx in supportive ways, *close others* help support those with Co-ADEx to support themselves. Interestingly, Koi (2021) discusses self-control (e.g., impulse control) as a protective factor against ADHDe entering the criminal system, listing supportive social environments as a key element in practising self-control.

A practical example of personal growth seen in the findings was the purposeful development of social skills, such as learning not to interrupt, through interactions with others. While much of the relevant literature focuses on social skill deficits, several participants discussed how they utilise the support of parents and friends to refine and develop social skills. The findings align with Rashid (2010), who suggests social skills develop purposefully, incidentally, and through maturation. Previously, the topic of maturation and emotion regulation was discussed, which is an element of social skills. However, participants' stories also revealed purposeful social skill development through asking friends for honest feedback and parents providing guidance. While most examples of purposeful social skill development were recalled during adolescence or young adulthood, rather than childhood, the findings highlight how participants desire close interpersonal relationships and are willing to develop their social skills to achieve this goal. This finding aligns with Baumeister and Leary (1995), who describe the need to “belong as a fundamental human motivation” (p. 497), which most people are willing to apply much cognitive energy to obtain. Importantly, this is not about losing one’s identity but about self-reflection and finding “your people”³⁸.

Parental Support Within a Wider Community Context

Parental support was found to range from supportive to overbearing and was an important element in growing up. As noted in Chapter 2, Erikson’s psychosocial development theory (Erikson, 1996; Maree, 2021) and Attachment Theory (Gomez, 1997) highlight how early life experiences can either support the development of trust and autonomy or lead to feelings of shame and mistrust. While the current study did not dive into Erikson’s theory or attachment styles, I believe the findings reveal elements of identity crisis (Maree, 2021). This finding rests on various stories portraying feelings of deep shame, guilt, and mistrust, in relation to both eczema and ADHD, forming within parental relationships and influenced by the wider community.

The forming of shame, guilt, or mistrust came through in support areas such as not trusting the medical system; not perceiving effective support from teachers and parents;

³⁸ “You’ve found your people when you feel energized [*sic*] rather than drained after spending time together, when you can be authentic without performance, and when there’s mutual support during both good and difficult times. These relationships feel natural and accepting rather than requiring constant effort to maintain or prove your worth” (Cumberland, 2026, under heading four). Also see Maya Beristain and Wiener (2020).

struggling at school; feeling unseen; getting into trouble for things outside one's control; and failing to not scratch. These examples provide insight into the need for children to feel heard and understood (Cunningham et al., 2024; Popov & Ilesanmi, 2015); however, the complexity of Co-ADEx sometimes left participants feeling misunderstood and frustrated. Kelly et al. (2021) confirm tension can develop in parent-child relationships around eczema management, scratching, and feeling misunderstood. Similarly, an eczema study by Mitchell et al. (2015) found that perceived child *behavioural difficulties* can negatively impact parents' feelings of self-efficacy and child eczema treatment adherence, adding tension to the parent-child relationship. Importantly, due to childhood ADHD behaviours often being experienced by parents as difficult (e.g., Lifford et al., 2008), the coexistence of ADHD and eczema may compound parent-child relationship tensions, and potentially fuel shameful feelings (Howlett, 1999).

There was also a desire for parents to adopt a "sense of humour" when managing Co-ADEx, as expressed by one participant. Interestingly, Lashlie's (2015) good man project found humour as very important in the world of males, potentially highlighting humour in the parenting approach as more important for sons than daughters. However, it also sheds light on the often stressful task of managing childhood chronic conditions and the toll that can take on parental mental health (see Davidsson et al., 2025; Kobusiewicz et al., 2023; Mitchell et al., 2015; Waples, 2025), as well as the mental health of the child (Morawska et al., 2024).

Participants expressed how important parents were in supporting them growing up with Co-ADEx, with most reflecting on childhood as being good. Noticeable areas of positive parental support included novel and interactive ways to practice concentration; supporting ADHD management; and doing the best they could with what they knew to do. This aligns with research by Xie et al. (2020), who found that while parents could cause stress to their children with eczema, children still sourced most of their "tangible and emotional support" (p. 867) from their parents. Overall, findings highlight a strong need for parents to be educated and supported to support their children with Co-ADEx. This is something the literature for eczema and ADHD both endorse (e.g., Howlett, 1999; Mitchell et al., 2015; Waples, 2025).

