What Defines Me? The Impact of #ADHDmemes on Understanding Diagnosis and Identity

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Abstract

The lived experience of those with Attention Deficit Hyperactivity Disorder (ADHD) is overlooked when it comes to describing ADHD. This is especially true within the biomedical framework needed in Aotearoa New Zealand to gain a diagnosis and access the full spectrum of support available. This study uses Interpretative Phenomenological Analysis to explore the lived experiences of those with ADHD through exploring the phenomenon of memes (an image, video or text spreading an idea on social media). It looks at how interactions with memes about ADHD have impacted their understanding of their diagnosis and identity. A deep tension is revealed between the biomedical view and how ADHD is depicted in memes, however the participants did not feel this meant either side was inaccurate. The participants looked to memes to understand ADHD on an experiential level and feel connected to others. However, they also looked to the biomedical field for an assessment and validation that their experience was ADHD. This multi-step journey is important because it highlights that participants valued the opinion of perceived 'experts' above their own lived experience. Additionally, it highlights the power imbalance between patient and practitioner and the care that needs to be taken during the assessment process for a potentially vulnerable population.

With the validation of an official assessment, participants concluded that they saw themselves represented in #ADHDmemes and good memes were 'by them and for them.' Ultimately, viewing memes enabled the participants to create a new identity, where they were not broken, but had struggles that looked different to those who are neurotypical. Seeing their struggles in someone else and sharing them amongst other neurodivergent friends, evoked compassion for others, which in turn allowed them to find grace and feel self-compassion for themselves. OBJ

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Chapter 1: Introduction

1.1 Introduction

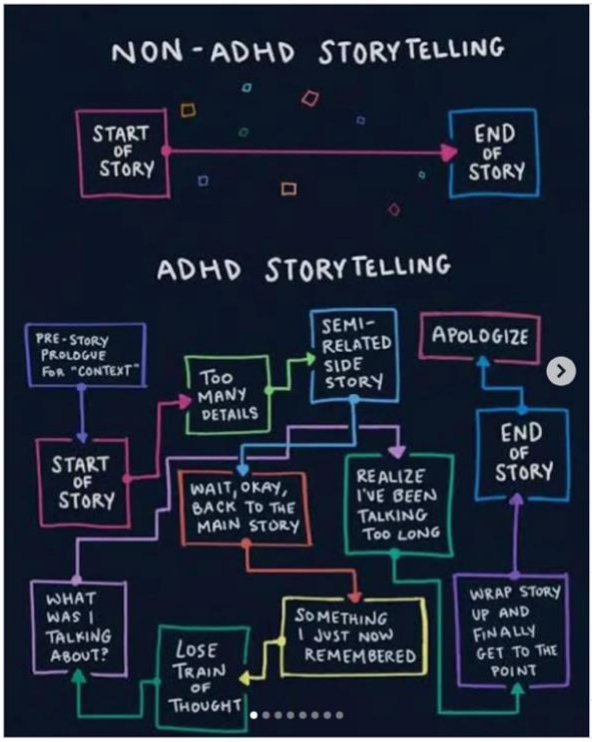
This study focuses on the lived experiences of people with Attention Deficit Hyperactivity Disorder (ADHD) and how #ADHDmemes impact their understanding of their diagnosis and identity. A meme is an image, video or text spreading an idea on social media (Akram & Drabble, 2022; BBC, 2025). Memes are a prominent feature of daily living in today's global and technological world (Lloh, 2021). A #ADHDmeme is a meme about ADHD. #ADHDmemes sit within a context of tensions; for many, ADHD is considered a neurodivergence and normal part of the spectrum of human existence (Bertilsdotter Rosqvist et al., 2025; Walker, 2021) however, within the medical framework needed to gain a formal diagnosis, a pathological nature is assumed and ADHD is considered a neurodevelopmental disorder (American Psychiatric Association, 2013; Dwyer, 2022). This historically dominant medical discourse has been poorly received by those within neurodivergent communities, who do not wish to be 'cured' into being neurotypical (Dwyer, 2022).

Located in Aotearoa New Zealand, this study reflects a context wherein cultural competence is considered best practice with an understanding that multiple perspectives can be true at once (New Zealand Psychologists Board, 2002; Waitoki et al., 2016). This lens aligns well with the principles of Interpretative Phenomenological Analysis (IPA) which enabled multiple narratives of ADHD to be explored. This study highlights that while the stereotype of those with ADHD being 'naughty boys' (Burton et al., 2019) is irrelevant for many people; the diagnostic label of ADHD does aid in creating meaning and informing identity. However, this study also highlights that #ADHDmemes play a significant role in this journey too. Like the meme in figure 1 (danidonovan, 2015), the story is not straightforward. While #ADHDmemes do not always align with a medical view of ADHD, they appear to

expand on the medical model, not replace it. This understanding is important as it directly affects how people with ADHD feel about their diagnosis, and how they interact with others. This study agrees with researchers who value the inclusion of lived experience research to broaden and define understandings in mental health (Speyer & Ustrup, 2025). As such, this study places importance on the participant's experience and meaning making of their diagnostic journey and #ADHDmemes.

Figure 1

"ADHD Story Telling" Meme.



Note. #ADHDmeme comparing neurotypical storytelling to ADHD storytelling, as a comparison to this thesis being complex, but worth the journey. danidonovan, 2015, *I made this flowchart today to explain why it takes so long for me to tell stories* [Meme], Reddit, https://www.reddit.com/r/adhdmeme/comments/a5q9m8/i_made_this_flowchart_today_to_explain_why_it/

1.2 ADHD

1.2.1 History of ADHD

In its various forms ADHD has been showing up in literature and research since 1798. The discovery of ADHD is commonly attributed to Scottish doctor, Sir Alexander Crichton who noted some people are easily distracted and unable to focus as expected (Gunnerson, 2025; Patel & Pharm, 2018). Over a century later, in 1902, Sir George Frederic Still presented lectures based on 15 otherwise healthy children who had attention difficulties. He considered this a defect in moral control (ADHD Foundation, 2021). Most cases were boys, perhaps sparking the misconception that ADHD is mainly found in boys (Gunnerson, 2025). ADHD reappeared again in 1932 where German doctors, Franz Kramer and Hans Pollnow, described Hyperkinetic Disease, which was characterised as children who could not stay still. However, it was not until 1937 that the first medication was trialled by Charles Bradley, which appeared to improve the behaviour of some children (ADHD Foundation, 2021; Gunnerson, 2025). Despite being recognised by some physicians and the availability of medication, it was not until 1968 that ADHD (called Hyperkinetic Reaction of Childhood) was included in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM).

The journey of conceptualising ADHD did not end with being recognised in the DSM however, and over following editions, ADHD had several name and criteria changes. In the third edition it was renamed Attention Deficit Disorder (ADD) with two variations: ADD with Hyperactivity and ADD without Hyperactivity. It was changed again in 1987 to Attention Deficit Hyperactivity Disorder (ADHD) which combined inattentiveness, impulsivity and hyperactivity into a single type. Then in 1994 it changed again in the DSM's 4th edition listing three types of ADHD; Mostly Inattentive, Mostly Hyperactive/Impulsive,

and Combined Type. This edition also recognised that it is not just a childhood disorder, rather, it can persist into adulthood (Gunnerson, 2025; Patel & Pharm, 2018).

After ADHD's recognition within the medical community, there was still debate over the nature and inclusion criteria of ADHD. Developing parallel to the DSM was another diagnostic tool the ICD-10. The ICD was created 1763 with the French physician and botanist Dr François Bossier de Sauvages de Lacroix, who developed a categorization of ten distinct classes of disease (Hirsch et al., 2016). However, in 1948 the World Health Organisation (WHO) took control of the classification system looking to expand from causes of death to include medical conditions (Hirsch et al., 2016). These two classification systems (The DSM and the ICD) did not align in their descriptions of ADHD until their most recent 5-TR and 11th editions. Despite greater alignment, and both considering ADHD to be a deficit-based disorder, there are still differences in the number of diagnostic criteria needed, the standardisation of diagnostic thresholds and the subtypes (inattentive vs hyperactive) (Gomez et al., 2023). In New Zealand, most psychiatrists use the DSM, as this is the diagnostic manual used during their training (Mellsop et al., 2007). Despite the long journey of creating understanding of this phenomenon, there is still debate and confusion which will be discussed in Section 1.2.4 (Current Debates).

In terms of diagnosing ADHD, New Zealand has historically been specialist led. Meaning a psychologist, psychiatrist or paediatrician needed to conduct the assessment and a special authority was required for medication (Ministry of Health, 2024; The New Zealand Telepsych Network, 2025). In 2024, the stimulant renewal rules were removed making it easier to gain access to ongoing medication, but assessment pathways remained the same (Pharmac, 2024). In July 2025 the 'New Zealand Clinical Principles Framework for Attention Deficit Hyperactivity Disorder' was released by the Ministry of Health, outlining standards for quality assessments (Ministry of Healt, 2025). Assessment rules are set to change from 1

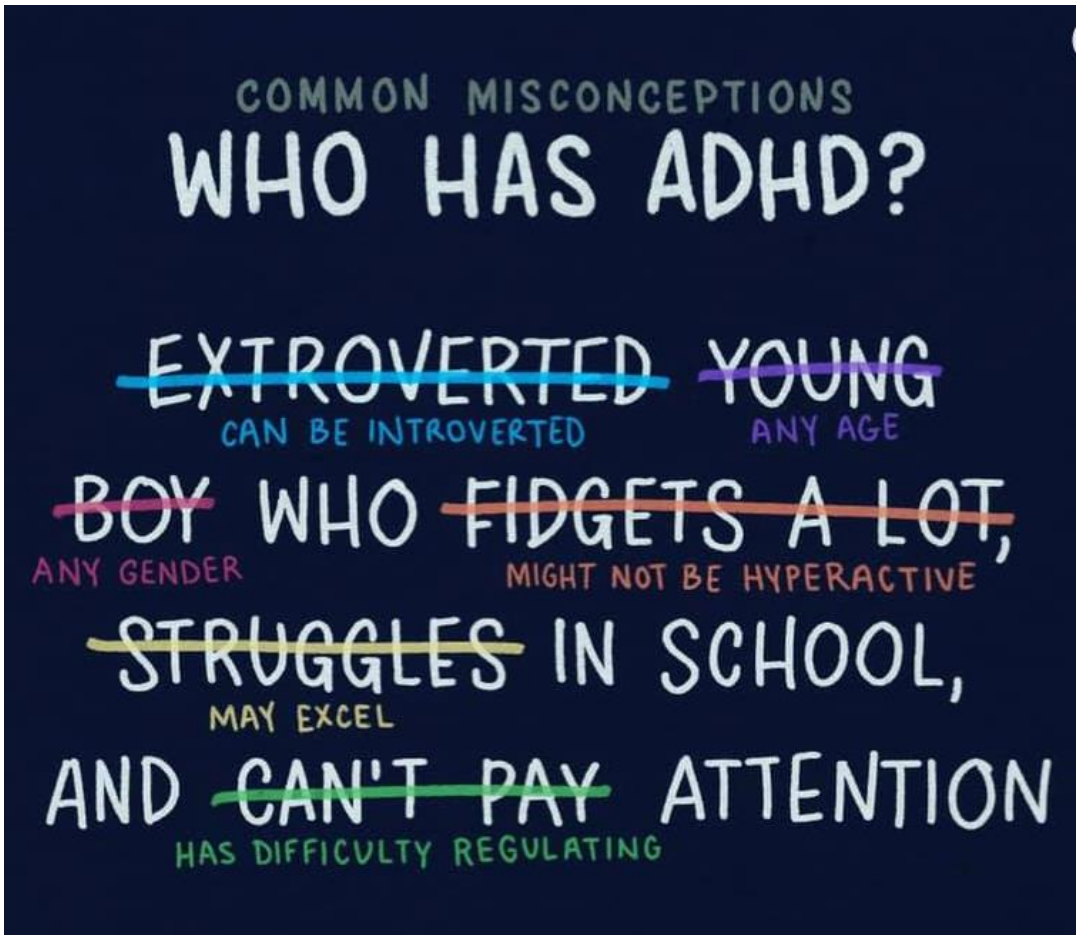
February 2026 (Ministry of Health, 2024, 2025b) which will be discussed further in Section 1.2.6.2 (Barriers to Support).

1.2.2 Current Diagnostic Criteria

Today, in diagnostic settings ADHD is considered a neurodevelopmental disorder, alongside Autism Spectrum Disorder (American Psychiatric Association, 2022; Odell, 2021). The main features include persistent patterns of inattention and/or hyperactivity/impulsivity that interferes with functioning or development. It is said to begin in childhood (before the age of 12) (American Psychiatric Association, 2022). Symptoms must be present in more than one setting such as work and home, but there is room for varying intensity in those settings (American Psychiatric Association, 2022). The first aspect, inattention, is said to manifest behaviourally, and a person may wander off or have trouble keeping focus. Importantly this behaviour cannot be attributed to a lack of understanding or defiance (American Psychiatric Association, 2022). The second aspect, hyperactivity, refers to excessive motor activity such as fidgeting, talkativeness or restlessness. The third aspect, impulsivity refers to a desire for immediate rewards, interrupting others, or making decisions without regards to consequences (American Psychiatric Association, 2022). This definition is deficit based and places the problem within the individual. This narrative about ADHD has led some to view ADHD in other unhelpful ways including a result of bad parenting or laziness (Hallowell & Ratey, 2023; Odell, 2021). As the following meme (@danidovovan, 2024), which was shared with me via Instagram in 2025 highlights, there are still conflicting views about who can have ADHD and what it really means.

Figure 2

Meme Showing Misconceptions of ADHD



Note. This meme depicts common misconceptions about who can have ADHD. @danidonovan, 2024, *Late-diagnosed ADHD friends: What misconceptions(s) led to you getting overlooked*? [Meme], X, https://x.com/danidonovan/status/1809264442561245522

1.2.3 Alternate Diagnosis

Like any condition found in the DSM, it is important to understand the potential for a differential diagnosis. If someone has ADHD traits, it does not automatically mean they have ADHD. This is because many symptoms overlap with other conditions. For example, in the case of ADHD it is important to consider (among others), Oppositional Defiant Disorder, Autism Spectrum Disorder, Anxiety Disorders and Depressive Disorders (American Psychiatric Association, 2022). It is also important to note, that comorbidity is possible

(where two or more disorders are present). For example, Conduct Disorder is said to co-occur in about a quarter of children with ADHD (American Psychiatric Association, 2022). In addition, there is a growing idea that some people experience ADHD-like symptoms as a reaction to modern living conditions. Variable Attention Stimulus Trait (VAST) was coined by Carrie Feibel, a health journalist at NPR and subsequently used with permission by psychologists Hallowell and Ratey, (2023). They argue that modern living conditions emit a volume of information that overwhelms our brain's capacity to process, and this demand is constantly increasing. People with VAST struggle with sustained attention, especially on boring or repetitive tasks, can show hyperfocus (intense focus), are often creative and do well in challenging and varying environments (Hallowell & Ratey, 2023). Hallowell and Ratey (2023) position VAST as a trait based variation in how attention responds to stimulation, compared to ADHD which is considered a disorder. This is not a clinical diagnosis or found in the DSM, but a non-clinical theoretical framework. These alternate ways of defining some of the features of ADHD highlight the importance of an informed assessment process, but also highlight that even within a biomedical framework, ADHD is complicated and multi-faceted.

1.2.4 Current Debates

Looking outside a biomedical lens, the characteristics and causation of ADHD are hotly debated and not universally agreed (Hallowell & Ratey, 2023; Walker, 2021). The following explores some of the tensions and debates that appear in the current literature.

Firstly, there are those who question the existence of ADHD at all. Some professionals do not believe in the existence of ADHD, sighting drug seekers and pharmaceutical profits as a reason people seek out assessments (Hallowell & Ratey, 2023). This stance dismisses the genuine challenges of those with ADHD, questions their moral integrity and significantly increases stigma, ultimately creating barriers for accessing support.

Most professionals however do believe in the existence of ADHD but debate its nature. Within publicly available medical information about ADHD, it is commonly described in conflicting terms; a disorder, a disability and a difference (Cleveland Clinic, 2025).

While this research is informed by a biomedical model, it aligns with the growing neurodiversity paradigm, which instead of seeing deficits, sees difference. Within this paradigm, neurodivergences such as ADHD are seen as a natural and valuable variation within human beings (Walker, 2021). This challenges the narrative that ADHD is a disorder. Someone who is neurodivergent (ND) has a mind that functions in ways that are different to what dominant societal standards of 'normal' look like. Neurodivergence is a broad, non-diagnostic, term and does not just refer to ADHD but also other perceived differences such as Autism and Dyslexia (Walker, 2021). This does not suggest that individuals with ADHD do not struggle. Struggles however, are seen as arising from attempts to meet expectations shaped by neurotypical norms, rather than from innate deficits within the individual. Someone who is deemed neurotypical (NT) has a style of neurocognitive functioning that aligns with the dominant societal standard of what is considered 'normal' at the time (Walker, 2021). We all have strengths and weaknesses, but those with ADHD may have strengths and weaknesses that are different to someone who is NT (Hallowell & Ratey, 2023). For example, someone who is NT may arrive on time to school and put in a lot of effort to gain a B on their exam. However, someone who has ADHD may be late everyday but gain an A without putting in much effort at all. Additionally, this lens questions the legitimacy of calling something a deficit. For example, interrupting others is considered a communication deficit, however King, (2019) explored how there can be positive effects of finishing someone's sentences such as feeling part of a team or helping the other person find the right word. Perhaps two people with ADHD find this type of communication helpful. This idea is further explored by Crompton et al., (2025) whose study highlighted that

communication issues arise not from neurodivergent people alone, but a mismatch between neurotypes.

Secondly, rooted in the social model of disability, the disability paradigm of ADHD provides a similar lens to the neurodiversity paradigm. While the disability paradigm also sees difference, it focuses on challenges. It shares the understanding that ADHD is not a pathology (it does not mean broken or needs fixing) but is a natural neurotype (brain variation). However it asks a different question, which is 'what are the barriers to accessibility and inclusion?' (Enright, 2021). While the medical model places the onus on individuals to adapt to be like the majority, the disability paradigm asks how the environment needs to change so the individual can thrive. This paradigm opposes the idea that the problem lies within the individual and puts a greater emphasis on the need for support.