Friendship Buffers Adversity

Several participants' stories revealed painful social interactions while growing up, such as teasing and struggling with childhood peer relationships. This finding aligns with existing literature, which describes similar social difficulties (e.g., Kelly et al., 2021; Wiener & Mak, 2009). However, by secondary school, all participants had formed close friendships, revealing *friendship as a form of support and protection*. Using SPT (Carpenter & Greene, 2015) to investigate potential influences of intimate relationships, the findings suggest that friendship at the *stable exchange stage* helps buffer against teasing. For example, being vulnerable and confiding in close friends about Co-ADEx challenges, such as teasing, allowed friends to provide counsel or encouragement, which then acted as a layer of emotional and self-perception protection. This finding aligns with Dangmann et al. (2024) and Khalis et al. (2018), who describe friendship as a buffer against bullying and internalising difficulties. It also highlights how supporting boys with Co-ADEx to form friendships is an important part of protecting their psychological wellbeing.

Teachers and School

The influence of teacher-student interactions on the experiences of participants was a finding that gained traction early in the data analysis process. This finding relates to the polarising experience of participants at school, with two-out-of-five participants expressing an enjoyment of school, especially primary school, while the other three participants spoke of frustration and emotional pain at school. This ratio, however, is not divided by ADHD or eczema severity, but rather the attitudes and behaviours of teachers (and peers) towards participants. That is, how teachers interpret and deal with student behaviour has a dramatic influence on a student's enjoyment and engagement in school. For example, the two participants who mostly enjoyed school both recalled how they would fidget in class and often talk, but interactions with teachers were supportive and encouraging. Yet, for the other participants, similar behaviours led to disciplinary actions such as getting reprimanded, being sent out of the classroom, or being sent to the principal's office. Additionally, one participant experienced teasing directly from their teacher. Therefore, it seems reasonable to consider the main identifiable difference between participants' school experiences is associated with how teachers engage with students.

It is important to acknowledge that each child has their own personality, which in turn impacts interactions with others. However, the finding of the influence of teachers on

student enjoyment and engagement in school is consistent with the literature. For example, research highlights how positive and encouraging teacher-student relationships support self-esteem and resilience (Frymier & Houser, 2000; Rasmussen et al., 2022); feelings of value (Frymier & Houser, 2000); protection against adversity, bullying and exclusion (Greener, 2016; Im & Kim, 2012); buffering against conduct problems (Ewe, 2019); and overall enjoyment of school (Mainhard et al., 2018). However, when teachers use harsh or sarcastic language (Mainhard et al., 2018), perceived unjust discipline (Ewe, 2019), and repetitive public discipline (MacLure et al., 2012), teacher-student interactions can result in negative feelings about school and self, increased stigmatisation, and exclusion (Ewe, 2019).

There are several postulated reasons why participants experienced teacher-student interactions differently. For example, Skipper and Fox (2022) highlight how teachers may perceive boys as more naughty, loud, and violent than girls, often leading to harsher disciplinary action driven by preconceived expectations. Importantly, while the current study did not investigate teacher expectations, this is an important consideration, as Skipper and Fox found some boys become frustrated by negative expectations. This can lead to living up to the expectation of being “bad” (Skipper & Fox, 2022), highlighting how reputation can become self-perpetuating (Ladd, 1999). The findings show support for this, with one participant describing a persona they adopted, influenced by getting in trouble for things they had no control over. However, not all teachers hold these negative preconceptions; therefore, the difference in teacher attitudes towards participants is possibly explained, in part, by preconception variations.

Alternatively, MacLure et al.'s (2012) study “Becoming a Problem” highlights how teachers may want young students to “identify [and acquire] the ‘category bound activities’ that characterise the good student” (p. 452), including keeping quiet, sitting properly, and “making the teacher happy” (p. 453). These expectations of the “good student” highlight the difficulty of hyperactive/impulsive ADHDers to fulfil these expectations, possibly leading to being recognised *as a problem* by teachers and peers. Further, a literature review by Ewe (2019) discusses how teachers often have a limited understanding of ADHD, while also tending to find hyperactive and inattentive behaviours difficult to manage. According to Ewe, this can lead teachers to adopt more punitive discipline strategies and use harsher language towards these students. Therefore, the differences in how participants experienced their teachers may further be explained by the teacher’s level of understanding ADHD, and the

consequential behaviour management strategies applied—possibly influenced by their alignment to the concept of the good student.

A teacher's expectations and level of ADHD understanding help explain why some Co-ADEx students get into trouble, while others with similar behaviours are protected. However, the important element of this finding is the powerful influence teachers have on students' school experiences. Given that Co-ADEx comes with increased risk for multiple adverse outcomes, equipping teachers to understand, manage, and engage with Co-ADEx students in empowering ways is an important strategy in supporting boys with Co-ADEx to excel.

Treatment, Control, and Management

The treatment, control, and management of Co-ADEx requires a journey of self-discovery to learn what is supportive and what is not, sometimes landing on compromises that best support overall functioning. The findings revealed complex Co-ADEx interplays and separations, often requiring high levels of self-awareness and self-education while navigating the influence of ADHD on eczema, and vice versa. At times, the findings revealed a layer of frustration when treatment that may work for one condition had a negative effect on or from the other. For example, one participant discussed how ADHD medication made his eczema worse, while another spoke about eczema creams working but ADHD forgetfulness making looking after the creams harder. Yet, in other examples, something that supported eczema also supported ADHD, such as reducing stress. Overall, participants alluded to a mind-body impact of Co-ADEx on their overall wellbeing, highlighting a need for a holistic, whole-person approach to treatment, control, and management. This finding aligns with Bolic Baric et al. (2016), who found psychosocial support at school was just as important as academic support for students with ADHD, and Yosipovitch et al. (2024), who found mind-body treatments were the most effective for eczema.

Most participants picked up their stories from early childhood; therefore, their journey of discovery often started with being “treated for the sake of adults” rather than for themselves. For example, all participants went on ADHD stimulants when they were diagnosed. Most found they helped; however, participants diagnosed in childhood sometimes felt the medication was more for the benefit of their parents and/or teachers than for themselves. This highlights the importance of including children in the decision-making process and keeping them informed of why certain steps are being taken. Conversely, the responsibility of childhood eczema treatment was partially experienced as

given to the child, perhaps reflecting a societal mindset that medication can “fix” ADHD, while eczema treatment has less stereotypical understanding attached. Current research supports this theory, with Verma and Sondhi (2021) confirming a strong medical approach to supporting ADHD. However, parental eczema management is frequently reported as stressful due, in part, to a societal lack of understanding (Kobusiewicz et al., 2023).

As participants got older, they started to take the reins and experiment with Co-ADEx treatment and management approaches. Some chose to stay on ADHD medication, while others decided not to, yet others experimented without medication only to go back on it. This highlights how ADHD medication is not a one-size-fits-all approach to supporting ADHD, but rather requires learning about what works for the individual while keeping a sense of the authentic-self (see Dangmann et al., 2024). Overall, medication was found to support interpersonal relationships; emotion regulation—such as doing mundane jobs and increasing motivation; and focus, which helped reduce cognitive load and protect against fatigue. Notably, the areas of life ADHD medication helped with varied between participants. Likewise, participants also discovered ways to manage and/or embrace ADHD characteristics alongside, or instead of, medication. Many of these options were discussed previously; however, structured schedules were an additional tool not previously mentioned.

Participants also started to control eczema management themselves, learning what worked best for them, what they could manage, and where they needed to compromise. One participant outgrew eczema, while others learned to manage eczema within the context of seasonal and environmental influences. Lotions and creams remained a large part of management; however, holistic approaches such as reducing stress, selective diets, and other alternative options also featured. Overall, participants felt eczema is somewhat unpredictable, difficult to fully control, and having it can reduce the ability to feel truly healthy. However, all participants showed a level of strong emotion regulation in their drive to overcome eczema and ADHD difficulties and push towards their goals. This reinforced findings by Dangmann et al. (2024) that life with ADHD gets better, and Weiß et al. (2020), who state perceived eczema self-efficacy increases “human flourishing and personal wellbeing” (p. 18).

Limitations

Firstly, the current study has provided a springboard for future research by applying an explorative approach to the lived experiences of Co-ADEx; therefore, allowing new

understandings of the interactions between ADHD and eczema to become known. However, the breadth of the research questions meant the literature review, findings, and depth of discussion were overextended. That is, given the number of constructs being studied, no one construct could be thoroughly explored. Therefore, future research could benefit from exploring either emotion regulation, self-perception, or interpersonal relationships, rather than exploring them all at once.