An important perspective to consider for research conducted in Aotearoa New Zealand, is an indigenous perspective. While there is no robust framework around the nature or treatment of ADHD, the language used by Māori can help us understand how ADHD is socially constructed. In Te Reo Māori ADHD is 'Arororeretini' or 'the mind goes to many things' (Kopua & Skirrow, 2023). This lens opposes the idea that people with ADHD lack the ability to pay attention, but instead pay attention to too much, and struggle to prioritise stimuli. While Rangiwai (2024) agrees a more robust framework is needed, they use metaphor to describe their experience of ADHD. Diagnosed with ADHD in adulthood, Rangiwai introduces the metaphor of the Pīwakawaka, a New Zealand Fantail, as a way of understanding ADHD from a culturally grounded perspective. The Pīwakawaka is a fitting analogy for ADHD as they have quick movements, have an ability to adapt to changing environments, and are known to be curios (Rangiwai (Ngāi Tūhoe, Ngāti Porou, Ngāti Manawa, Ngāti Whare), 2024). Of note, both these narratives do not offer diagnostic criteria but instead explore what having ADHD is like for the person with ADHD.

Finally, perhaps the most whimsical definition I have come across is that of Hallowell and Ratey (2023) who use Shakespear's metaphor 'the lunatic, the lover and the poet' to describe the ADHD characteristics of risk taking, optimism and creativity. This conjures the image of someone who feels deeply, is passionate and impulsive and who sees the world a bit differently, painting a picture of someone who should be admired, not someone who has a disorder. However, they also recommend viewing ADHD as a complex set of contradictory tendencies, which may help to explain its elusive nature: it is hard to scale a characteristic when it is displayed in both extremes.

1.2.5 Alternative ADHD Led Criteria

In agreement with Rosqvist et al. (2023), this study recognises the importance of a 'nothing about us, without us approach' and as such, it is important to include how ADHD is conceptualised by those with ADHD. Literature and diagnosis of ADHD has historically come from the biomedical and cognitive deficit approach (Bertilsdotter Rosqvist et al., 2023). Rosqvist et al. (2023), utilised the neurodiversity framework to explore ADHD through the eyes of those with ADHD by analysing collective autoethnographic writings from neurodivergent academic researchers, who wrote about their experiences of ADHD. From these findings an alternative way to conceptualise and assess for ADHD could include:

- Differing pace
- Differing intensity (including hyperfocus)
- Variable attention (Interest-based attention)
- Divergent thinking (creativity)

In addition to this, other symptoms considered to be part of ADHD but are not found in the DSM include:

- Time blindness (Mette, 2023)

- Lack of object permanence (Chevalier, 2024)
- Emotional dysregulation (Beheshti et al., 2020)
- Rejection sensitivity (Müller et al., 2024).

The inclusion of an alternate way of assessing ADHD is not with the intention of replacing the current DSM criteria, but to highlight that there are other ways that we can describe this phenomenon. In deciding who has, and who does not have ADHD, it is important that those with ADHD are included in the discussion. Alternate views add depth to one's understanding of ADHD.

1.2.6 Challenges of ADHD

Regardless of theoretical orientation, the study of ADHD is important because ADHD is common in New Zealand and there can be negative consequences for those with unmanaged ADHD. The Ministry of Health, estimates that 80,000 New Zealanders have ADHD (ADHD New Zealand, 2025; Data Reportal, 2024). While globally it is estimated there are 366 million adults with ADHD (Australian Psychological Society, 2025). Symptoms and the intensity of symptoms can vary between individuals, however, according to the American Psychiatric Association (2022), the main challenges for people with ADHD are:

- Making careless mistakes
- Difficulty sustaining attention
- Seeming not to listen
- Poor task completion
- Difficulty organising and prioritising tasks
- Being reluctant to do tasks that will require sustained focus
- Loosing articles or objects necessary to finishing tasks

- Being distracted by other things, including their own thoughts
- Forgetting daily tasks including appointments
- Fidgeting
- Leaving their seat when it is not appropriate
- Running or climbing when not appropriate
- Being unable to play or engage in leisurely activities quietly
- Being on the go
- Being unable to take turns and interrupting others.

These challenges have a knock-on effect to how well someone does at home/work, their relationships and self-esteem, and unmanaged ADHD can lead to drug use, obesity, and even increase the likelihood of a motor vehicle accident (Hallowell & Ratey, 2023). The meme below (@adhdhustlers, 2025) highlights some of these challenges in a humorous way through a bingo board. Like in bingo, the more you tick off, the more likely you are to win (or have ADHD). This also highlights the idea that ADHD is a spectrum, meaning two different people with ADHD could meet the criteria, but not share the same traits. Of note, the traits described are not the list of DSM criteria but are more experiential in nature. For example ‘stares at wall for five hours.’ With these struggles in mind, it is important that those with ADHD are given the opportunity to gain support. Unfortunately, that support in New Zealand has been found lacking.

Figure 3

Meme Depicting ADHD Bingo

Note. This meme creates humour around the spectrum of ADHD challenges, by turning it into a game of bingo (where traditionally you need a line to win) by @ahdhustlers, 2025, *Bingo!* [Meme] Instagram, https://www.instagram.com/p/DQBY8LPjCwT/

1.2.7 Systemic Barriers to Support

ADHD is considered one of the most common neurodivergent disorders, yet despite known challenges and potentially damaging consequences, it is poorly diagnosed and managed in New Zealand (ADHD New Zealand, 2025; Gauld, 2025; Tipene, 2023). There are several systemic failures that seem to be occurring within New Zealand, creating barriers for those seeking support. These include barriers to gaining an assessment, barriers to gaining support/treatment, inadequate training and research regarding women with ADHD and stigma (Gauld, 2025; Hallowell & Ratey, 2023; Harris, 2001; Odell, 2021; Tipene, 2023).

1.2.7.1 Barriers to Assessment. Firstly, it is difficult to gain access to an assessment. New Zealand, in theory, provides free health care for all its citizens (Gauld, 2025; Tipene,

2023). In practice however, gaining access to an assessment, particularly in adulthood is difficult and can be very expensive (Bradley, 2021). Auckland Central MP, Cloe Swarbrick, who is known for speaking openly, has shared the difficult process since her own ADHD diagnosis. She is on record as saying she was terrified about seeing a psychiatrist due to stigma. She also acknowledged that due to the difficulties of getting expensive assessments many people self-diagnose, which can be valid, but does not give them access to support (Harris, 2001). Access can differ throughout the country, however the main theme countrywide, is that gaining an assessment is not easy. I was advised by a general practice doctor in Hawkes Bay in 2024 that there were no publicly funded pathways available for otherwise well children or any adults (Personal Communication, 2024). After moving to Auckland, I was advised by a general practice doctor in 2025, that there was a publicly funded option for children, however the wait time was over twelve months, and again, there was no option for adults (Personal Communication, 2025). This means that private assessments are the sole route to diagnosis in some New Zealand locations.

The private sector is unregulated, and the cost of assessment varies widely. According to The Psychology Hub (2025), which is a private collective of mental health professionals in Christchurch, a private assessment will typically cost between $1600-$1800. However, a complicating factor, is that an assessment by a psychologist alone may not meet the criteria to gain access to medication. In New Zealand, ADHD medication is only available by a special authority by a psychiatrist (or paediatrician) and seeing a psychiatrist for a medication review, can cost an additional $730-$970 (The Nelson Clinic, 2025).

Moreover, despite having a theoretically free public health system, approximately one third of the New Zealand population has private health insurance (Gauld, 2025). However there is a loophole in some private health insurance policies, such as Southern Cross Wellbeing 2, where despite paying monthly premiums for specialist care, mental health falls

under a different benefit. While psychologists are not covered at all, there is a reduced benefit for psychiatric care, at only $750 per year, as opposed to the $5000 specialist cover (Southern Cross, 2024). This lower amount does not cover the cost of an ADHD assessment. These systemic settings create a cost barrier for all New Zealanders, where the onus is on the individual to fund their assessment. This is consistent with findings that report 80% of New Zealanders stated they struggled to obtain a diagnosis, and 70% stated they funded their assessment privately (Policywise, 2025). The difficulties however do not end with gaining an assessment, and there are further concerns in gaining adequate support and treatment.

1.2.7.2 Barriers to Support. The second systemic concern is that once assessed, there are difficulties in gaining access to support. Best practice in managing ADHD involves a combination of drug and behavioural therapy (Hallowell & Ratey, 2023; Odell, 2021) however there have been severe shortages of mental health staff (Burns, 2024). Additionally, New Zealand has been impacted by the global shortage of ADHD medication (Pharmac, 2025), and there are extra hurdles in gaining access to medication that are not seen in some other countries .

New Zealand has an ongoing shortage of mental health practitioners, which is commonly reported in media. For example, in June 2024, Radio New Zealand (RNZ), New Zealand's independent public service multimedia broadcaster, reported findings from the Mental Health and Wellbeing Commission. This report revealed significant staffing shortages nationwide, while demand for support was increasing (Burns, 2024). Again, in November 2024, RNZ reported that the mental health and addictions workforce was in crisis with 650 mental health and addictions vacancies at Health New Zealand (Ellingham, 2024). In addition, wider support services are also hard to navigate and struggling for resources. Kaikaranga (previously Taikura Trust) is a disability NASC (Needs Assessment and Coordination) agency who help people with disabilities navigate the system and provide a

needs assessment to gain access to financial support. In a recent communication with Kaikaranga it was advised that there is a three month wait before an initial screening would be done and if an assessment was required there would be a further six months wait (Personal Communication, 2025). However, upon exploration of their website, it was noted that while they will support those with autism, they do not support those with ADHD (Kaikaranga, 2025). These ambiguous and scarce conditions make it difficult for those with ADHD to access the support they need to thrive. In this environment, void of sufficient supports, it raises the question of where do people with ADHD go for information and support about their mental health?

The second element of support, alongside behavioural therapy, is medication (Hallowell & Ratey, 2023). However, currently, there is a shortage of ADHD medication in New Zealand and globally. Pharmac (2025) are open about the ongoing supply issues for extended release (ER) formulations of methylphenidate (Concerta and Methylphenidate ER-Teva). They also state that there has been an issue with the supply of sustained release (Rubifen SR) and long-acting (Ritalin LA) formulations of methylphenidate. The issues are said to have begun in September 2023 and are expected to continue until the end of 2025 (Pharmac, 2025). This lack of medication is a concern as more people are diagnosed with ADHD. If the current barriers to assessments are removed, this will put even more strain on the supply chain. This concern has impacted the speed at which the Ministry of Health has acted to address access to support.

Currently, there is an extra burden in our system, which is being examined by Pharmac and the Ministry of Health. In Aotearoa New Zealand, only limited experts can prescribe medication for ADHD. While Psychologists can diagnose and behaviourally help manage ADHD, they are not able to prescribe ADHD medication (Ministry of Health, 2024). In New Zealand it is important that a psychiatrist or paediatrician is involved in the

assessment process as a special authority is required to access stimulant medication (Ministry of Health, 2024; The New Zealand Telepsych Network, 2025). This differs from other countries such as America where family doctors can prescribe these medications (Attention Deficit Disorder Association Editorial Team, 2024). Additionally in America there is more choice of providers as, medication can be prescribed by psychiatrists, paediatricians, primary care physicians, neurologists and nurse practitioners. They can also be prescribed by physician assistants if they are working under supervision. Additionally in Idaho, Illinois, Iowa, Louisiana and New Mexico they can be prescribed by a clinical psychologist (Low, 2023). This requirement in New Zealand of requiring a specialist for a script, is putting even more strain on the system, which already has a shortage of medical professionals and creates a barrier to receiving adequate care (Ministry of Health, 2024).

To combat this and provide more access, services in Aotearoa New Zealand are starting to use multidisciplinary teams (The New Zealand Telepsych Network, 2025; The Psychology Group, 2023). This allows junior staff to complete assessments and frees up the psychiatrist to focus on medication reviews, with the hope of increasing capacity. This is a current situation which continues to unfold.

In answer to this barrier, in 2024 Pharmac and The Ministry of Health gave a media release advising they have opened consultation on a proposal to improve access to stimulant medications. In 2025, it was announced that Medsafe and Pharmac were going to make changes to the regulatory funding restrictions that determine who can prescribe the stimulant medicines methylphenidate, dexamfetamine and lisdexamfetamine These are three of the most common medicines used to treat ADHD. In theory, the changes will mean that alongside psychiatrists and paediatricians, nurse practitioners and general practitioners will now be able to prescribe these medications to those over 18. For those 17 and under, a nurse practitioner in a mental health service will also be able to prescribe. They are hopeful that

these changes will make it easier to be diagnosed and treated for ADHD. However, in part due to the aforementioned shortage of medication, these changes will not come into effect until February 2026 (Pharmac, 2025). In addition the 'Information sheet' released in December 2025 by Medsafe, Pharmac and the Ministry of Health inadvertently highlighted areas of concern. These included discrepancies of services across locations, access based on local funding and most concerning, no training for those who opt into assessments and prescribing (Ministry of Health, 2025a). These observations lead to questioning whether these changes will equate to actual improvements for those seeking support.

1.2.7.3 Inequality in Women's Health Care. One does not need to go far to hear and see stories of inequality for women in health care. The most illustrative example being menstrual products were not tested using actual blood until 2023 (Thompson, 2023). Such disregard for women's health can have dire consequences. This discovery led to the realization that many women were likely told their period was normal, when it was heavy. This occurred as one of the main ways of evaluating a women's flow was to ask, 'how often do you change your tampon/pad?' However, this new research illuminated the fact that the claims of absorbency of these products were inaccurate, making this measure of flow also inaccurate. Catching heavy bleeding is important because it can be a sign of more serious disorders, and many women would have continued to suffer due to the false claims of product manufacturers and their misleading research (Thompson, 2023).

ADHD is no exception to the bias within the medical field. While ADHD was originally considered a mainly male disorder, current research suggests that there is no gender difference, and the statistics reflect a bias in the system (Findeis & Strauß, 2025). There is a growing body of research looking into ADHD in girls and women. Psychologist Stephen P. Hinshaw, PhD, is considered one of the first to focus on girls themselves and published two studies on ADHD in girls in 2002 (Crawford, 2003). The now New Zealand based

psychologist Julia Rucklidge is also considered a pioneer in this area of research. When she began in the psychology field in 1995, she said there was little research on women with ADHD (Crawford, 2003). Over the last twenty years, this area of research has been steadily growing and a review by Faheem et al. (2022) summarized that while there is no gender difference in rates of ADHD, there are differences at a symptom level and in the degree of impairment. Of note, 18 of the 22 studies concluded that women were as impaired, or more impaired by their ADHD symptoms than their male counterparts (Findeis & Strauß, 2025).We now know that women are more likely to be inattentive rather than hyperactive or impulsive (Amisha, 2023; Mental Health Foundation, 2022). Inattentiveness can show up as forgetfulness, emotional dysregulation, struggling with making friends and anxiety (Amisha, 2023). It can also show up as daydreaming (Mental Health Foundation, 2022). In addition, girls and women are more likely to mask their symptoms, which contributes to lower diagnosis rates (Amisha, 2023). Masking refers to hiding one's ADHD traits to try to fit in. It is usually achieved by copying neurotypical behavior or repressing behaviors to hide or camouflage them (Attention Deficit Disorder Association Editorial Team, 2024; Cuncic, 2024). Masking leads to women's symptoms appearing more subtle and less disruptive to others, which reduces the likelihood of diagnosis (Mental Health Foundation, 2022). This is illustrated in the statistics; more boys are diagnosed than girls during childhood (Sreenivas & Stephanie, 2024). Masking often leads to burnout and affects a person's mental health (Attention Deficit Disorder Association Editorial Team, 2024). It is at this point where women are often diagnosed, with most women being diagnosed in their 30s and 40s (Sreenivas & Stephanie, 2024).

Although differences in the presentation of ADHD in men and women are still an under researched area, the current research does suggest that there are differences, particularly in emotional symptoms (De Ronda et al., 2024). Further research is important to

ensure both men and women have an equal chance of receiving an accurate diagnosis. For example, as mentioned in Section 1.2.5 (Alternative Criteria), Rejection Sensitivity (RS), sometimes referred to as Rejection Sensitivity Dysphoria, is considered a characteristic of ADHD however it is not featured in the diagnostic manuals (Müller et al., 2024). RS is a cognitive-behavioral construct that refers to a person's natural state of hypervigilance to perceived threats of rejection. That is, the individual is hypervigilant to the mere possibility of being rejected by someone and this can lead to intense emotional and physical distress (Müller et al., 2024). Simply put, no one likes rejection, but for someone with RS it is like the intensity of their pain receptors are turned all the way up. They feel rejection (even perceived rejection) far more intensely than others. This can have a knock-on effect on their thoughts and behaviors. Because RS is not in the diagnostic manuals, some do not consider it a 'real' disorder, ignoring lived experience. However, the meme below (rah_m9, 2020), encapsulates how it feels to those who experience it. This refusal to listen to those with lived experience, could be one reason ADHD is being underdiagnosed in women.

Figure 4

Rejection Sensitivity Meme

Note. Meme attempting to explain and garnish humor about the intensity of RS and how even the slightest perception of change in someone's affections can have a physical impact and bring a person to tears. rah_m9, 2020, *Rejection sensitivity got me like, Do they not like me anymore? What have I done? What's wrong with me?[Meme]* Reddit, https://www.reddit.com/r/adhdmeme/comments/gm77wx/rejection_sensitivity_got_me_like_do_they_not/

Continued research and education around the phenomenological lived experience of ADHD in women is important because women who are not yet diagnosed often describe themselves as different, stupid or lazy and blame themselves for underachievement (Attoe & Climie, 2023). Gaining a diagnosis can help in forming identity and improve self-esteem (Attoe & Climie, 2023; Waite, 2010).