Secondly, not collecting official ADHD subtypes for participants was a limitation. If this information had been formally acquired, it would have been possible to consider current ADHD literature more precisely. For example, the earlier discussion around teachers' finding hyperactive and inattentive behaviour difficult to manage could have been considered within the context of a participant's ADHD subtype. This could have provided a deeper understanding of the differences in participants' school experiences, potentially reducing postulated assumptions.

Future Research

Research focusing on young women's experiences of growing up with Co-ADEx would provide interesting insights into the differences and similarities in how men and women experience Co-ADEx. This may allow insights to benefit both boys and girls growing up with Co-ADEx. Secondly, by building on the findings of this study, future research could benefit from focusing on either self-perception, emotion regulation, or interpersonal relationships. This may help form a deeper interpretation of the lived experiences of each construct, thereby providing a more nuanced understanding. Lastly, the adrenaline tank would be beneficial to research further for helping to understand how adrenaline-seeking behaviour, such as overcoming boredom with excitement, is experienced by boys with ADHD. This type of research could lead to intervention or support initiatives that help adapt how behaviourally aggressive young ADHDers manage their emotions. It could also support parents and teachers in preventing and managing these behaviours more effectively.

Conclusion

The current study was designed to explore the lived experiences of young men who grew up with Co-ADEx through the constructs of emotion regulation, self-perception, interpersonal relationships, and support. Notably, preliminary literature revealed no known research into the lived experiences of Co-ADEx; therefore, the study has extended current Co-ADEx theoretical knowledge into lived experience knowledge. By opening the "research

door” to lived experiences, the study illuminated the significance of social influences in participants’ meaning-making about how ADHD and eczema are experienced, as well as discovering several interactions between ADHD and eczema.

The literature review suggested several possible adverse day-to-day interactions between ADHD and eczema, giving the impression of possible compounding risk factors in having Co-ADEx. The findings supported this assumption with stories revealing several adverse interactions, such as a reduced ability to not scratch; a movement-scratch relationship; complications in condition management; and negative influences on social interactions and self-perception. However, while much present literature reveals troubling outcomes for those with ADHD or eczema, the findings revealed how participants developed resilience through adversity. This is about interpersonal interactions, emotion regulation, self-perception, and support, all blending to form an outcome of resilience. Interestingly, while ADHD and eczema are associated with emotion dysregulation, participant stories revealed high levels of successful emotion regulation leading to resilience. That is, resilience was seen to develop over time, through adverse experiences and experiences of support. Most notable was the use of the emotion regulation strategy of reappraisal, highlighting how it can serve as a tool to overcome adversity. The use of reappraisal highlights a possible entry point for supporting parents and teachers to better support their boys, while also providing an empowering approach to educating boys with Co-ADEx about their condition.

One cannot escape the social or cultural world within which one lives, and this was true for participants. The study revealed how preconceptions and naivety influence the experiences of doing life with Co-ADEx. This finding highlighted the importance of educating society about ADHD and eczema, including what they are, how they interact, how they play out, and how to manage or treat these conditions. Put simply, and echoing Rasmussen et al. (2022), there is a need to move from a *fix-them-focused* society to one that encourages, strengthens, and supports boys with Co-ADEx in finding their authentic selves—through acceptance of differences, rather than Othering and privileging sameness.

Associated with societal understandings of ADHD was the concept of the ADHD adrenaline tank, a metaphoric tank that requires filling through movement or intellectual stimulation. While literature and societal understandings often associate ADHD with hyperactivity, the adrenaline tank reveals something of value. That is, it gives an understanding of the “why” behind the behaviour. This goes beyond understanding how the

brain works and enters the lived experience understanding of what is happening inside the *mind*. This finding is one I feel is important to investigate further, as a better understanding of the adrenaline tank has the potential to support parents and teachers to better understand, and therefore, better support boys growing up with “troublesome” ADHD movement or hyperactive behaviours.

In this study, each participant shared their experiences of self-discovery around how to manage, treat, control, and understand Co-ADEx. Importantly, through various levels of support and self-efficacy, each participant has overcome adversity. However, as expressed by some participants, this is not the case for all. Therefore, there is a need to educate and support boys with Co-ADEx, and the adults in their lives, about Co-ADEx before they potentially enter the criminal justice system, become addicted to drugs or alcohol, or lose hope that life will ever get easier. This study, along with studies like Dangmann et al. (2024), Rasmussen et al. (2022), and Weiß et al. (2020), provides hope for the future. However, given the complex interplay between ADHD and eczema, further lived experience research is needed to help better understand and support those with Co-ADEx.

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Appendix A

Participant Recruitment Advert



RESEARCH PARTICIPANTS NEEDED!



Lived Experiences of Growing up with ADHD and Eczema

WHAT IT'S ALL ABOUT

Having an atopic condition like eczema increases the chance of having ADHD by up to 50%. That's why I'm interested in interviewing young men to explore their experiences of growing up with both ADHD and eczema.

I AM LOOKING FOR PARTICIPANTS

- Male
- 16 to 25 years old
- ADHD diagnosis
- Had childhood eczema
- Grew up & live in Aotearoa NZ
- Enthusiastic to share their story in a 60 - 90 minute interview on Zoom or in-person



Monetary
compensation
for time and
effort

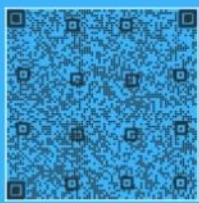


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This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 1, Application OM1 25/21. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 1, email humanethics1@massey.ac.nz.

----- IF INTERESTED CONTACT -----

Trish MacLeman
Patricia.Macleman.1@uni.massey.ac.nz
OR Scan the QR Code



Appendix B

Participant Recruitment and Advertising Avenues

Advertising Avenue	Details
Meta paid adverts	4 x advert campaigns on Instagram and Facebook
Other avenues	ADHD NZ Facebook and Parent Facebook pages Wellington ADHD (private) Facebook page Adults with ADHD NZ (private) Facebook page Massey Student Facebook page (Te Tira Ahu Pae) Massey Psychology Student Facebook page Massey University Wellington Campus noticeboards Massey University Psychology Clinic noticeboard 4 x Wellington Central GP clinic noticeboards
Participant Interest	25 responses via Meta advert, 5 converted into participants

Appendix C

Participant Information Sheet

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Participant Information Sheet

Kia ora, I am conducting a study exploring the lived experiences and perceived impacts of young males growing up in Aotearoa New Zealand with attention deficit hyperactivity disorder (ADHD) and eczema (atopic dermatitis). I am interested in talking with males 16 to 25 years old who have been diagnosed with ADHD (a minimum of six months ago), as well as having childhood eczema; you can have outgrown either. Participants will have grown up in Aotearoa New Zealand, currently live in NZ, and communicate clearly in English. Additionally, anyone living outside of Wellington or who would prefer Zoom to in-person meetings must have access to the internet and a device (e.g. smartphone or computer).

What is the purpose of the project?

The current study aims to explore how young men living in Aotearoa New Zealand have experienced growing up with both ADHD and eczema. The goal of this research is to understand the impact coexisting ADHD and eczema can have; allowing for greater insight for those living these conditions and the people in their lives.

Do I have to take part?

Participation is **completely voluntary** – if you do not want to participate, you do not have to. You can also choose to:

- Stop participating at any time before or during the interview/data collection phase,
- Withdraw your data up until two weeks after you have received your transcript for review,
- If you chose to withdraw mid-interview all collected data (e.g. voice recordings) will be deleted and will not be used in the research.

What will participation look like?

Prior to the official interview you will have the option to meet with me for a whanaungatanga/relationship building Zoom call to ask any questions and find out more about me and this project. If you are happy to proceed, I will schedule an interview with you either on Zoom or in-person (e.g. private space at Massey University's Wellington campus) depending on your preference and where you live. Before the interview starts I will invite you to complete a *Consent Form* saying you agree to take part in the study, which we will go over in the whanaungatanga Zoom call or prior to the interview starting.

Throughout this process, please feel free to ask me any questions about the project and/or to talk with people you trust before you decide to participate. Also, *please let me know if you*

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have any specific cultural or other requirements that will help make the interview process more comfortable for you.

The interview will take approximately 60 to 90 minutes and will be based on questions about your personal experiences of growing up with ADHD and eczema. This will include aspects of your home life, school life, and community life (e.g. sports). The interview will be voice recorded to allow for transcription (audio to written text) of the conversation. Once completed the transcript will be emailed to you to check accuracy, and to share any additional thoughts you might want to add.

What are the possible benefits and risks of taking part?

Benefits:

- Talking about your experiences and providing greater insight into the impact of growing up with ADHD and eczema.

Risks:

- There are minimal risks associated with this study. However, some questions may bring up emotional memories. If this occurs for you, you can ask to stop the interview or take a break. Should any distress arise for you, there is also a list of resources at the end of this form.