1.2.6.4 Stigma. An additional barrier to support is the stigma that surrounds mental health in New Zealand (and globally). The Lancet Commission was a report based on the collaboration of more than 50 people worldwide who explored the compounded impact of

having a mental health condition and the stigma felt as a consequence of the condition. Many people described the stigma being worse than the condition itself (Thornicroft et al., 2022). Additionally, Godfrey et al. (2021) explored the current perceptions of adult ADHD focusing on stigma, arguing that adult ADHD is still under researched and is studied far less than child ADHD. In their study 105 participants completed the Weiss Functional Impairment Rating Scale and the Conner's Adult ADHD rating scale pretending they had ADHD. They then compared these scores to 98 participants who had an ADHD diagnosis and 117 individuals who did not have an ADHD diagnosis. They found that those who were pretending to have ADHD overestimated impairments compared to the outcomes of those who had an ADHD diagnosis. This study indicates that people with ADHD are perceived as being high in deficits, which devalues them and creates stigma. They highlight Gulliver et al.'s, (2010) systemic review as evidence that stigma and embarrassment towards one's mental health can create a barrier to receiving support. Gulliver et al. (2010) noted that while many teenagers and young adults experienced mental health concerns, they tended not to get support. They explored fifteen qualitative and seven quantitative studies and concluded that problems recognising symptoms (poor health literacy), stigma and embarrassment contributed to those with mental health concerns not seeking help.

Globally, conversations about neurodivergence are becoming increasingly negative, specifically coming from the American White House. Since taking office as the United States Secretary of Health and Human Services, Robert F. Kennedy Jr. has pledged to find the cause of Autism (Wendling, 2025). This perspective positions neurodivergences such as Autism Spectrum Disorder (ASD) and ADHD as 'problems' to be solved and looks to find someone to blame. Within the social media realm, commentary on my own social media feed reflected the fears of those with ADHD about 'them coming after us next' and there has been reports that Robert F. Kennedy Jr. is looking into the removal of ADHD medication and sending

people to 'wellness farms' (Yuko, 2025). This has been an ongoing narrative, that has developed over the duration of this research project. On Tuesday 23rd September 2025, New Zealand time, President Donald Trump, (alongside Robert F. Kennedy Jr. and Mehmet Cengiz Oz known by his television alias 'Dr. Oz') made a statement to the world, that he had found the cause and a treatment for Autism Spectrum Disorder. According to The White House, there is mounting evidence between the rise in autism rates and taking Tylenol (Paracetamol in New Zealand) while pregnant (Leavitt, 2025). However, experts and government health agencies were quick to rebut these claims. Those opposing this view, explain that there is currently no conclusive scientific research that shows Tylenol causes autism and that paracetamol during pregnancy remains safe (Ministry of Health, 2025c; United Kingdom Government, 2025; World Health Organisation, 2025). Autism New Zealand (2025) released a press release statement highlighting they had serious concerns about the misleading information coming from The White House. Their main concerns being, a lack of scientific evidence, potential for maternal blame and risks around endorsing a treatment that has not undergone due process.

At the conclusion of this thesis, the latest release from The White House was that U.S. Health Secretary Robert F. Kennedy Jr. remade a federal panel that's guides national autism policy. It was noted that several of the 21 members had ties to groups promoting (unproven claims) linking vaccines to autism (Aboulenein et al., 2026). While there have been no recent statements about ADHD, it was noted that in 2025 the Health Secretary claimed America is overprescribing and poisoning children with medications for ADHD (Hook, 2025). These narratives are creating a scary landscape to identify as neurodivergent.

1.2.8 Representations of ADHD.

If we are asked to imagine a person with ADHD, it is likely we will instantly draw on a representation. Representations of ADHD have developed alongside ADHD knowledge. In

its earliest form those with ADHD were thought to be boys who could not sit still and behaved poorly (Gunnerson, 2025). Research into the representations of ADHD is a fairly new area, however in 2003 Schmitz et al. laid the groundwork, in terms of framing ADHD as a social representation in print media. They reported that ADHD was being characterized as a young, white, boy showing hyperactive traits (Schmitz et al., 2003). In recent years this perception has begun to change and so have the places and spaces whereby we can see ADHD represented. We are no longer restricted to television or print media, with representations of ADHD showing up in email and via social media streams throughout the day. If the stereotype is no longer, young, white, hyperactive boy, what is it? And where can we see it represented?

1.3 Social Media

This project is not only concerned with ADHD, but also memes, which are a core part of today's social media. According to the American Psychology Association (2025), social media are forms of digital communication. Online communities are created to spread ideas and send personal messages. While not inherently good or bad, they can be used to help, but also to harm. They are powerful and it is possible to spread 'misinformation' and hate (American Psychological Association, 2025). In contrast to traditional health care information, social media health care information is easily accessible in Aotearoa New Zealand and globally. Not only is social media being used to spread health information, #ADHD has become a trending hashtag. Trending refers to the popularity of a phenomenon, thus a hashtag that is trending is typically popular, widely debated or getting a lot of attention (SocialPilot Technoogies, 2025). The following section considers the history of social media, and the role of social media in our lives today.

1.3.1 History of Social Media

While some argue that social media began with morse code, others credit the first social media platform to Six Degrees launched in 1997 (Smyth, 2021). Since then, there has been a steady rise in social media platforms. Many social media users site Myspace as their first experience of social media (Smyth, 2021). It was launched in 2003 and was known as giving musicians a platform to reach people. Myspace had a networking feature which allowed people to connect and make new friends and was popular between 2005 and 2008, going on to reach 1 million users (Britannica Editors, 2025; Smyth, 2021). My first experience, like many millennials, was Facebook. Facebook's founder Mark Zuckerburg, officially launched Thefacebook.com in February 2004 and it has been one of the most popular social media platforms for over a decade (Leighton, 2019; Smyth, 2021). Today Facebook is known for having a global reach, being a catalyst for social action and being a tool that is hard to legislate (Andrews, 2019; Tran, 2025).

As the popularity of social media increased, so did the number of platforms available. Some of the most popular platforms include YouTube, Instagram and TikTok. YouTube launched in 2010 and is a video sharing platform. Instagram founders, Kevin Systrom and Mike Krieger, began working on their app in 2010, which focused on pictures and short videos (Leaver et al., 2020; Smyth, 2021). Six years later, TikTok launched focusing on short-form video content and catering to a younger demographic (Ortiz-Ospina, 2019). This differentiation of different platforms for different users has even been captured in memes , as in figure 5 below (graceyo, 2022). Despite their different features they all include sharing memes, which is the focus of this thesis.

Figure 5

Meme Highlighting the Impact of Age on Social Media Use

Note. It has been suggested different social media platforms cater to different demographics; this meme uses humour to point this out. graceyo, 2022, *no, I don't watch tiktok. I watch instragram reels of tiktok videos that where popular two months ago like a gorwn-up [Meme],* Boldomatic, https://boldomatic.com/p/cpX5WQ/no-i-don-t-watch-tiktok-i-watch-instagram-reels-of-tiktok-videos-that-were-popul

The popularity of social media exploded again with the introduction of internet access to smart phones in 2001 (Hynes et al., 2025; Tocci, 2019). People were no longer tethered to a desk and could connect with others anytime and anywhere. Researchers such as Hynes et al. (2025) have issued caution over this rise, linking social media use to strong impacts on the health of adolescents, including increased depression, self-harm and suicide. This is of concern as in 2007 New Zealand cell phone use amongst teenagers was amongst the highest in the world (Wilson, 2022). Nonetheless, there have also been studies that report benefits to social media use (Akram & Drabble, 2022; Headley et al., 2022). Akram and Drabble (2025) explore how, while many mental health memes are dark in their humour, those who view them often find relief. While, Headley et al. (2021) explored how memes can increase health

literacy in high need populations. These conflicting debates show the complex nature of social media, and how it is a tool that can have positive or negative effects depending on who is using it and how it is being used.

1.3.2 Social Media Today

Today social media is extremely popular. In New Zealand and globally, social media has become a place where people spend a significant amount of time (Carney, 2025). To indicate the scale of its success, in January 2024, New Zealand had 4.13 million social media users (Data Reportal, 2024). As of 2025, 79.1% of new Zealanders were active on social media and spent an average of two hours and three minutes on social media networks every day (Carney, 2025). While this time is spent across numerous social media networks, in February 2025, there were two clear winners in New Zealand. Facebook had the largest number of users, and TikTok users spent the most time engaging with the platform (Carney, 2025). In general there has been little research into why social media platforms have been so successful, however the limited findings support the hypothesis that people who use the platforms experience a positive affective state (Mauri et al., 2011). However, research into addiction and dopamine is well researched (Solinas et al., 2019; Volkow & Morales, 2015) and there is growing evidence that ‘doomscrolling’ (scrolling through your social media feed mindlessly) is addictive (Hawwa et al., 2025; Lakhan, 2025). This is important to note as it is hypothesised that dopamine signalling may be an underlying factor in ADHD (MacDonald et al., 2024) and therefore those with ADHD may be susceptible to the addictive nature of social media. These statistics certainly show that social media has become a large part of everyday life for many New Zealanders including those with ADHD.

1.3.3 Memes

Memes are a specific type of content found on social media. The term is attributed to evolutionary biologist Richard Dawkins in his 1976 book ‘The Selfish Gene’. The original

meaning is an idea that spreads from brain to brain. Today a meme is an image, video or piece of text (Akram & Drabble, 2022). Memes form a part of everyday communication, are valuable cultural symbols and help with building rapport (Lloh, 2021). They visually depict a state of being (culturally or behaviourally) in a self-deprecating way that is often humorous to a particular demographic (Akram & Drabble, 2022; BBC, 2025). This type of self-deprecating humour is depicted in the meme in figure 6 below (Thegenderless_bell_a, 2023). The creator is creating humour around the perceived ADHD trait of time blindness by creating a cartoon character who can only operate in the two extremes of early or late. Of note, there is an assumption here (that is explored later by the participants) that the creator and/or person sharing the meme has ADHD, and therefore there is an element of laughing with someone who shares your struggle and not laughing at someone who is different.

Figure 6

Meme Highlighting Time Blindness

Note: #ADHDmeme creating humour about 'time blindness' a feature of ADHD according to the lived experience of those with ADHD. The_genderless_bell_a, 2023, *always way to early or very late, or is it just me? [Meme],* Reddit, https://www.reddit.com/r/adhdmeme/comments/zoy97g/always_way_to_early_or_very_late_or_is_it_just_me/

Memes are usually copied and spread by people using the internet and commonly found on Facebook, Instagram and TikTok but also sent privately or put in print. Memes about health care, have become popular among users (Headley et al., 2022) including those about developmental and mental health conditions (Akram & Drabble, 2022). Memes about ADHD have become increasingly popular. On social media platforms they can be searched using a hashtag (#) and in 2022 on TikTok '#ADHD' had been viewed more than 11 billion times (Korducki, 2022). This project focuses on memes found under the hashtag #ADHDmeme. Figure 7 below (@adhd_llife, 2025) is a meme found under this hashtag.

Note again, the pictorial element combined with words to create self-deprecating humour. The figure is trying to engage in the normative behaviour of counting sheep to fall asleep, however their ADHD creates a different and humorous scenario. This research project aligns with the views of other meme researchers who feel that meme research can be meaningful and that memes infuse humour and creativity into the research process (Lloh, 2021; Occa et al., 2025).

Figure 7

Meme Depicting Scattered Thoughts

Note. An #ADHDmeme depicting the scattered thoughts of the ADHD experience, which interferes with the common remedy of counting sheep to sleep. @Adhd_llife, 2025, *Literally my brain every night [Meme],* Instagram, https://www.instagram.com/p/DQL9k_LAq2z/

1.4 Impact on diagnosis

As the name of the thesis suggests, there is a growing need to look at how memes are affecting those who have ADHD. Health Psychology is a robust field, that investigates our perceptions of health and what health means to individuals. We can draw from this field to reflect on how memes may impact on a person's understanding of their diagnosis. Understanding how people make sense of their symptoms is important because this will impact whether they seek treatment and therefore improve health outcomes (Lyons &

Chamberlain, 2006). While there are many factors that can impact our understanding of symptoms, two important factors are cognitions and social influences (Bishop, 1991; Lyons & Chamberlain, 2006). This aligns with memes, which are about spreading thoughts and are socially influential (BBC, 2025; Hynes et al., 2025).

Bishop (1991) explored how people hold cognitive prototypes, where clusters of symptoms represent specific illnesses. In the case of ADHD, the perception of people viewing #ADHDmemes may be affected in different ways. Some may be prompted to seek an assessment. Others may view memes as normalising ADHD symptoms. While others may mistakenly believe neurotypical behaviours are a sign of ADHD. For example, someone may see a #ADHDmeme about forgetfulness. Later that day if they leave their sunglasses at a restaurant they might think "I am forgetful, I have ADHD." However, if this has only happened once, and they remember to be more careful next time, then this is not likely to be ADHD. They relate to the meme, however this is pathologizing a normative behaviour and not an indicator of ADHD. If however, this was the third pair of sunglasses they had misplaced this week and they had been late to the restaurant because they could not find their keys, the #ADHDmeme about forgetfulness may act as a valid prompt to seek an assessment.

The impact of memes are potentially intensified when you consider Chamberlain and Lyon's (2013) second consideration of social influence. They argue that dominant social and cultural representations of health can influence how we perceive and interpret our body's cues. In terms of memes and ADHD, this suggests that the way health information is portrayed can have an impact on the lived experiences of the individuals viewing them. In the above example, if the narrative is 'everyone forgets their sunglasses sometimes' then someone is less likely to recognise there is a concern. However, if the narrative is "Forgetfulness is a sign of ADHD" then forgetful people may seek out an assessment. There is evidence to suggest that the second scenario is more common, as there is evidence of a

positive correlation between access to #ADHDmemes and assessment rates (Hynes et al., 2025).

This context is important when exploring ADHD, as while access to professional knowledge for a diagnosis and clinical support is on the decline, access to information via memes is on the rise and there can be negative consequences. Hynes et al. (2025) explored the link between smart phone technology and rising ADHD rates. They explored diagnosis results from The Annual Centre for Disease Control and Prevention National Health Interview Survey (NHIS). The data showed a structural break in ADHD rates in 2007, which aligned with the introduction of the iPhone by Apple. At the time, this was a groundbreaking device which combined the iPod (music) and access to the internet. Hynes et al. (2025) concluded that exposure to smart phones and social media influences ADHD development. This study highlighted a correlation that needed further exploration as it was unclear if the rise was due to internet use causing ADHD symptoms, or if increased access to information was leading to misdiagnosis. Hynes at al. (2025) did believe however that there can be a real cost associated with people mimicking ADHD symptoms. If this were the case, and neurotypical (NT) people were believing that they had ADHD when they did not, this would be increasing wait times for those who genuinely needed an assessment (Hynes et al, 2025).

While this may be the case, or an indication of the emergence of Variable Attention Stimulus Trait (VAST) (Hallowell & Ratey, 2023), described earlier, there are limitations to the conclusions they drew. Hynes et al. (2025) fail to acknowledge the changes in ADHD criteria which may have impacted diagnostic rates. Additionally they fail to acknowledge that more access to knowledge may mean people with ADHD are recognising themselves for the first time and requesting an assessment. Since the data included diagnostic rates, (not just assessments booked) one could conclude that this increase was genuine because those who sought an assessment met the criteria for ADHD. Arguments to the contrary would appear

incongruent. It is incongruent to require a thorough assessment for ADHD by a trained professional and then still doubt the outcome of said assessment.

1.5 Impact on Identity

Building a strong identity is a common therapy goal. Whether you call it your identity, your self-concept or sense of self; “who am I?” is the question people want answered (Reber & Reber, 2001). There are many different schools of thought when it comes to identity, including a developmental psychology perspective, like Erikson’s psychosocial model (Gladding, 2015; McLeod, 2025b). This model explores impact of phenomenological experiences in terms of crisis relevant to one’s age and cultural embeddedness. The stages include a journey over one’s life where psychosocial tasks are attempted, resulting in the acquisition (or failure to acquire) of virtues including; hope, will, purpose, competency, fidelity, love, care and wisdom (McLeod, 2025b). The eight stages across the lifespan, present a dominant crisis in the ordinary course of life, all of which become incorporated into one’s psychological functioning, with each successful resolution (or not) impacting identity. These virtues are a reflection of one’s true self, but not everyone will acquire these virtues (Gladding, 2015). For example, an infant is faced with the conflict of trust versus mistrust and if successful gains the virtue of hope. While in early adulthood a person is faced with the conflict of intimacy versus isolation with the hope of finding love. Had the infant not learnt to trust in their early life, this would have an impact in adulthood when looking for love.

This phenomena of identity is important, as illustrated by Maslow in his pyramid of needs (Burton et al., 2019; McLeod, 2025a). Once physiological and safety needs are attended to, people look for love and belonging, then self-esteem and finally self-actualisation (Burton et al., 2019). Hower, to be oneself, one must first know thyself.

Another factor that can impact one’s identity is one’s feeling on being an independent self, versus part of a collective. This notion is heavily influenced by our culture (Sears, 2016).

In Aotearoa New Zealand, Māori culture is considered a more collective culture than western cultures. However, studies suggest building a strong and stable identity is more important than whether the identity is collective or individualistic (Numa, 2023).

A stable identity is important and it is achieved by developing of a ‘good’ sense of self, formed by our early experiences (Numa, 2023). This journey often begins with self-compassion. According to Neff (2025), compassion is noticing someone is suffering, feeling caring thoughts towards them and wishing to ease their pain. There is no expectation of perfection. Self-compassion is the same, except you act this way towards yourself. Many people find this much harder (Neff, 2025). If someone has unhelpful thinking styles and lack self-compassion, then Cognitive Behaviour Therapy (CBT) can help reshape how people talk to themselves about themselves (Centre for Clinical Interventions (CCI), 2025). A stable identity is associated with better overall wellbeing (De Lise et al., 2024) with better social decision making (Uğurlar & Wulff, 2022) and can even help with conflict resolution (Bechtoldt et al., 2010). If a stable identity is important, then it is also important to discover if something such as #ADHDmemes are affecting the identity of those with ADHD.

1.6 Research Question

The research question was developed within a complicated backdrop. ADHD is complex in nature and hard to define (American Psychiatric Association, 2013; Dwyer, 2022). There are debates over its existence, its presentation, its pathology and how it is experienced (Hallowell & Ratey, 2023; Odell, 2021). However, despite the debates, having ADHD can have real and lasting consequences if left unmanaged (American Psychiatric Association, 2022). Unfortunately, in New Zealand, and globally, there are many barriers to the successful management of ADHD and healthcare professionals are struggling to keep up with the demand for assessment and treatment (Gauld, 2025; Harris, 2001; Thompson, 2023). Within this vacuum of support, there has been an increase in social media access and

consumption (Smyth, 2021) and the creation of memes. Memes about healthcare, and in particular ADHD are now very common (Akram & Drabble, 2025) and there is evidence to suggest that memes about ADHD can impact how those with ADHD see their diagnosis and themselves (Lyons & Chamberlain, 2006). However, this is a new area of research and further exploration is needed to understand this impact. One notable gap identified in the research is the voice of those with ADHD, when arguably it is their voice that matters the most.

These insights have led to my desire to understand how those with ADHD see themselves. What is their experience of their symptoms? What did their journey to diagnosis and support look like? How did they interact with memes about ADHD on this journey? Do they still use them and if so how? And, what understandings did they develop along the way about ADHD and themselves? These musings and research enquiry also raised the question of who gets to decide what ADHD is and how we define it? As such, this research sets to answer the research question 'What is the lived experience of adults with ADHD and how have #ADHDmemes impacted their understanding of their diagnosis and identity?'

This thesis will firstly explore the current literature relating to #ADHDmemes. It will focus on their effectiveness of spreading healthcare information, accuracy, the effects on viewers, the nature of memes and contributions from other lived experience research. This review will show that there is a gap in our understandings of this phenomenon, in particular the voices of those with ADHD is often missing.

Chapter 3 will then explore the appropriateness of using Interpretative Phenomenological Analysis (IPA) to answer this question and outline the method used to gather rich data from the participants. Chapter 4 will highlight and discuss the results in the form of themes that occurred following analysis of datasets collected from semi-structured interviews. These themes are based on the lived experiences and understandings of the

participants and their interactions with #ADHDmemes. Finally, in Chapter 5 this thesis will discuss the findings considering their theoretical and practical implications before noting the limitations of this study and concluding with the new understandings about ADHD and memes that have been shared by the participants.

Chapter 2: Literature Review

In terms of accessing information about ADHD, there is a growing trend to use social media (Chevalier, 2024; Zhu et al., 2025). Searching '#ADHDmemes ' results in hundreds of memes. Some will be humorous, some will appear factual, and some will promote paid services of those who 'have the answer to your ADHD struggles' - not all memes are created equal. In June 2024 TikTok videos with #ADHD had over 25 billion views (Zhu et al., 2025) and in October 2024 on Instagram alone #ADHDmemes were used in 168,870 posts, averaging two an hour (Besthastags.com, 2024). Figures of this size indicate the real possibility that memes about ADHD are reaching New Zealanders with ADHD, and suspected ADHD and that they may be having an impact on their identity, their perception of needing a diagnosis and how they understand their diagnosis. In juxtaposition to the vast background of ADHD research, and the growing area of social media, there is only a small pool of peer reviewed literature specifically about ADHD memes; literature regarding the lived experiences of those with ADHD viewing memes about ADHD is almost non-existent but those that do exist point to positive effects (Akram & Drabble, 2022) and challenge understandings of ADHD (Chevalier, 2024). However, despite the new nature of this research field, there are a growing number of meaningful contributions being made. This literature review focuses on six main areas

- A meme's effectiveness in spreading health care information.
- The accuracy of memes about ADHD.
- The effects ADHD memes are having on those viewing them.
- The nature of memes.
- The purpose of ADHD memes.
- Lived experience research.

2.1 A Meme's Effectiveness in Spreading Healthcare Information

To understand if memes are effective, it is important to understand what the goals of a meme is, namely to spread to as many viewers as possible and influence the viewer in some way (BBC, 2025; Occa et al., 2025). To understand if memes are good at their job, a broader approach to the literature needed to be taken because many recent studies focused on the COVID-19 pandemic (Occa et al., 2025). This is because of the spread of potentially inaccurate information during the COVID-19 pandemic about vaccines, treatment and prevention, severely threatened public health (Kapoor & Behl, 2024; Occa et al., 2025; World Health Organisation, 2020). During the COVID-19 pandemic, memes were used as a vehicle for spreading opinion dressed as fact, especially before research was available (Occa et al., 2025). In response to this, much research was produced in this area.

Kapoor and Behl (2024) for example, looked at how memes spread 'misinformation' and vaccine hesitancy, and this research highlighted that the type of meme (subjective or objective) makes a difference to its effectiveness. Their study concluded that subjective memes lead to higher retransmission and objective memes lead to higher vaccine hesitancy. This roughly translates to, the funnier it is, the more likely I am to share it, however the more informative it seems, the more likely I am to believe it. The effects of memes (the outcomes created) are discussed later in the thesis, suffice to suggest here, that memes are good at their job of spreading information and influencing viewers, however potentially, not at the same time.

Occa et al. (2025) has further contributed to our understandings of the usefulness of memes for communicating health information, in their systemic review on using online memes to communicate about health. They identified 35 articles published between 2016 and 2024. Whilst some of these studies explored the memes available, others evaluated effects of memes and others looked at outcomes of health campaigns. Of note, there were no studies

giving voice to the viewer. While Occa et al. (2025) acknowledged there is little information available regarding the prevalence and use of memes amongst the general population, they argued they have become a part of our everyday lives and therefore an important area of research. An IPA research project like this could therefore be useful in increasing our knowledge about this phenomenon, especially given IPA's focus on phenomenon experienced in the context of our ordinary and everyday lives. Meme use is significant, and it is increasing. Occa et al. (2025) concluded that their review highlighted the potential of using online memes as a tool for healthcare promotion, due to their effectiveness. However, they did so with caution and encouraged best practice guidelines be developed before practitioners started using memes to promote healthcare. It would appear when memes are subjective they are good at their job of spreading, however, if they are objective, they are good at their job of influencing others. This is problematic, because health information tends to be objective and will therefore get accurate information to fewer viewers. Future guidelines for mental health professionals therefore should not only focus on the ethical concerns regarding memes but also guidance on how to achieve maximum spread if used.

2.2 The Accuracy of Memes about ADHD

We know that memes are good at their job of spreading and influencing, and studies have shown that social media is being used and is effective in spreading health care information (Kapoor & Behl, 2024; Occa et al., 2025). However, some researchers such as Amann (2024) and Headley et al. (2022) encourage moving with caution, because research has also shown that most healthcare information being spread is not accurate in accordance with a biomedical view of health. This is of concern to researchers and psychologists. The consensus amongst researchers is that while social media, specifically memes, can be a good tool for promoting healthcare, they are not currently reliable and poor information leads to

poor health outcomes (Amann, 2024; Headley et al., 2022; Kapoor & Behl, 2024; Occa et al., 2025).

Supporters of the use of social media for sharing health information have recommended that clear guidelines be created for professionals to use (Amann, 2024; Occa et al., 2025), however, the social media reality is that most content creators are not professionals. While figures are hard to find, a study by Plushcare (2022) who analysed the top 500 TikTok videos under the hashtags #mentalhealthtips and #mentalhealthadvice found only 9% of those advising about mental health on TikTok had a relevant qualification (Hutchinson, 2022). This is a real concern if people are unable to get an assessment or access accurate information about their mental health. There is a possibility people are believing everything they see on social media, as they may not have the skills or inclination to fact check against a reputable source.

Looking more specifically at ADHD memes, while humorous, memes are not accurate in portraying ADHD when compared with the biomedical definition of ADHD found in the DSM-5_TR (Chevalier, 2024; Karasavva et al., 2025; Verma & Sinha, 2025). Verma and Sinha, (2025), New Zealand researchers, recently looked at the hashtag #ADHDtest to see if the memes with this hashtag were evidenced based. They argued that TikTok is being increasingly used as an easily accessible source of ADHD information. Given access to assessments is often a barrier (especially in Aotearoa New Zealand) information seeking behavior is expected and in response to this Verma and Sinha (2025) searched the hashtag #ADHDtest and examined the top 50 TikTok videos. They analyzed the results, assigning an outcome of ‘useful’ or ‘misleading’. This label was based on the comparison of the content with the adult ADHD self-report scale. For the meme to be considered useful, it had to cover 4 of the 6 questions from the scale. Using these criteria, they found that 92% of the videos were misleading. Furthermore, the ‘useful’ videos had the

least engagement. This is concerning, as earlier findings have found memes effective in spreading information, so it would appear, on the surface, that they are rapidly spreading information that is misleading.

Limitations for Verma and Sinha's (2025) study were sighted, including that the videos were chosen via data scooping on a single day, and only videos in English were used. This does lead to some questioning of the reliability of the data because this method does not consider the algorithmic nature of TikTok or looping effects. Looping means that the more one looks at specific themes of content, the more likely algorithms are to refine the type of content it directs to you. This functions to refine content to match your way of seeing the world, thus, content comes to reflect or match your world view (Chevalier, 2024). Viewing content through different accounts on the same day would likely change the feed of content you see.

An additional critique, and of the most significance for this study, is the assumption made about who can provide expert knowledge. We know little about who created the fifty videos, including their professional standing and lived experience. Furthermore, who defines what it means to have ADHD? If we compared the memes to other definitions of ADHD, would we get the same results? Are we sure that the biomedical definition of ADHD is the most correct or accurate definition? Would we get different results if we asked a panelist of those diagnosed with ADHD to judge accuracy? Despite these criticisms, the high percentage of misleading videos highlight a valid concern with social media and the potential to spread inaccurate information about ADHD.

Contributing to this discussion, and the idea that memes about ADHD are not accurate, Karasavva et al. (2025) aimed to investigate the psychoeducational quality of TikTok content about ADHD from the perspective of professionals and young adults across two studies. This study is unique as it considers the perceptions and experiences of the people

viewing the content. In study one they had two clinical psychologists look at the top 100 #ADHD TikTok videos and evaluate the content for accuracy based again on a medical view, using the DSM. These videos were ordered based on their popularity, and despite this, fewer than 50% of the claims about ADHD symptoms aligned with the DSM. This study adds evidence to the growing literature that memes about ADHD do not reflect a biomedical view of ADHD.

However, Karasavva et al. (2025) pushed forward with a second study investigating the impact on the end user. The second study also provided concerning results. In this study 843 undergraduates (of varying neurotypes) were shown the top five and bottom five rated videos by the forementioned psychologists. Of the 843 students, 224 students did not have ADHD, 421 students were self-diagnosed with ADHD and 198 students had a formal diagnosis of ADHD. The students were asked to fill in a questionnaire before and after watching TikTok videos about whether they thought they had ADHD, their meme sharing behaviour and their beliefs about ADHD. The study found that the more someone watches memes about ADHD the more likely they are to recommend videos. Moreover, the accuracy of the information did not make a difference on whether the videos were shared. People who watched these videos also overestimate how many people have ADHD and estimate higher challenges faced by those with ADHD.

Karasavva et al.'s (2025) study did have limitations in the conclusions it drew and the voices it focused on. While the study highlighted that the DSM based accuracy of memes did not impact whether someone would share a meme, it is unclear if the participants perceived the memes as accurate. Would their perception of accuracy have made an impact on sharing rates? However this study does reinforce the idea that there is a large discrepancy between what professionals believe about ADHD and what young adults believe. This discrepancy is likely a reflection of the challenges discussed earlier, including gender issues, challenges in

defining ADHD and the tensions between the biomedical model and the lived experience of those with ADHD. It furthers the question, of who gets to decide what is accurate?

Another significant study by Chevalier, (2024) looked at how platforms like TikTok influence public understanding and engagement with psychiatric concepts. They did this through exploring looping effects (a criticism of the forementioned studies for ignoring) and how they reinforce potentially inaccurate information and change the perception of what it means to have ADHD. While this study is positioned within a biomedical framework, its exploration of how our understanding can be impacted also nods to the idea that our understanding of ADHD is socially constructed. Chevalier interviewed six content creators who have ADHD to explore the looping effect (that behavior and understanding is influenced by content and then reinforced by it). They did this by discussing object permanence with the participants who had used this concept in their memes as a symptom of ADHD. Chevalier argues that object permanence is not in the DSM regarding ADHD but has 'become knowledge' through social media. This leads to a further push on the idea of 'who creates knowledge?' If those who have an ADHD diagnosis are telling the public that part of that experience includes a lack of object permanence, who can say otherwise? Chevalier challenged the creators to justify their videos about object permanence with peer-reviewed research. Some had (false) memories of seeing it in research; one creator felt they would do so in the future; and another pushed back stating their video reflected the ADHD community's voice, and they hoped experts would consider their voice in the future. Chevalier's work indicates that memes are so effective that they can change a person's understanding of a phenomenon. In this instance they created a socially accepted norm about a symptom of ADHD. People believed that object permanence was a symptom of ADHD, so much so they potentially had false memories of seeing it in peer reviewed research.

Upon reflection of this phenomenon, and my own experience as a meme viewer, I have realised several phenomena that I attributed to ADHD symptoms and have seen in memes) do not appear in the DSM as I had believed (hence the inclusion of 1.2.5 Alternative Criteria). Time blindness, task paralysis and emotional dysregulation are all experiences that those in my circle with ADHD experience but are not included in the DSM as symptoms of ADHD. This triad of additional symptoms are 'preformed' in ADHD memes and 'Often overlooked symptoms' and 'What it is really like' are common #ADHDmeme threads. This experience of #ADHDmemes contributes to the idea that those with ADHD see their ADHD differently to professionals who strictly adhere to the biomedical view. This does not suggest, that despite its evolving nature, that the DSM-5-TR definition of ADHD is inaccurate, but it does question who has the mandate to define ADHD and who can provide valid knowledge about having ADHD and it questions if the DSM-5_TR goes far enough to capture the experience of those with ADHD.

These studies paint a bleak picture of how ADHD is being depicted in memes and highlight valid concerns for professionals in ensuring the public is exposed to an accurate picture of what it is like to have ADHD. However, there is an argument that professionals may want to also consider the lived experience of those with ADHD and believe them when they describe their experiences to expand our understanding (Williams et al., 2025). In addition, most content creators are not professionals, and maybe they are not intending to provide health care information and are using memes for another purpose, for example, to create connections which will be discussed later in chapter 2.5.

2.3 The Effects ADHD Memes are Having on Those Viewing Them

If memes are not to be trusted, and many of them are spreading information that does not align with a biomedical view, it is not surprising that literature began to look at the effect these memes were having on the general public for example Harnett and Cummings (2024)

who look at contagion. One may assume that the effects are all negative; however, the literature, for example Akram and Drabble (2022), does not necessarily support this argument. While there are those who believe memes are problematic, others such as Kariko & Anasih (2019) point out the positive effects of memes for example alleviating psychiatric symptoms.

The first negative effect arguably, is that memes impact the public by causing contagion. Hartnett and Cummings, (2024) share a damming look at the effects of social media, concluding that social media use causes contagion and is overloading our already under resourced mental health services. They agree that peer-to-peer information sharing is common, and people's relationship with social media is more powerful than their relationship with medical professionals. However, Hartnett and Cummings (2024) believe that 'misinformation', confirmation bias and powerful algorithms are convincing people they have ADHD when they do not. They justify this view by showing a growing trend of people searching 'ADHD,' especially after the Covid-19 Pandemic. They used this data and the increase in referrals to reinforce the idea of people adopting illness behaviour. Despite their claims, they provide no information on the outcomes of those referred. If those referred were assessed by a professional who diagnosed them with ADHD then this is not contagion behaviour, but more people with ADHD getting support. Further research is needed to understand if the increase in referrals is a result of a more informed public recognizing they have ADHD or if inaccurate information is creating perceived ADHD in neurotypical people. This could also be evidence of the emergence of Variable Attention Stimulus Trait (VAST) (Hallowell & Ratey, 2023) discussed earlier, brought on by our changing social media habits, while our movements were restricted during the Covid-19 Pandemic and lockdowns. While Hartnett and Cummings (2024) provide a very one sided and negative view of those trying to

access services, they do make a valid argument, that professionals need an online presence to share accurate information.

The second negative effect is that people believe negatively slanted memes which can contribute to stigma. This is explored by Schiros and Antshel (2024), who explored the effects of TikTok memes about ADHD. They recruited 315 undiagnosed college students and assigned them to one of three groups. Group one viewed social media content about ADHD that aligned with the DSM; group two viewed social media content about ADHD that did not align with the DSM; and the third group was a control group who watched content about sleep. They took a baseline measure of how much each participant knew about ADHD. After the participants viewed the content they did a survey on credibility, knowledge, stigma and intention to seek treatment. They found that exposure to 'inaccurate' information negatively impacted knowledge about ADHD from a biomedical view. Higher perceived entertainment of memes was associated with higher changes in knowledge. Exposure to any content related to ADHD increased the intent of a viewer to seek treatment and finally, if exposed to 'inaccurate' information the viewer was more likely to seek non-evidence-based treatment options. Given these findings, Schiros and Antshel (2024) strongly recommended that professionals focus on getting more DSM aligned information online to help combat the misrepresentation of ADHD.

However not all experiences were negative. Positive experiences with memes were explored in Akram and Drabble's, (2022) commentary which suggests that while many people say that memes are bad, the evidence fails to support this notion. A criticism of Akram and Drabbles (2022) commentary was that they sight few examples to back up this statement. However, they do sight Kariko and Anasih (2019), explored in more detail later in this thesis, as evidence that 47% of college students reported that engaging with memes alleviated their psychiatric symptoms. Kariko and Anasih (2019) argue that the combination

of dark humour and self-deprecating memes allows sufferers to laugh at themselves and build a sense of connection with others. Akram and Drabble's (2022) exploration of the literature highlights that most individuals who are psychiatrically vulnerable reported positive experiences when engaging with memes and view them as a coping mechanism. Memes are perceived to create humour in an otherwise negative experience. Memes also bring about a perception of support and bonding through seeing similar experiences in others (Akram & Drabble, 2022).