You will be compensated for your time and insights with a \$50.00 Pressy Card.

What will be done with my information?

Interviews will be audio recorded and transcribed. Recordings will be stored in password protected files (the Massey OneDrive cloud) and deleted once transcription is completed. Any hardcopy documents (e.g. Consent Form) will be digitally scanned and stored in password protected files (OneDrive); the hardcopy will be shredded.

Recordings and transcripts will be securely deleted 5 years after the close of the research; Dr Sharon Crooks at Massey University will be responsible for this.

Analysed data may be used in any of the following ways:

- My Masters thesis
- Academic publications
- Academic and/or community presentations
- Policy briefings
- Knowledge translation outputs (e.g. blog posts, infographics, webinars, etc.)

A fake name (pseudonym) will be used to identify you in the research, and any identifiable information (e.g. school, medical centre, other names) will be removed from the transcript.

Participant's Rights

You are under no obligation to accept this invitation. You have the right to decline to answer question's and can withdraw your data or any part of it at any time until two weeks after you have received your transcript for review.

Contact Information *(please feel free to contact me with any questions):*

Researcher: Trish MacLeman – patricia.macleman.1@uni.massey.ac.nz

This project is reviewed and guided by my thesis supervisors:

Dr Sharon Crooks contact email: S.Crooks@massey.ac.nz

Dr Rachael Pond contact email: R.L.Pond@massey.ac.nz

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Further Information

If while participating in the study you feel you would like to talk to somebody in a therapeutic way, the following services might be useful:

1. HealthEd: <https://healthed.govt.nz/products/helplines-and-mental-health-services>
2. Full list of mental health crisis teams: <https://info.health.nz/mental-health/crisis-assessment-teams>
3. Lifeline: 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP) 24/7
4. 1737 Need to Talk?: Free call or text 1737 – support from a trained counsellor
5. Depression Helpline: 0800 111 757 or text 4202
6. Anxiety Helpline: 0800 269 4389 (0800 Anxiety)
7. Healthline: 0800 611 166
8. Massey University Counselling Services (Massey students and staff only):
<https://www.massey.ac.nz/student-life/services-and-support-for-students/counselling-services/>

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Further information about ADHD and eczema can be found at:

1. ADHD New Zealand's website has a number of helpful contacts:
<https://www.adhd.org.nz/contact-us.html> - :~:text=Lifeline – 0800 LIFELINE (0800 543,support from a trained counsellor
2. ADHD New Zealand: <https://www.adhd.org.nz/>
3. Eczema Association of New Zealand: <https://www.eczema.org.nz/>
4. National Eczema Society: <https://eczema.org/>

Appendix D

Interview Guide and Questions

This interview schedule provides an idea of the types of questions that will be asked (these may be slightly refined after practice runs/consultation). Questions are open-ended, and include prompts as well as notes to myself. An IPA interview aims to provide space for participants to make-meaning of their experiences, rather than looking for a “strict” pre-set idea by the researcher. IPA methodology recommends 5 – 10 questions, with lots of room for reflection, prompts, and followups.

Prior to the Interview Starting:

Participants will be welcomed, whether in person or on Zoom, with a little time spent to allow them to become comfortable. If in person a hot/cold drink will be offered, if online I will ask if they would like to make themselves a coffee/tea before we get started etc... I will then tell them what to expect during the interview (including reminding them that they can stop/pause at any time), then ask if they are ready to get started. **START RECORDING.**

Questions and Prompts:

1. I'm interested in hearing about what your childhood was like – things like where you grew up, your family, what school was like for you, and any activities you were involved in, like sports or other interests? Feel free to start wherever makes the most sense to you.

Prompts:

How did you find the size of your school/s?
 What types of things did you enjoy at school?
 Did you play sports or any other extracurricular activity?
 Was your “town” big or small?
 Who is in your family?
 Does anyone else have ADHD or Eczema?

***Note:** This question aims to get them relaxed, talking and thinking. It might bring up important foundational information for future questions e.g. did they enjoy school?*

2. How do you remember experiencing eczema during your childhood years?

Prompts:

What did that mean to you?
 How bad did your eczema get, can you give an example?

How was it different at home than at school, or doing sports?

How did this change as you got older?

Do you still have eczema?

Note: I could give a bit of information about how my son's eczema was when he was young... this could prompt them to tell me a story about their own. Lead towards answers that will provide insight into home, education, community life (interested to know what age they had eczema till to see what stages of development it may have directly impacted).