The literature is therefore inconclusive in the effect memes about ADHD have on those with ADHD. While professionals take a cautious view, this appears to contradict the experiences of the end user. Further exploration is needed to see if one can bridge the gap between these two opposing perspectives.

2.4 Nature of Memes

Looking a little wider, Wagner and Temmann (2025) explored the nature of mental health memes as a whole, in their qualitative study. They view this study from the perspective that media representations shape perceptions about the causes, symptoms, treatment and stigma of mental health issues (Wagner & Temmann, 2025; Wang & Liu, 2019). They agree with others that memes offer insights into broader social discourses and attitudes (Ohlsson, 2018; Pavlova & Berkers, 2020), which aligns with the theoretical viewpoint of this thesis. This perspective sees a shift away from a purely medical view of ADHD. In their study, they analysed 400 memes with the hashtag #depressionmemes using deductive and inductive coding. A major finding was that most memes convey subjective experiences and are not looking to share medical information. This contributes to the argument above, that there may be a misalignment with the nature of memes and the scrutiny they are placed under in some research. Thus, memes are mainly being used to share a person's experience, not to provide facts about a health condition. In addition, Wagner and Temmann (2025) found that mental

health is depicted as uncontrollable and overpowering. This takes on a flavour of helplessness and reduces accountability. These elements paint a bleak picture, so it is not surprising professionals may tread with caution, however the viewer experience suggests that while their mental illness is portrayed in an inaccurate and helpless way, they find the experience helpful. This is likely to do with acceptance of 'this is who I am, so I'm going to laugh about it and accept myself' instead of trying to change it. While this study focuses on depression, so may not be entirely transferable to ADHD, it contributes to our understanding by challenging some traditional views of memes. If memes are not for spreading health care information, then what are they used for?

2.5 The Purpose of Memes

There are several reasons people use memes that have nothing to do with spreading accurate healthcare information. These include mimicking life, a coping mechanism, creating connections, and building an identity. The next section of this literature review explores these functions.

2.5.1 To Mimic Life and Create Humour

Looking further afield at memes as a whole, Kariko and Anasih, (2019) mentioned above, explored memes that reflect the multiple personas of humans from a postmodern psychology lens. They purport that the function of a meme is to mimic life in the most absurd ways. Kariko and Anasih (2019) analysed data from a survey responded to by 133 students in major universities in Jakarta. They looked at three groups of memes. Those that are dual narrative (memes that acknowledge the presence of another self), self-judgement (memes that portray someone judging themselves) and thirdly dual images (memes that show the same person at two different points in time unaware of their other self). These categories align with a postmodern psychology view as they explore the concept of a dual self (Kariko & Anasih, 2019). The contrast between the images creates absurdity and humour. When they analysed

the data from the surveys they discovered that 60% of people claimed their favourite part of the meme was the humour; 30% liked the relatability; 7 % liked the aesthetic; and, 4% picked 'other'. Of note, 'accuracy' was not featured. There is an argument that as this study is set in Jakarta it may not have relevance to Aotearoa New Zealand, however as memes are a global phenomenon, the results are likely to be consistent in studies carried out here. In addition, this study investigated memes as a whole and not specifically pertaining to mental health or ADHD memes, but the functions for these memes do appear to be generalizable to all types of memes. This reinforces the idea that those looking at ADHD memes are not looking for a medical understanding of ADHD but are looking for something else. It also points to the conclusion that if health professionals want to use memes to combat inaccurate information, they need to ensure their memes are also humorous and relatable.

2.5.2 A Coping Mechanism

One study which did consider those with ADHD, was Levielle (2024) which looked at the content of those self-diagnosed with ADHD. To explore their hypothesis, Levielle (2024) use critical discourse analysis to study user generated videos with ADHD content. Although Levielle's (2024) initial search included many ADHD hashtags, their final exemplar samples were forty videos from the hashtags #actuallyADHD and #ADHDprobs in the spring of 2022. Leveille, (2024) does not discuss limitations, however it should be noted that forty videos is a relatively small sample size. In addition, Leveille (2024) only used videos from TikTok and only two hashtags. However, given the popularity of these memes (each had at least 1000 likes) the memes are likely representative of what people with ADHD are experiencing when they see memes about ADHD. Levielle's (2024) conclusions were that many memes used self-defeating humor as part of their performance as a coping mechanism, arguing that memes are about humor and personal experience and should not be held up to the scrutiny of educational tools. Memes function to create identity and not to spread health information.

The creator's performance of ADHD provides a reflection for those with ADHD to recognize themselves in. #ADHDmemes exhibit the creator's (and viewer's) identity. These memes do not align with a medical narrative of a disorder but are more aligned with a neurodivergent lens and aim to create and support understanding. Levielle's (2024) study indicates that participants were seeking connection with others who share their experience of ADHD, especially those who see their ADHD as part of their identity, and not just a medical issue.

2.5.3 Create Connections (Pebbling)

One often overlooked area of research is that of the end user (people with ADHD who use memes). Why do people with ADHD share information about ADHD in meme form? One answer, which was shared with me via social media is pebbling see figure 8 (@yahoonews, 2024). Pebbling, based on the behaviour of penguins, has been described as a neurodivergent love language. It is a twist on Gary Chapman's love language of gift giving (Daoire, 2024). Penguins pass pebbles to one another to show they care. For those who are neurodivergent, it means building meaningful connections through little exchanges (Edgar, 2023). Sending a meme about ADHD to a friend with ADHD says, "I see you, and I accept you" or "Look we are both the same". It also helps in sharing with friends and family what life is like for you: "This is why I do this" and it may help people to understand themselves better. This is a new concept at the time of writing, however as depicted below, it is a term which appears in memes and a common term in my peer circle.

Figure 8

Meme Explaining Pebbling

Note. Basic word meme sharing the concept of pebbling. @yahoonews, 2024, *Pebbling [Meme],* Instagram, https://www.instagram.com/p/C8sQl1RPsEG/?img_index=1

2.5.4 Build Identity

While the below studies do not focus on memes, they do help to build a picture as to why memes may be popular and their function. Studies have shown that some within neurodivergent communities use their diagnosis to form a part of their identity (Godfrey et al., 2021; Money, 2023; Shmulsky et al., 2021). Shmulsky et al. (2021) explored this concept in depth, acknowledging little research has been done into whether those who are neurodivergent incorporate their diagnosis into their identity. To answer this question, they surveyed 92 college students who attended a postsecondary institution that works exclusively with those with autism, ADHD, and learning disabilities. Based on their responses to the disability identity development scale, all participants had developed disability identities.

While early research has focused on masking, studies have shown that a stable sense of self is important (Shmulsky et al., 2021).

This idea of identity has been explored further by Money (2023) who uses scaffolding as a metaphor for the growth of identity using labels. They explore how a label we want to be known by gives us, and others, a shortcut into gaining an understanding of us. Money (2023) uses a composite of skits to explore this concept with labels being used in many ways, including a mirror to make one's inside reality seen, as a defense mechanism and to create a collective image. One important takeaway from Money's (2023) research was that people can gain joy from finding a fit. Joy is created by finding people like you and feeling like you belong. It brings joy to know you are not alone. Money (2023) warns that this is important for practitioners to understand, and they believe clients have better outcomes when their reality is accepted and not questioned.

This identity work is explored further and in relation to ADHD by Godfrey-Harris and Shaw (2023). Godfrey-Harris and Shaw (2023) conducted interviews with six medical students with ADHD. This study was unique in that it did consider the voice of those with ADHD, however the discussion of memes was unfortunately minimal. They discovered that these students perceived their ADHD as part of their identity. Main themes included being bullied and feeling isolated, using masking as a coping mechanism and the fear of being disclosed. They yearned for belonging. They held many strengths including empathy and working well under pressure, but these were often overlooked. Social media was explored minimally in this study, however the participants felt social media increased their awareness about ADHD. Nonetheless they felt the de-pathologizing of ADHD was harmful for them. For example, the narrative "everyone is a bit ADHD these days" was felt and experienced as minimizing their struggles. One participant noted the dual outcome experience of memes about ADHD. On one hand, they felt like memes about ADHD made having ADHD less

stigmatizing. They found hearing other experiences helpful and looked to social media for coping strategies. However, on the other hand, they felt some memes went too far, almost to the point of romanticizing ADHD. These types of memes minimised their struggles and made them feel more broken for not coping. This research highlights an important concept of validation and not minimizing the real concerns people with ADHD experience. There is a stark difference in normalizing someone's experience of ADHD and minimizing it.

2.6 Lived Experience Research

There are ongoing debates about what type of research psychologists should focus on and arguments can be made in the extremes; that lived experience research is flawed and lacks scientific rigor (Hsiao, 2022) or that quantitative research is fuelled by capitalism and sees clinicians prioritising research over lived experience (Wise, 2023). The position of this study is that while quantitative research is important, qualitative research, especially lived experienced research is also important. It agrees that lived experience research provides an invaluable source of knowledge for many, including social workers, mental health lived experience experts and disability practitioners (Gair, 2025). This method has been chosen not only to fill the gaps in our understandings, but because it allows us to simultaneously look for details while stepping back and contemplating the big picture (Finlay, 2011). The latest research focusing on lived experience has provided both detail orientated and big picture perspectives, from the very specific experience of young Asian women living in New Zealand with ADHD (Zhu, 2025) to the bigger picture challenges of whether ADHD could be situational, as explored below.

While there is limited lived experience research in terms of ADHD and Memes, there is a growing amount of research, particularly coming from Massey University, that gives voice to those who have ADHD. Massey University's Diverse Minds project supports teachers and students who are neurodivergent (HealthCarePlus, 2023; Massey University,

2022). Some important contributions have been made over the past few years that can help shape out understandings of ADHD. For example, Tuisaula Cruice (2023) conducted semi-structured interviews to explore access to supports and assessments for adults with suspected ADHD in adulthood in Aotearoa New Zealand and the impact of late diagnosis. Participants felt that they were often confronted with neuro-normativity and ableism and that outdated understandings, stereotypes and bias regarding ADHD lead to diagnostic delays and poor outcomes (Tuisaula Cruice, 2023).

Also from Massey University, Zhu (2025) explored the experiences of young Asian women with ADHD in Aotearoa New Zealand, using Interpretive Phenomenological Analysis (IPA). In this study, participant's concerns were given a voice regarding representation, identity and isolation and the importance of having a sense of community. Importantly this study also reminds the reader that neurodivergence does not exist in a vacuum, but rather it exists within a context of family and culture (Zhu, 2025). This very specific sub group of people with ADHD were able to provide valid and important information about what having ADHD is like for them and remind us that ADHD may feel different to different people, dependant on their cultural identity.

Further afield, Rasmussen et al. (2025), explored a macro concept that is the complex and dynamic notion that what it means to have ADHD may be situational. Based on the ethnographic fieldwork among families living with ADHD in Denmark they explored the notion of 'own-time space.' These are times and spaces where the absence of others and cultural expectations related to timing or interactions allow ADHD symptoms to fade into the background. For one participant, his ADHD 'did not exist' when he drove his truck. This notion is an important one as it suggest (aligning with the neurodiversity lens) that problems occur not due to ADHD itself, but expecting those who are neurodivergent to live in a world created by neurotypicals, who do not make accommodations for this.

Overall, the lived experience of those with ADHD is a relatively new and growing field and the specific area of those with ADHD navigating memes has many gaps. The current literature does reinforce the complex nature of ADHD and that understanding can be gained from different perspectives. It also emphasises the ability of memes to spread information, but cautions us to consider the accuracy of the information we are consuming. Ultimately it provides some clues as to the draw of memes about ADHD for those experiencing ADHD symptoms, however further research is needed to understand the impact of these memes from the perspective of people with ADHD. This research hopes to fill the gap.

Chapter 3: Method

This study utilizes Interpretative Phenomenological Analysis (IPA) to explore how #ADHDmemes impact those with ADHD and their understanding of their diagnosis and identity. This methodology aligns with the goals of understanding the impact of the memes from the participant's perspective. It is a good fit with the theoretical underpinnings of the research design as discussed below.

3.1 Theoretical Underpinnings

Before exploring the method used, it is important to understand the positioning of this thesis and the assumptions that have been made and reflected on during the process. The theoretical underpinnings of this research are multiple and complex, however great pains have been taken to explore and situate this thesis to ensure it aligns with the overall positions of IPA.

3.1.1 Biomedical Model

Of note, due to the elusive nature of ADHD, this study adheres to the biomedical definition of ADHD in relation to participant selection. Those who participate in the study were diagnosed with ADHD by a psychologist, psychiatrist or paediatrician and not self-diagnosed. This adherence to a biomedical model may appear at odds with an interpretative phenomenological study, where participant knowledge is considered valid, however it has been intentional. Self-identifying individuals are typically accepted in phenomenological, narrative and IPA, however this would be problematic for this project as self-identification is often concluded based on portrayals in social media, and relating to these memes is a central part of this study. Given the difficulties in getting a diagnosis in New Zealand, it was not my desire to exclude self-identifying individuals, however in this instance it was necessary to ensure we were capturing the intended phenomenon, namely the impact of memes for those

with ADHD. While participants are seen as experts in their views and their symptoms, they are unlikely to be experts in the field of psychology and understand 'what else' their symptoms could be. ADHD symptoms overlap with other disorders such as Anxiety and Depression, learning disabilities, Autism Spectrum Disorder and other mental health conditions such as Bipolar Disorder (American Psychiatric Association, 2013). ADHD also looks very similar to Variable Attention Stimulus Trait (VAST) as described earlier (Hallowell & Ratey, 2023). Additionally, this research project does not look to challenge the validity of the medical model as a starting point for understanding ADHD, but does see it as a starting point, where there is room to grow our understandings. This aligns well with the tenants of IPA, which is based on exploring the shared phenomenological experience of a homogenous group of participants (Smith et al., 2022). As discussed later, this stance reflects the beliefs held by the participants, where the diagnostic criteria played a part in their journey in understanding their ADHD, but was not the only source of information. This perspective, that not everything that looks or feels like ADHD is ADHD, and that the medical model provides a starting point that requires expansion, has led to this perceived incongruence of using a biomedical definition of ADHD for the selection criteria in an IPA study. The premise of this study is that those with ADHD can provide knowledge about their experience of ADHD to help expand our knowledge, so it is important to capture their voices, and not the voices of those who potentially have a disorder with similar symptoms.

3.1.2 Neurodiversity Paradigm

While not diminishing the biomedical view of ADHD in terms of a starting point for understanding, this study more closely aligns with the neurodiversity paradigm in terms of viewing ADHD as a valuable and normal way of being human (Walker, 2024). This is seen through treating participants with positive regard and respect and framing their ADHD in terms of strengths, challenges and struggles and not 'mental illness'.

The neurodiversity paradigm is said to have begun in the early 1990s by a group of autistic self-advocates, who framed neurodiversity as a natural variation of being human, and one that is both normal and valuable (Nelson, 2021). Today the neurodiversity paradigm is seen as a social construct, which highlights the power dynamics that arise with difference (Walker, 2024). Despite challenges to the contrary (for example see Both et al. 2024), the term 'neurodiversity' is often credited to an autistic sociologist Judy Singer, who argued that neurodiversity is just another way of being different such as class, race or gender (Dwyer, 2022; Nelson, 2021).

Viewing ADHD from this standpoint, people with ADHD have minds that function differently to the expected dominant societal norm. In contrast someone who is neurotypical has a brain that functions within the dominant social standards of the norm (Walker, 2024). Both have struggles and strengths, but they will be different. The social importance is that those who are neurotypical experience neurotypical privilege; they are not subject to the potential prejudice those who are neurodivergent face (Price, 2025; Walker, 2021). This leads to those with ADHD masking (hiding their ADHD) to avoid stigma (Cuncic, 2024). As discussed later by the participants, this extra work (or ADHD tax) of hiding one's true self can be exhausting.

3.1.3 Social Constructionism

When looked at through a neurodiversity paradigm lens, ADHD is positioned in contrast to the dominant societal norm, which is closely linked to social constructionism. Social constructionism questions the idea that there is one truth and that knowledge is instead shaped by local and historical circumstances (Moncrieff & Timimi, 2013). Social constructionism encapsulates a wide array of philosophical stances, where what is understood or assumed to be truth or real to a person is created through their thoughts, words and interactions (Dansfort & Navarro, 2001). From a social constructionism standpoint, there is

no universal truth, as people continually construct knowledge based on their personal individual and cultural experiences (Burton et al., 2019). Traditionally, the biomedical view of ADHD has overlooked how it is co-fabricated socially with language within a framework of cultural norms, codes and identities (Dansforth & Navarro, 2001). This stance is at odds with the biomedical view where scientific knowledge is considered objective and value free (Moncrieff & Timimi, 2013). Within the framework of this project, having ADHD is seen as both an individual and cultural experience, and as such, those with ADHD may have additional knowledge to help build a more complete understanding of ADHD. Additionally, this standpoint aligns well with the choice of IPA, as social constructionism typically explores language, thought, interactions and culture in creating meaning in lived contexts (Dansfort & Navarro, 2001) As discussed later, IPA also looks to explore meanings created within lived experience, which is contextually grounded.

3.1.4 Insider Research

Insider research is concerned with the study of one's own social group, and your position is determined by where you stand in relation to your participants, (Greene, 2014). At the outset of this research, I did not meet the inclusion criteria of this study. I grew up in a time where diagnosis was uncommon, especially for girls. I fell under the self-diagnosed (or pre-diagnosed) category and saw myself in the way ADHD was 'performed' in #ADHDmemes. I also worked with neurodivergent clients in my counselling practice. At the outset of this research project, this made me a partial insider (Chavez, 2015).

There are both pros and cons to insider research which have been considered within this research project. The cons to insider research include being considered too subjective, because the researcher may make assumptions, and bias, because the topic reflects the researcher's personal interests (Green, 2014). However, if the cons can be mitigated, for example, through reflexive practice and journalling, there are numerous pros to insider

research. These include increased knowledge of the subject, improved interaction with participants and access to participants through one's own circle. In this study, the pros also included being able to ask meaningful questions, noticing non-verbal neurodivergent cues, and having more natural and unmasked conversations.

Whilst neurodiversity is a topic of special interest for me, I attempted to mitigate biases through keeping a reflexive journal and discussing this with my supervisor. This process is reflected in the excerpt below.

"Going into the interviews I assumed participants would have a black and white view about the biomedical model. I thought they would either adhere to it strictly (given they had a diagnosis) or dismiss it completely as they disagreed with the disordered view in favour of a neurodivergent one. (Different not broken). However, I am starting to see this is not the case. The reality is far more complicated. The first few participants have not agreed fully with the biomedical view, however they also haven't disregarded it. What they describe ADHD as, is very different from the diagnostic criteria but they needed the validation of the diagnosis, even if it didn't describe them. This needs further attention in the next interviews." – Reflexive Journal 27 June 2025

This excerpt shows the process of identifying assumptions and challenging biases that may be taken unknowingly into the interviews. My experience as an academic and working in the mental health space with neurodivergent clients gave me the false assumption that in general people were aware of the debates surrounding ADHD and picked sides. The reality was greyer, multifaceted, and therefore complex.

3.2 Methodology: Interpretive Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) was selected to explore the lived experience of participants and the impact #ADHDmemes have had on their understanding of their diagnosis and identity. This methodology was selected as it aligns with the theoretical

underpinnings of the research project. It allows for the integration of the biomedical and the neurodivergent paradigms as it aligns with a social constructionist view where lived experience, and how one interprets this experience, can add to our knowledge about a phenomenon. IPA invites us to slow down and bring a phenomenon into sharp focus, exploring it in depth. However, it also allows us to step back and contemplate the bigger picture (Finlay, 2011). This means attending to the meanings created by a homogenous group of people when experiencing the same phenomenon and what this means for people in general. IPA allows for a fusion of horizons, a concept attributed to Hans-Georg Gadamer, where the participant's and the researcher's perspectives meet and blend (Smith et al., 2022; Vessey, 2009). This is not about one party winning an argument, but creating new meanings through mutual exploration (Vessey, 2009). The method itself was heavily influence by Smith et al. (2022), however as a therapist, Finlay's (2011) outline for therapists researching the lived world, provided a framework in familiar language. IPA aligns well with the skillset of therapists, for example the ability to build rapport, reflective listening skills, and the ability to create a judgement free space for clients. It also allows the researcher to explore lived experience and meaning through in depth descriptions and assumes that the body, self, and world are intertwined (Finlay, 2011).

3.2.1 History of IPA

Phenomenology was first conceptualized by Husserl in 1931who was interested in how meaning of lived experiences are presented to consciousness, prior to any theoretical, scientific or metaphysical interpretation (Alase, 2017). It is more aligned to a philosophy than a methodology (Wright -St Clair, 2014). This concept was greatly influenced by Heidegger, Husserl's student. Heidegger was interested in the nature of being or lived experience (MacLeod, 2019), whilst Husserl was interested in the nature of knowledge (transcendental phenomenology). This research aligns more closely with Heidegger, looking

at the lived experiences of those with ADHD and their interactions with memes about ADHD.

Today's variation of IPA is often credited to Smith, Flowers and Larkin, (2009) who redefined what the approach means in the context of social science and created guidelines for researchers. IPA is therefore part of the phenomenological family of approaches that vary in process but share a broad agreement about the importance and relevance of lived experience (Eatough & Smith, 2017). IPA is now considered a qualitative approach to understanding participant's lived experiences and meaning-making to describe what the phenomenon is like for people within a specific context. However, IPA is not just descriptive, but interpretative, with stories rendered into textual data to be interpreted by the researcher (Nizza et al., 2021). IPA consists of three key areas:

- Phenomenology
- Hermeneutics
- Ideography (Callary et al., 2015; Smith et al., 2022)

Phenomenology explores how individuals experience a phenomenon (Callary et al., 2015; Smith et al., 2022). Phenomenology asks the question; what is it like for you? And phenomenological research looks to describe the lived world of everyday experience (Callary et al., 2015; Smith et al., 2022). In the case of this research, the phenomenon is looking at #ADHDmemes. The intention is for the reader to understand what it is like for people with ADHD to view memes about ADHD and how this impacts them. This type of research allows the participants to be witnessed in their experience, gives them a voice and allows for both parties to make sense of the experience (Finlay, 2011).

Hermeneutics is the philosophy and practice of interpretation in phenomenology. It asks how historical, cultural and personal contexts shape interpretation (Callary et al., 2015; Smith et al., 2022). Heidegger argued that language and understanding are inseparable and humans

are situated beings, who exist in a particular context. Meaning is therefore shaped by what we think we already know, often referred to as preunderstandings. These preunderstandings form a horizon of experience, comprising of four past experiences and future anticipations, which influence our interpretations (Finlay, 2011). A hermeneutic approach is inherently relational, viewing meaning as constructed and evolving through an interpretative process that moves back and forth between the interpreter and that which is being interpreted, as well as between the parts of the account and the account as a whole (Finlay, 2011).

Ideography is a detailed approach using in-depth data from a small group of participants. (Callary et al., 2015; Smith et al., 2022). In IPA there is importance placed on staying within the individual's experience in the first instance. While there may be convergences and divergences amongst the experiences of participants, one must first explore the lived experience of each individual in their entirety to gather rich data and interpret meanings (Finlay, 2011)

Resultingly, the aim of IPA is for the researcher to construct a compelling narrative that answers what a phenomenon is like for the participants. IPA is seeking plausible, transparent, data-grounded interpretations where what is offered verbatim becomes anchored within interpretative claims. This needs to be done in a rich way, that paints a complete picture so that the reader can know how they would feel if they were in the participant's place (Finlay, 2011; Smith et al., 2022). In terms of this research, the aim of IPA is to have the reader come as close as possible to an understanding of what it would be like if they had ADHD and were interacting with #ADHDmemes.

3.2.1 Double Hermeneutics

One major consideration in IPA research is the role of the researcher. Whilst the researcher in IPA can describe phenomenon to some degree, their central task is to investigate and interpret the impact of the phenomenon on the lived experience of the

participants (Alase, 2017). In this case, how #ADHDmemes impact the lived experience of the participants. This occurs through a process called double hermeneutics (MacLeod, 2019). This means that while participants are engaged in interpreting their own experiences, the researcher subsequently interprets and analyses these accounts (Finlay, 2011; Smith et al. 2022). In this case, those with ADHD are interpreting their experience of #ADHDmemes, while I am in turn interpreting what they reveal and analyse what is disclosed. In IPA, there is an acceptance that the researcher will impact the interpretation, however, minimization of the impact is encouraged to reduce bias. This is achieved through a transparent process, bracketing, reflexive journalling and grounding of the analysis to verbatim data (Alase,2017). This double hermeneutic process is important to do well to ensure the outcome of a rich analytic commentary grounded in quotations which reflects the experience of the participants (and not that of the researcher). In practice, this is achieved through reflexive journalling before and during the study, ongoing reflections on interpretations and through a transparent method. In addition, I have been mindful of integrating my counselling skills to ensure participant led interviews. This means that questions were designed to be as open as possible, and no jargon or referencing was used to avoid leading the participant (Finlay, 2011). The goal was to create an environment that facilitated participants to share experiences in an unfiltered way (Finlay, 2011; Smith et al. 2022).

Nonetheless, IPA is relational, and one cannot completely remove the researcher from the research, so reflexivity is important to understand how one may impact their work (Smith et al. 2022). One important element of reflexivity is knowing who you are as a researcher and what bias you may have. This is especially important within Aotearoa New Zealand as psychologists have an obligation as part of their cultural competency to know who they are and how that may impact their work (Waitoki et al., 2016). As such it is important for me to include in this research my standpoint.

" I am a forty year old, female, pakeha who grew up in a time and place where ADHD was rarely acknowledged, and certainly not in girls. Due to this, I am currently on my own journey for a late formal diagnosis, after recognizing myself in the pages of the DSM and memes sent to me about ADHD (and Autism). I am a counsellor, specializing in women's mental health and neurodiversity. My initial training in psychology, over 20 years ago was biomedically based. However, my training as a counsellor was relational and I use techniques from my training through the interviews to build rapport, summarize, and to show and confirm understanding. It was only in my post graduate study that I was introduced to positive psychology, and concepts such as neurodiversity. I currently sit on the fence between two worlds, a relational counsellor, with a firm background in medically based psychological theories. As a counsellor, working in medical centres then private practice, I am used to working with people from all walks of life and know first-hand how everyone experiences this world differently. I have witnessed the destruction caused by not knowing you are neurodivergent, and I have seen the relief that comes with finding your people and finally feeling safe enough to relax and take off your mask. I don't believe that there is one truth or reality, instead, I believe that people are experts in their own lives and how they experience the world, and valid knowledge can be gained through understanding an individual's experience and reflecting on collective experiences to see how groups of likeminded people create shared meanings. As a mum to teenagers, I send and receive memes daily. I doom scroll to be entertained. I am attracted to humorous memes that reflect how I am in the world. My social media feed is full of neurodivergent memes, therapist memes and 'parent of teens' memes. I send memes to explain my quirks to others, because they are funny, and when I think a meme may explain someone else's experience. I send these memes to important people in my life to show that I am thinking of them". – Reflexive Journal Entry, March 15, 2025.

3.3 Research Considerations

As a psychology researcher and full member of the New Zealand Counselling Association, I adhere to both the Code of Ethics for New Zealand Psychologists (New Zealand Psychologists Board, 2002) and the NZAC Code of Ethics (New Zealand Association of Counsellors, 2002), which explore minimum standards for practitioners. While these codes have differences, they both look to ensure the safety of clients and research participants, through consent, confidentiality and culturally competent practice. These standards have been upheld through the research process. A full ethical application was submitted to Massey University and approval was granted.

"This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 3, Application OM3 25/23. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 3 email humanethics3@massey.ac.nz*."*

3.3.1 Consent

As per the New Zealand Code of ethics for psychologists, consent is an important consideration in psychological research (New Zealand Psychologists Board, 2002; Waitoki et al., 2016). This means that to be ethical, a researcher must fully inform participants of the indented use of their information and expressed consent must be obtained before commencing. Simply put, I ensure the participants understand "I will not make you do or say anything you do not want to". This research has taken consent into account during the development of the research, in conducting the interviews and in completing the thesis. Firstly, the participant information sheet (Appendix B: Participant Information Sheet) informed the participants of their need to give consent, and consent forms (Appendix C: Participant Consent Form) were given to participants to gain written consent. This included their consent to record the interview. In the interview, consent was also gained verbally

before the interviews began. Consent does not end when the participant signs the form. Rather, it was an ongoing practice. This included letting the participant know they can decide not to answer a question, and they can ask to have the recording turned off at any time. Additionally, after the interview participants were given two weeks to withdraw their consent, giving them a cooling off period, and ensuring they were happy with what they shared.

3.3.2 Confidentiality

Confidentiality is also an important ethical consideration, when working with people and conducting research (New Zealand Association of Counsellors, 2002; New Zealand Psychologists Board, 2002; Waitoki et al., 2016). In therapy it means the client can talk about their sessions with others, but I cannot. However there are limitations, including ensuring safety. In research, this means ensuring that the identity of the participants is not shared. To ensure the confidentiality of the participants of this research, pseudonyms were used and data was deidentified. This means that fake names were used and names of workplaces or high schools were changed, limiting identification of participants. Additionally, documents with identifying data, consent forms and transcript release forms, (see Appendix C: Participant Consent Form and Appendix E: Authority to Release Transcripts) were kept on my secure Massey OneDrive. At the completion of this thesis they will be sent via Microsoft Teams to my supervisor to be destroyed after five years. In addition, the video recordings were deleted from the recording device as soon as the transcript was created. Confidentiality was discussed in the participant information sheet and consent form, and it was again discussed verbally before the commencement of the interviews.

3.3.3 Risk Management

Risk means the potential of harm to self, harm to others and harm from others (New Zealand Psychologists Board, 2002). While the interview and thesis are at low risk of causing

harm to the participants or others in the ADHD community, it was still considered in depth before commencing the research. Risk was explored in the ethics committee submission and ongoing with my research supervisor. This included discussions about the researcher vs counsellor role and how to navigate this research in a way that minimises risks to participants. A full ethics application was submitted because whilst a topic as seemingly light as memes may be generally humorous (Kariko & Anasih, 2019), having ADHD can be difficult and a person's journey to diagnosis can be traumatic. It was agreed through the ethics application process, that I would use my counselling skills to keep a close eye on body language and listen out for verbal cues of distress. If distress occurred participants would be given the option to pause or stop the recording, as detailed in the information sheet. Finally, I felt confident in my skills to support anyone who experienced distress in the interviews. Despite my skills as counsellor, an extra safety measure was included in provision of mental health phone numbers which were provided at the bottom of the participant information sheet. I also ended the interviews with a reminder that talking about one's journey can be triggering and to ensure self-care for the remainder of the day.

3.3.4 Cultural Competency

Psychology researchers in Aotearoa New Zealand have an ethical obligation to practice with cultural competency (New Zealand Psychological Society, 2012; Waitoki et al., 2016). As such, I have approached this thesis with collaboration, inclusion and the protection of a Māori world view in mind. While this thesis does not specifically focus on Māori participants, the participants are of the New Zealand general population therefore it was expected that one or more participants would identify as Māori. The first step in a culturally safe thesis was to examine my cultural practices and learning to date. Cultural competence has been a large part of my practice as a counsellor, in both gaining my NZAC membership, working with Māori clients, and in creating culturally safe treatment plans in collaboration

with my cultural advisor. Having a working relationship built on trust and understanding, I approached my cultural advisor to provide advice on this specific project. Over the years they have taught me to know myself, challenge my viewpoint, create an environment where Māori clients feel comfortable, be confident in using Karakia, and refrain from making assumptions about the person sitting in front of me. They have also shared with me several Māori frameworks for mental health.

Te Whare Tapa Wha is a model I use in my practice and implicitly underpins this thesis. Te Whare Tapa Wha is a framework where a person's wellbeing is not only made up of Taha Tinana (physical health) but also their Taha Wairua (spiritual health), Taha Hinengaro (mental health) and Taha Whanau (family health). The The Ministry of Health - Manatu Hauora, (2023) uses the metaphor of a house with four walls however I favor NiaNia et al's. (2017) version of rain coming from a cloud and running down a mountain with two lakes that eventually run out to the ocean. This model represents the flow on effect of these elements better than a house does. This theoretical underpinning is seen in the holistic nature and relational focus of the interview questions.

My advisor's feedback around manaakitanga and inclusion of whanau questions was an invaluable contribution to this thesis. Manaakitanga is a Māori value which means showing respect and reciprocity in your interactions with others (Personal Communication, 2025). In addition, I also attended a group cultural consultation for researchers exploring topics associated with neurodivergence. This was facilitated by Dr Pita King and Dr Ahnya Martin who are part of the Massey University Psychology department. This session was highly enlightening and brought in the element of a negotiated process into this thesis. This is about not assuming how things will go but meeting the participants where they are at and asking what is needed. This is important in qualitative research when first meeting

participants because if not done well, it may impact how comfortable a participant is to share their story.

3.3.5 Limitations

IPA is a relatively young field, with the first textbook outlining the approach being published in 2009 (Finlay, 2011). Some critics believe that IPA is not scientific and lacks objectivity (Dennison, 2019). However, most qualitative researchers would agree that IPA can provide rich knowledge and poor quality work can be avoided through thoughtful consideration (Smith et al., 2022). Some common perceived limitations include, personal bias of the researcher, the time required to conduct the research, small sample sizes restricting generalisability and the lack of a universal method (Jose, 2025.) In terms of this research, mitigating personal bias was achieved through consideration to being an insider researcher and my influence in undertaking a double hermeneutic analysis. Ongoing reflection practices were also carried out to identify and minimise bias, with the understanding that the researcher cannot be fully removed from the project. The research was conducted over a year, giving ample time for each section to be completed with the attention to detail and reflection where it was most needed.

Whilst the small sample size does create limitations for generalisability, IPA favours depth and nuanced experience, well-suited to research of novel topics (Finlay, 2011; Nizza et al., 2021; Smith et al., 2022). Criticisms of sample size were addressed by conducting seven interviews which is above the higher limits of current recommendations. Finlay (2011) argues that three to six participants is considered a reasonable size for a new researcher to gather rich data without becoming overwhelmed and Smith et al. (2022) suggest only three participants are needed for undergraduate or masters level research. With these suggestions in mind, the target number for this research was five to six participants. Due to an overwhelming response, seven interviews were conducted. While this number provided the rich data

required, not all people with ADHD were represented compromising generalisability. For example, the only respondents were women, therefore one cannot assume universality. In this case, while this experience may be true for women with ADHD, we do not have adequate data to say that men experience #ADHDmemes in the same way. To ensure the reader knows who is represented basic non-identifying information is provided in the participant section (Table 1

Participant Demographic Information).

One pitfall novice IPA researchers fall into is treating IPA like a mechanical thematic analysis and missing the nuance of phenomenology (Finlay, 2011). To avoid a reductionist analysis of this phenomenon, and in respect to Māori ways of being, an effort has been taken to explore meaning through a holistic lens. This means understanding the participant's experience through Te Whare Tapa Wha and exploring not just their thoughts, but also the impact on their bodies, their whanau and their Wairua. While this research, does have limitations, care has been taken to identify them and mitigate them where possible.

3.4 Method

IPA is not a prescriptive approach, and Smith et al. (2009) urge researchers to be creative and flexible rather than follow a strict 'method' (Finlay, 2011). While the method followed was heavily influenced by Smith et al. (2022) and Finlay (2011), tweaks were made to approach this project in a counsellor and neuro-friendly way that gelled with the way my brain works. Below is an outline of the method.

3.4.1 Time Constraints and My Brain

At the conclusion of this project, after not only recognizing myself in memes, but also the experience of the participants, I engaged in a formal assessment process. It concluded that I met the criteria for both ADHD and Autism. No longer a partial insider, this project became

insider research (albeit after the fact). More importantly however, this lends weight and understanding of why deviation from 'traditional' research methods were needed for me to complete this project in a way that aligned with my skillset and ways of thinking. Before being diagnosed, I had a firm grasp of how my brain worked and endeavored to approach this research in a way that was authentic and well documented. In doing this, the hope was that it could help other neurodivergent scholars find their own authentic ways of doing research.

Focusing first on the big picture, one critique of IPA is the immense amount of time research of this nature takes (Finaly, 2011; Smith et al. 2022). Like the meme in Figure 9 (@anthony_delnostro, 2023), my ADHD and Autistic brain does not always stay focused on the task at hand. For a successful thesis, steps had to be taken to avoid overwhelm, leading to shut down. Especially since, while this was a full-time course, I was overscheduled (like many neurodivergent people) and was still running a private practice whilst being a mum to three busy, high need (tween and) teenagers. To avoid a shutdown caused by a sense of urgency, I worked through chunking and 'catching the waves'. Chunking refers to breaking larger tasks into small ones. The chunks may not make sense to anyone else, such as stopping halfway through a paragraph, but felt right to me. Catching the waves is a phrase I have developed to explain how sometimes I cannot get my brain to work (much like a surfer waiting in a calm spot to surf). It ties into procrastination and times of hyperfocus. A surfer cannot surf when there are no waves, and I cannot create meaningful work when my brain does not want to co-operate. If I try to force a wave, procrastination often takes hold. However, when the conditions are right, the waves will pick up (I will get an urge to focus on my work). It has been a lifelong journey to trust that the waves will come. They may come at inopportune times, like 11pm, or just before school pick-up, but they will come, and when they do, it is important to take advantage of them. Fortnightly sessions with my supervisor sat

about right to catch one of the waves between sessions. Other divergences from the norm are highlighted in the method section.

Figure 9

Procrastination Meme

Note. Meme depicting what it is like when you try to fight against your natural waves of productivity. @anthony_delnostro, 2023, *The ADHD urge to do literally anything else other than the thing you're supposed to be doing [Meme],* Instagram, https://www.instagram.com/p/DT1akFkEtAc/

3.4.2 Recruitment

Seven participants were recruited in line with IPA guidelines (Finlay, 2011; Smith et al, 2022) with care taken to balance the number of participants with amount of data that each interview could yield (Chatfield, 2022).

Participants were recruited via a flyer advertisement (see Appendix A: Advertisement). A snowball approach (word of mouth referrals through contacts) was used to recruit the participants, drawing on my neurodivergent networks. The flyer was placed on my Facebook page (with sharing enabled) and sent via email to my contacts. My supervisor also placed the flyer on the DiverseMinds@Massey Stream site, which allows neurodivergent Massey University students and staff, as well as allies to self-enol if interested in neurodiversity. Participants self-selected into being considered for the study by responding to the email provided on the flyer. A participant information sheet (see Appendix B: Participant Information Sheet) was shared with the participants, and they were asked to contact me via email if they would like to participant once fully informed. Seven participants self-selected to be part of the study. They were sent consent forms to return before their interview (see Appendix C: Participant Consent Form)

3.4.3 Participants

The inclusion criteria for participants were,

- Aged 18-45
- Living in Aotearoa New Zealand
- Have an ADHD diagnosis (following an assessment with a psychologist, psychiatrist or pediatrician)
- Have at least one social media account
- Be Proficient in English.

The exclusion criteria were,

- Personally known by the researcher
- Current or past client of the researcher

These exclusion criteria were important from an ethical standpoint, namely, to reduce the risk of dual relationships or clients feeling perceived pressure to contribute.

Benefits for the participants were considered as part of the ethics application. These included having a safe space to share their lived experience, feeling validated and having their experience normalized in relation to others with ADHD. Currently there is an understanding that memes can help promote health care information, especially to vulnerable populations (Headley et al., 2022). However, in our current literature there is little focus on the perspectives of those with ADHD and how they perceive the memes. The potential benefits to the ADHD community are having a piece of work that aids in understanding their perspectives.

3.4.4 Picking Memes

While the focus of this study was #ADHDmemes in general, exemplar memes were chosen beforehand to share with participants during the interview process. They were collected over a four-month period from memes that were shared with me, from my own feed and through google searches of #ADHDmemes. Of note, while the memes shared did not often provide a clear source, considerable effort was put in to finding the original creator or earliest post to include as a citation. The memes were examined to ensure they mentioned ADHD directly, had a clear intention, and were relatable. Participants were also invited to share memes during the interview that spoke to them. They were instructed that they could bring along their favourites by screenshotting them, saving them to their mobile device or emailing them to me. Below figures 10 (Autistic and living the dream, 2022), 11 (Aromatic-shame-1487, 2025) and 12 (Thomas, 2025) are exemplar memes that made it to the final selection and were shared with participants during the interview to aid in discussion and understanding. While figures 13 (Sofiasplace, 2022)and 14 (adhd_memetherapy, 2025) are

memes that were emailed to me by participants that they felt accurately represented the #ADHDmemes they were seeing on their feeds and were being sent to them by friends.

Figure 10

Exemplar Meme Showing Māori Understanding of ADHD

Note: Meme shared during interviews depicting Māori world view of ADHD and challenging traditional definitions. Autistic and living the dream, 2022, *Reo Maori kupu for ADHD = Aroreretini [Meme],* Facebook, https://www.facebook.com/autisticandlivingthedream/posts/reo-maori-kupu-for-adhd-aroreretini-it-means-attention-goes-to-many-things-i-lov/357523073123373/

Figure 11

Exemplar Meme Depicting the Busy ADHD Brain

Note. Meme shared during interviews depicting Star Trek character overlaid with comical computer analogy for ADHD. Aromatic-shame-1487, 2025, *I have a question [Meme],* Reddit, https://www.reddit.com/r/adhdmeme/comments/1ht8sim/i_have_a_question/

Figure 12

Exemplar ADHD Meme Depicting Struggling With Choice

Note. Meme used during interview to spark more conversation and create a shared viewing. This meme depicts the difficulties of fitting in fun time and avoiding what needs doing, with the result, carnage. Thomas, 2025, *Too Much [Meme],*Facebook, https://www.facebook.com/groups/589019143900209/posts/797737619695026/

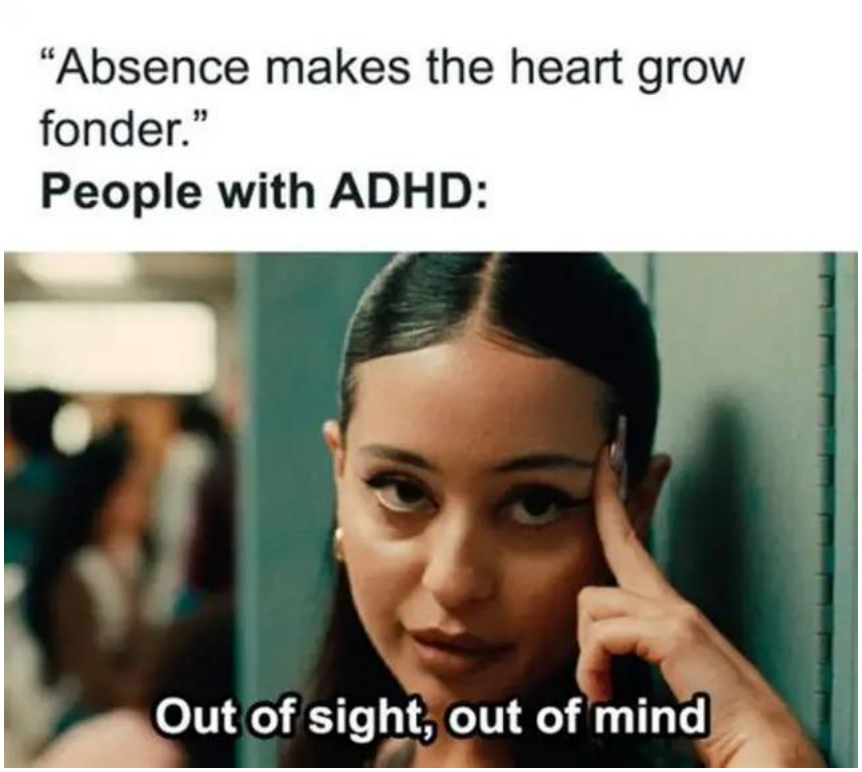
Figure 13

Exemplar of Memes Shared by Participants

Note. This meme creates humour around people with ADHD knowing they have ADHD before a formal diagnosis as it becomes a hyperfocus. Sophiasplace, 2022, *Trying to act surprised at your ADHD diagnosis [Meme],* Reddit, https://www.reddit.com/r/adhdmeme/comments/qlk3d4/trying_to_act_surprised_at_your_adhd_diagnosis/

Figure 14

Second Exemplar Meme Shared by Participant



Note. This meme shared by a participant performs object permeance. It makes fun of the neurotypical saying that absence makes the heart grow fonder, by pointing out that a lack of object permanence means people with ADHD also forget people. As noted in Chapter 1.2.5 (Alternative Criteria), object permanence is not part of the DSM criteria but is considered a part of ADHD by the #ADHDmeme community. adhd_memetherapy, 2025, *Out of sight, out of mind [Meme],* Reddit, https://www.reddit.com/r/adhdwomen/comments/1gyi70m/out_of_sight_out_of_mind/

While this thesis is restricted to printable memes, and videos are not included, these memes provide a good overview of what is meant by a #ADHDmeme. Typically, they are images and words sharing an idea about ADHD. This idea does not necessarily align with the DSM criteria of ADHD but displays the experiences of those with ADHD and what they

believe is a symptom of having ADHD. There is an assumption (explored in Section 4.3.3) that the memes are created by people with ADHD for people with ADHD.

3.4.5 Data Collection

The data collected was in the form of transcripts from seven interviews. While the method was inspired by Smith et al. (2022) and Finlay (2011), there were adaptions based on my strengths and weaknesses, the participant's choices and working in a culturally competent manor in Aotearoa New Zealand.

3.4.5.1 Location. As considered best practice by Smith et al. (2022), participants were asked where they would like to meet, ensuring the options were comfortable, safe and private. Participants were given the option to meet in person, at the Massey Auckland Campus, my counselling rooms in Auckland or online via Zoom. The plan was to provide kai to share before commencing with the interviews. However, all seven participants chose to meet online. In this instance, they were encouraged to bring a drink, or lunch with them to facilitate a relaxed atmosphere, and I modelled this by having a coffee during the interviews. Although the interviews were online, confidentiality was still discussed in terms of ensuring they had chosen a private place to connect (as I could no longer control this aspect).

3.4.5.2 Manaakitanga. A key concept to the approach of the IPA interviews and interacting with participants is manaakitanga. Manaakitanga is the process of showing respect, generosity and care for others (Moorfield, 2003). This concept was explored in depth during cultural supervision as a concept that draws together the principles of Te Tiriti o Waitangi and ensures cultural competency when working as a psychology researcher. In practice, this meant asking if participants had cultural practices they would like to include, such as a Karakia, working to minimize risk to the participants and including whanau-centric

questions. It also meant working with unconditional positive regard and creating an environment for participants that was judgment free.

3.4.5.3 Interviews. While Smith et al. (2022) and Finlay (2011) have made progress in creating guidelines for practitioners, there is to date no agreed upon step-by-step method. This means that there is flexibility in the way data is collected, if the researcher keeps in mind the core principles of IPA. Due to this, I was able to draw on my counselling skills to conduct the interviews (while keeping in mind this was not therapy and the goal of the session was to collect data). These basic counselling skills include building rapport, summarizing, reflecting, clarifying, gentle challenges, reframing and highlighting incongruence. These skills align with IPA to ensure that the participant's lived experience is being understood accurately. This is important to note as these skills are second nature to a counsellor, but not necessarily part of the tool kits of most researchers. These skills (or lack of these skills) could impact attempts to recreate findings.

The interviews themselves consisted of three parts. Part one, consisted of building rapport, connecting with the participants, introducing myself and the aim of the project. Confidentiality and consent were discussed, and verbal consent was gained again before proceeding. Participants were reminded they could pause at any time and withdraw consent up to two weeks after the interview.

Part two, consisted of semi-structured interview questions, and the questions can be found in Appendix D: Interview Questions. As interviews tend to take a considerable amount of time, Smith et al. (2022) suggest preparation with preprepared questions to guide you and keep you on track. These questions were open-ended to encourage rich answers. After cultural supervision, whanau-centric questions were added to the interview questions, to reflect a more collective world view.

Part three, consisted of looking at the exemplar memes together and asking prompting questions to see how representative these memes were. Participants were also invited to share their favorite memes or memes that resonated with them. The final few minutes were spent ensuring the emotional safety of participants and ensuring they had good self-care practices in place if the interview brought anything up for them. They were reminded of the support services and phone numbers at the bottom of the participant information sheet.

The interviews were conducted using Zoom with transcriptions captured using the inbuilt Zoom feature. They were then checked for accuracy, reformatted and sent to participants if they wanted to receive a copy with the view of reading and editing. Those who choose to edit the transcript were also provided a release form, and the template can be found in Appendix E: Authority to Release Transcripts. It was important to give participants this option to ensure their lived experiences were deemed accurately represented.

3.4.5.4 Storage. With confidentiality in mind, the consent forms (digital records and the only form with identifiable data) were uploaded onto Massey's OneDrive for storage. These will be destroyed by my supervisor five years after the project has been concluded. Emails were sent to only agreed upon email addresses and email chains deleted at the conclusion of the research project. Files were saved by interview number with no names attached. All identifying information was redacted or changed to protect confidentiality. The digital recording was deleted after the transcript was completed.

3.5 Data Analysis

In IPA the interview data forms the textual analysis that hermeneutics is focused on. As discussed, there is no definitive way to analyse IPA data, however Finlay (2011) and Smith et al. (2022) suggest a helpful step by step guide for new researchers. Their steps include

1. Reading and rereading the transcript

2. Initial noting
3. Developing emergent themes
4. Searching for connections across the themes
5. Moving to the next case
6. Looking for patterns across cases
7. Taking interpretations to deeper levels.

The analysis of the transcripts was inspired by these guidelines, however, as discussed earlier, I adapted them to accommodate my natural inclination to think like a neurodivergent counsellor. These tendencies led me to the following process, beginning with an analysis of each individual case. The headings are below, with further details to follow.

1. Familiarizing myself with the text through multiple read throughs
2. Visually noting my impressions in the margins
3. Noting keys and emotions using color coding

This was not a quick process, but one that happened over an extended period of time for each dataset. An individual case may have been read up to twenty times before being satisfied that interpretations were an accurate reflection of the participant's experience. This process was important to respect the ideographic nature of IPA and ensure a deep understanding of the individuals lived experience (Finlay, 2011; Smith et al., 2022). Only after these first three steps were completed for all seven complete datasets did I move onto step four.

4. Reading in collaboration
5. Theme and subtheme formation and simmering
6. Double checking

In line with IPA, the data collected from an entire interview was thoroughly explored before moving onto the next and only after all seven interviews were analyzed, where they

compared (Smith et al. 2022). However, of note, as two datasets were analyzed before the last five interviews were completed, this did create additional areas of interests to focus on for the remaining interviews. One example was the exploration of why some memes felt 'off' to the participants and what meanings they attributed to that experience. This was discussed in supervision as a potential limitation (being human and not being able to bracket the previous interviews), however it was ultimately decided that this was a good thing and allowed for greater focus on the pattern of topics that were important to the participants. A more in-depth explanation of the steps follows.

3.5.1 Familiarizing Oneself with the Text

Familiarization was achieved through reading the transcript and editing out the name of the participant in each line of text and changing the text color to match the speaker (blue for the participant and black for myself). This was done to remove identifying data and make later readings easier by distinguishing the speaker. This process also helped to maintain focus while reading a lengthy text and to engage memory through kinaesthetic activity. It was then read a second time adjusting misinterpretations in the transcript. For example, 'Desi' was changed to 'DSM'. The text was then read a third time to ensure flow and clarity, removing any identifying statements and ensuring there were no obvious errors. Subsequent read throughs were conducted to ensure understanding. In terms of chunking, this meant that a single case could be a chunk, but each read through could be a chunk depending on whether I 'caught a wave of focus.'

3.5.2 Impressions

Next, the transcript was printed, (ensuring all names and identifying data had been removed in previous read throughs to honor confidentiality), and blue tacked to my private office wall. I am a visual, auditory and tactile learner and sometimes need all three activated to focus and create the best environment to 'catch a wave'. I was able to move around my

office and read the transcript out loud and note any impressions in the margins. This could be things like ‘this section feels heavy’ or ‘this point feels important’. This step could be accomplished as one chunk; however, I could also mark the page where I ended to see where I should return to.

3.5.3 Keys, Emotions and Colour Coding

Keys are a practical counselling skill I was taught in my diploma, where I counted important points a client made on my fingers, to help recall what they said with the goal of reflecting on points and summarizing them back. Generally, one or two words per point are sufficient to spark a recollection and could be considered the main point of a piece of information. For example, the client may talk for five minutes, and I reflect back, “You loved your dad, but mum left before you were born and now you do not know if you want children.” In this case the keys would be; (1) loved your dad, (2) mum left and (3) children. Using this skill, I worked through the transcript noting ‘keys’. This is like developing personal experiential themes (PETS) as described by Smith et al (2022). PETS are themes personal to the participant and relate directly to their experience. They are typically reflected on throughout the transcript. Alongside the keys, annotations were made about feelings discussed and shown by the participant and any embodied reactions such as sitting straighter and folding arms, or incongruences such as laughing about something painful. The final chunk in the section was color-coding the keys and annotations. Using a twelve color ‘post-it card’ I color coded like statements to highlight potential themes. For example, a green post-it was placed next to any keys that felt familiar to doubt or mistrust. These were loose interpretations at first that were later refined in my development of final themes. Photos have been supplied in Appendix F: Photos of Analyis which depict my ‘wall method’ and writing keys in the margins, followed by adding colored post-it notes to highlight potential themes and finally the color coded them formation with larger post-it notes.

This process was repeated for all seven interviews (which did in fact cover my entire office wall area) as the next step required an ability to see all seven interviews in their entirety. At this point, my supervisor did reiterate that software was available, however a digital version did not allow the same engagement, needing the visual, auditory and tactile stimulus to engage fully.

3.5.4. Reding in Collaboration

The next chunk of work, was to read all seven interviews from start to finish, familiarizing myself with patterns and looking for things that stood out as unique to individuals, and patterns of things that were similar across cases. This was not restricted to looking for themes per say, rather, could include shared feelings about topics, or similar experiences. This process is like Smith's description of group experiential themes (GETS) (Smith et al., 2022), however, I considered this exercise 'pre theme' and it aligned more with my natural skill of pattern recognition. This exercise was also aided by use of colored post-it notes; a secondary layer was added to identify shared keys.

3.5.5 Theme and Subtheme Formation and Simmering

The color-coded transcripts displayed on my private office wall allowed for a visual representation of important concepts, both shared and individual. The more a color appeared, the more it's corresponding key appeared throughout the transcripts. The next step was to read the keys and create a theme wall. This was achieved using bigger post-it notes on a blank wall. The keys were transposed one by one to the matching color post-it with connected keys appearing on the note. Each note was then looked at, to aid my understanding of potential subthemes. These subthemes were written under the post-it notes. The collection of potential subthemes was then examined for similarities, difference, and core meanings to get an understanding of the overall theme and how to communicate it well with the reader. This was a fluid process with many movements and adaptions and name changes. While this was

achieved in chunks, and riding the waves, another technique used was that of ‘simmering’. By this, I mean, that there were times of actively engaging with the transcripts, but there were also times where I needed to create an environment for my brain to wonder and find underlying connections. This could be achieved by going for a walk, or working out, or leaving it for a few days. This passive reflection was equally as important as working actively with the data. This process helped in remaining cognitively embedded in the research, aiding pattern recognition, connecting strands, and in understanding themes at a deeper and sometimes more imaginative level. As a researcher, I was emersed in the project, reflecting and interpreting, coming back to concrete ideas in the transcripts tacked to my walls.

3.5.6 Double Checking

While I would like to give a definitive guide on how you know ‘you are done’, the answer is less concrete. I thought I knew I was done when there had been time to simmer, and the themes ‘felt right’. By this, I felt like I had a clear and honest representation of the interviews taped to my wall and stored cognitively in my mind. However, at this point three check points occurred.

The first checkpoint was a discussion with my supervisor about the themes and sub themes to double check my findings. This was to ensure I had not missed anything, but also to refine the chosen headings for themes to ensure they conveyed the right meaning.

The second checkpoint was a reflexive practice. I returned to my reflexive journal to ensure two things. First, that I had bracketed my lived experience as much as possible when interpreting the data. This included searching for assumptions and pre-knowing’s that may have interfered with interpretation. The second part of the reflexive journalling was an extension of this, looking at whether the interpretations represented my view or achieved its goal of a fusion of horizons. Gadamer’s idea of a fusion of horizons is a hermeneutic concept

central to how we interpret texts (Smith et al., 2022). A horizon is your range of vision or perspective which includes your personal experiences, language and preconceptions. In IPA we are hoping for a fusion, which is where two horizons meet and interact (Smith et al., 2009). In line with this concept, I was able to reflect that this project was not a reflection of my views, but a joint understanding of what the participants and I came to understand by working together.

The third checkpoint was engaging again with the transcripts and highlighting quotes that represented the themes. Going back to what was originally said, enabled me to double check that my interpretation reflected what was said accurately; that is, the analysis remained grounded in the data and thus, I could potentially demonstrate the double hermeneutic process. The quotes used in the results section stem from this back-and-forth of checking the parts against the whole; my analysis against the concrete offerings.

Chapter 4: Results

This research aims to gain understanding of how adults living in Aotearoa New Zealand, who have an ADHD diagnosis, are impacted by #ADHDmemes. Of particular interest is how memes impact understanding of diagnosis and identity. Basic participant demographic information is found in Table 1 below. Notably, all participants were women currently living in Aotearoa New Zealand; however, two participants were born outside of New Zealand. All the participants gained a diagnosis through private clinics. As common with women in New Zealand all the participants were considered a 'late diagnosis' meaning that they received their diagnosis after age 18 (Amisha, 2023; Healthpoint Limited, 2025; Mental Health Foundation, 2022). Included in Table 1 is a description of how each participant perceived their ADHD diagnosis.

Table 1

Participant Demographic Information

	Pseudonym	Ethnicity	Gender	Age	Age Diagnosed	Description of ADHD
1	May	NZ European	Female	24	23	Amazing ideas with bad follow through
2	Tania	NZ Māori and NZ European	Female	22	22	A brain that's wired different
3	Candice	North American	Female	32	32	A big book where you can never find the quote you are looking for
4	Lily	NZ European	Female	30	29	The librarian in my brain filling the books is asleep
5	Imogen	Pakeha	Female	41	38	A tornado
6	Sarah	NZ European	Female	34	34	A race car with no breaks
7	Jane	Other European	Female	43	41	Lost potential

Note: Basic self-identified participant demographic information. 'NZ European' and 'Pakeha' is used interchangeably, meaning someone in New Zealand not of Māori Decent.

The analysis of the interviews focuses on the experiences of how participants have been impacted by memes about ADHD. This section is structured to mimic the progression of their journey, starting with their growing awareness of having ADHD. The analysis then follows their journey of self-discovery and developing understandings of their diagnosis and ends with the impact #ADHDmemes have had on participant's identity. Analysis of the interviews highlighted five areas of importance to the participants (see Table 2 below). It is important to note that themes do not exist in a vacuum but are interrelated.

Table 2

Themes and Subthemes

Themes	Subthemes
Self-doubt	Contemplation
	Diagnostic Reassurance
	Validity of self-diagnosis
ADHD is complicated	Experiential
	Paradoxical frustration
	Isolating
	Grief
Self-Recognition	Previously invisible
	Traditional Media has let us down
	By us, for us
Connection	Testing the waters
	Sense of Community
	Pebbling
Self-compassion	

Note: Table showing themes and subthemes from the datasets

4.1 Journey of self-doubt

The journey to getting a diagnosis was not straight forward for the participants and it was paved with self-doubt. This theme sits upon a backdrop of late diagnosis (diagnosis as adults) and as such, ADHD was not a label assigned to the participants, but one that they gradually began to realize applied to them.

4.1.1 Contemplation

Participants were aware of how they were in the world, however by seeing others who behaved like them (and called this ADHD), they moved a nagging thought of difference into a conscious acknowledgement of similarity to others with ADHD. Where previously they were different by normative standards, they found a world where they were like others. They then made the decision to own this label and integrate it into their identity. However, self-doubt was weaved throughout this process. While some participants had 'aha' moments, others found the journey slower.

The role of memes in bringing the ADHD label into awareness is seen in this excerpt from Candice.

> I started doom scrolling Instagram one day, and all of these ADHD memes and videos started popping up. And I'm like, oh, I can relate to a lot of these. It started to get almost worrisome. I was like, WOW, I actually relate to like all of these. (Candice)

Candice was self-aware enough to know she behaved the same way as the people she was seeing in memes, and these people were calling this behavior ADHD. This realization had an impact on how she saw herself, and she began to question if she too could have ADHD. This was of particular importance to Candice as she was diagnosed with bipolar at age 13 but never felt like the label fit. While she felt relief in seeing herself in these memes, she revealed the hardest part was self-doubt, even after her formal diagnosis. "I gaslight the sh#t out of

myself. Am I just looking for attention? …I have papers from doctors and psychiatrists and psychologists that all say you are, and still, I sit here and gaslight myself" (Candice). Lilly's journey was similar in that she saw herself reflected in her TikTok feed, but her journey was carried out over a longer period of time.

> TikTok was great in a sense of everything on my feed was relating to something nuerospicey and it was kind of like oh I do that, and I do that! That went around and around for probably a year and a half to two years before I was like, okay, I need to properly look into this. (Lilly)

Lilly's journey was a slow burn; however, she also felt the need for a formal diagnosis to quieten her inner self-doubt. "But as time went on, I really did need a diagnosis to feel validated. And afterwards, I think that's when I could finally be more accepting" (Lilly).

While Candice and Lilly's social media feeds reflected their ADHD, it was Sarah and Jane's recently diagnosed friends who sent them memes about ADHD that triggered their 'aha' moments. "I think the one they sent me that probably changed my life was literally one saying if your friends tell you that they have ADHD… have we got news for you!" (Sarah). Sarah's friends sent her a meme, implying that she too had ADHD because she is their friend. This theme of connection between neurodivergent friends is explored further in Theme 4 (Connections). Unlike Sarah's friends, Jane remembers her friends being more subtle, but their memes had the same effect. "Then they started sending me memes, and TA-DAA. I was like, oh yeah, that's interesting. Then it was maybe... Then I did a little reading about ADHD and I was like WOW!. This is quite scary" (Jane).

Participants stated that memes about ADHD formed part of this journey, as they saw themselves in how ADHD was portrayed in memes. The memes were their first time seeing ADHD played out (especially in women) in a way that made sense to them and was not overtly stereotypical, discussed later in Theme 3 (Self-recognition). It was complicated by not

being seen accurately by society, which diminished participants' struggles to personal failings, or not recognizing them at all.

4.1.2 Diagnostic Reassurance

All participants expressed self-doubt in having ADHD and needing validation from a professional. The interviews captured a sub theme of two opposing beliefs held by the participants. The first is that the DSM, while not inaccurate, does not paint a full picture of ADHD. The second is that they needed to be told by a professional using this framework they had ADHD to feel validated. Notably, while numerous studies argue that memes are not accurate when compared to the DSM (Chevalier, 2024; Karasavva et al., 2025; Verma & Sinha, 2025) all the participants saw themselves in the memes about ADHD and then went on to gain a formal diagnosis. This supports the notion that the DSM only captures part of what it is like to have ADHD.

Like the other participants, despite seeing herself in the memes, Jane did not take this as 'truth' and instead went on a journey of self-doubt and felt a need for validation from a professional. Jane doubted herself right up to her initial assessment, which included diagnostic testing. She was asked if she needed the test result to believe it.

> I needed it, yes. I just couldn't believe it. I read all the things. But you know, how it seems like everyone has a lot of these features of personality? With being late sometimes or forgetting stuff sometimes, everyone is like, oh, yeah, I'm a bit like that. But actually, it's just the intensity and regularity, and because my besties were like that, I was like this is normal. (Jane)

Jane's speech pattern demonstrates moving between possibilities. On the one hand, Jane has internalized society's message that everyone has these traits in small measure, whilst convincing herself on the other hand, that she was making it up. This was compounded by the fact that her social network was made up of other neurodivergent people, so from her

perspective everyone shared these traits. As discussed later in Theme 4 (Connections), neurodivergent friendships appear to play a large role in the sharing of memes. While sharing struggles with others can help form bonds, thinking everyone has your struggles has a negative effect on one's self esteem (Pederson, 2024) as it reinforces the message you just need to try harder. A diagnosis and seeing how other people with ADHD are, helps to rewire this negative narrative and allows room for self-compassion, and realizing things feel harder for you, because they are harder for you.

4.1.3 Validity of Self-diagnosis

This theme of self-doubt is also seen post diagnosis with tensions regarding the validity of self-diagnosis. On the one hand, participants wanted to validate those who self-diagnose but on the other hand they sometimes felt sceptical. The complexity of self-doubt within the diagnosis journey is further explored by May and Imogen who are so aware of the struggle of believing you have ADHD, that they do not want to hurt those who are self-diagnosed by expressing disbelief. However, this trait is challenged when they view memes that 'feel off'. It was difficult for the participants to give language to what 'off' meant, which is explored later in Theme 3 (Self-Representation). Nonetheless, the following excerpts highlight the struggle felt in ensuring those who claim to have ADHD are doing so validly, while not minimizing other's distress.

> I also want to add though, I'm not saying people can't self-diagnose. I actually think self-diagnosis is valid. Because I self-diagnosed before I got my diagnosis...My concern is, is that if people write off everything as ADHD, they could miss other health issues or they could over-pathologize, but that doesn't mean self-diagnosis isn't valid. (May)

May grapples with the two ideas. On one hand she believes that self-diagnosis is valid. On the other hand, she believes some people are mislabelling themselves as having

ADHD (both through misdiagnosis and claiming a diagnosis for neurotypical behaviours). May does not want to minimize those who are pre-diagnosis, because this would have been harmful for her to hear when she was at that stage of her journey. However, she also does not want her valid diagnosis minimized by those who claim they have ADHD when it is something else. Imogen also had concerns about the validity of self-diagnosis, which conflicted with a sense of not wanting to invalidate the experience of people pre-diagnosis. This is explored in the conversation excerpt below.

> **Imogen:** I don't like to get into that thing of criticizing self-diagnosis or people who have kind of come to it through tiktoks or whatever and haven't yet got any further into it.
>
> **Angelina:** Because at some stage that was you, before you were diagnosed? So, you don't want to judge?
>
> **Imogen:** Yeah, I think so, and potentially it's an age thing as well, like I don't think that there's a lot of like forty-year-old women that are kind of claiming ADHD that wouldn't actually be diagnosable. I mean, whereas like a 17 or 18 year old might be more likely to. But as you can tell I'm hesitant to say that kind of thing because I never want to be dismissive.

There is a real tension here between not wanting to minimize the legitimate struggles of others, while maintaining the integrity of an ADHD diagnosis where the struggles are not minimized. The narrative heard by many of the participants "everyone is a little ADHD" felt harmful to the participants, and they did not want to perpetuate it. There does appear to be a distinction between those who are pre-diagnosis and those who are self-diagnosed, with those who are pre-diagnosis appearing more valid. This tension is important, as those with ADHD often feel like they have been misrepresented (Gunnerson, 2025) and seem driven by a need

to be seen and understood as their true unmasked selves. What this looks like is explored further in the section below.

4.2 ADHD is complicated

The second theme explored how ADHD is complicated. Despite formal ADHD diagnosis, the act of defining ADHD was complicated. Participants did not list off symptoms or give a textbook definition but instead described their experience. These experiences were individual to each participant and paradoxical in nature, describing opposing extremes of their personalities and the difficulties and frustrations these present. Most notably, participants lacked the language to describe ADHD and instead used colorful metaphors and storytelling, much like the Māori frameworks described earlier. This struggle to be understood is important as it gives context and potentially helps explain why those with ADHD are drawn to memes about ADHD. Each participant was asked to imagine I had no idea what ADHD was, and to describe it. While each description was unique to the participant, they shared a struggle to define ADHD, both for themselves and to others. While some participants such as Candice had rehearsed metaphors they commonly shared, other participants such as Tania were new to diagnosis and still figuring out how to explain it to themselves and others.

4.2.1 Experiential

Participants framed their ADHD in terms of how they experienced it. Candice's explanation below highlights the experiential nature of her understanding and the need to use metaphors to feel understood.

> Oh, ADHD is to me like reading a really really big book and having a quote in that book that you want to find and like never being able to find the right page. You are constantly looking through the book. And you are like, oh, but this one is good, and

> this one is good, but you can never really find what you are looking for. It's exhausting constantly trying to mentally look for what you are looking for. Whereas it feels like other people open their book, and the quote they want is right there. (Candice)

For Candice, her book of life is large and full, however she easily gets distracted and has an eternal building frustration that she cannot quite find the right page (or complete the right task). Her life is not lacking '*its good'* but she cannot shake the feeling she is not quite doing it right (or to normative standards).

4.2.2 Paradoxical frustration

ADHD is paradoxical in nature (Hallowell & Ratey, 2023), which means someone can exhibit a trait in both extremes. This can be frustrating for those who have ADHD and can make it difficult to form a solid identity. If someone asks you, do you like to be on time? But sometimes you are early and sometimes you are late; how do you accurately answer this question in a socially acceptable way? Tania's metaphor may be easily missed, referring to the wiring in her brain. However, this is a commonly used metaphor for neurodivergence and exemplifies this struggle of extremes and building frustration.

> It's like your brain is wired differently and things that kind of don't affect other people affect you. And like, because you are focused on so many things, you pick up on things that other people don't. And it's kind of like, I don't know, you get kind of overwhelmed a lot of the time. But also, I struggle a lot with under stimulation. (Tania)

Through metaphor, Tania is explaining that she feels different to others, and her struggles are different. She also highlights that her strengths are different too. Tania notices things that others do not. Yes, this strength needs to be managed because she can attend to too many things and get overwhelmed, but non the less, if harnessed, picking up on things others do not

can be an asset. She also reinforces the idea of ADHD being paradoxical with being both under and over stimulated. How do you answer, do you get bored easily? When sometimes you can focus on something so long you forget to eat, then other times you are fidgeting and cannot concentrate at all?

> May reiterates the paradoxical nature of ADHD through a story.
>
> It'll be like 9 o'clock at night and I'll be like, I'm going to write my thesis now, or 9 o'clock at night and I'm like I'm going to buy all the supplies to start this new hobby, and then tomorrow, I'm never going to touch those. (May)

For May her extremes come through her impulses to buy supplies for her latest hyper fixation. However, she also knows there is a good chance those supplies will go to waste and she will never use them. This is often referred to as part of the ADHD tax and can lead to negative self-talk, damaging self-esteem. The 'ADHD tax' is a widely used colloquial term in the neurodivergent community referring to the extra emotional, financial and time costs that are incurred due to symptoms of ADHD (Daley et al., 2019). An example is getting a fine for failing to return a library book – the book may have been sitting in the car, but the person with ADHD keeps forgetting to return it (despite remembering several times and forgetting again).

Lilly's metaphor is again unique in its makeup but expresses the same sentiment of a complicated frustration when dealing with everyday life. It also touches on the idea of extremes discussed above (going from sensitive to interrupting). Lilly shared the explanation she gave to her 7-year-old stepdaughter.

> It can be a little chaotic. I can get really sensitive and sad and emotional about things, or sometimes I interrupt all the time or little things like that. I heard a great analogy about a librarian in your brain that really helped us. So, I kind of told her about how

> we all have little librarians in our brain, filing all the books and stuff, and my one just falls asleep a lot, and so it's not always doing