3. When did you first find out you had ADHD? How old were you, and was it you or someone else who first started thinking you might have it?

Prompts:

Can you tell me about that?

Do you remember how that made you feel?

What did having ADHD mean to you then?

Did you feel differently about it at home or school?

Note: Lead towards answers that will provide insight into home, education, community life.

4. Have you noticed any ways that ADHD and Eczema affect each other in your life? For example, does one ever influence the other or are they quite separate from each other?

Prompts:

Can you give me an example?

What kinds of activities did they impact e.g. sports?

How did this make you feel?

How has this changed as you got older?

5. Do you feel like having ADHD and/or Eczema has impacted how people relate to you or how you relate to others – like friends, family, teachers or anyone else? If so, is there an example that stands out in your memory?

Prompts:

How did that make you feel?

Did ADHD or eczema have a bigger impact?

Did that have a wider impact?

***Note:** Looking to how teachers/peers/others relationally interact. Also looking at how it may have impacted taking part in activities such as swimming...*

6. How do you think having ADHD and eczema has impacted how you think about yourself?

Prompts:

Has one had more impact than the other (e.g. ADHD or eczema)?

Can you give me an example?

How do you think that impacts you now?

7. How do you think having ADHD and/or eczema has influenced how you handle your emotions – For example, how you deal with things when you're upset, excited, stressed or even happy?

Prompts:

Has there been times when it has influenced how you feel about something or how you responded to someone?

Can you give me an example?

Can you explain why you think ADHD or Eczema was the influencer?

Here you could be thinking about different areas of your life these conditions may have impacted such as sleep which can be difficult if you don't get enough..., medications/creams, how you felt about time away from school or sports, and how this has impacted you emotionally.

8. How would you compare the level of support you got at different times in your life, with what you felt like you may have needed?

Prompts:

Example could be from: at home, an uncle/aunty, at school, teachers, with friends, in the community, a coach, doctor etc...?

In which ways were you supported (e.g. medication, social support etc...)?

9. So, based on your own lived experiences, what would you like parents, teachers, friends etc... to know about how to support a young person growing up with ADHD or eczema? For example, what kinds of things did you find helpful and what kinds of things didn't help – thinking back to your childhood?

Prompts:

Maybe eczema was not such an issue as you got older so ADHD might be more insightful here...

What would have meant something for you?

How would that look?

***Note:** This question hopes to provide insight into how others can support these boys growing up in the areas that matter to them. This might be different for each individual and that's the great thing about IPA methodology – I am not looking for consistency.*

After the Interview:

At the closure of the interview participants will be asked if they have **anything more they would like to add**. Once they have said all they would like to say I will **STOP RECORDING**.

I will thank them for their time, and reiterating how valuable their contribution has been.

I will also check-in with how participants are doing at the close of the interview. Information for helplines, counsellors, and further information about ADHD and eczema has been provided in the Participant Information Sheet - this will be reiterated to participants at the close of the interview. I will let them know I can supply this list again if needed.

I will remind participants they will have up to two weeks after receiving their transcript to provide feedback or withdraw from the research if they decide to.

Lastly, I will ask:

Do you mind if I follow up with a "checking-in" email in a few days just to see how you are doing? – This can accompany the transcript email.

Appendix E
Transcript Release Form



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***Exploring the Lived Experiences of Males Growing Up in
Aotearoa New Zealand with Coexisting ADHD and Eczema***

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the interview conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

Signature: **Date:**

Full Name – printed:

Appendix F

Informed Consent Form



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Participant Consent Form

Principle Researcher: Trish MacLeman

Supervisors: Dr Sharon Crooks & Dr Rachael Pond

Research Topic: Exploring the Lived Experiences of Males Growing Up in Aotearoa New Zealand with Coexisting ADHD and Eczema

I have read and understand the *Participant Information Sheet*. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from participating in the study at any time until two weeks after I receive my transcript for review.

I agree to the interview being sound/voice recorded.

- ☐ _ Agree
☐ _ Disagree

I wish to receive a summary of study findings (sent to an email I have provided).

- ☐ _ Yes
☐ _ No

I agree to participate in this study under the conditions set out in the Participant Information Sheet.

- ☐ _ Agree
☐ _ Disagree

Declaration by Participant:

I, (participant's full name) hereby consent to participate in this study.

Signature: **Date:**.....

Email (participants) for summary of findings: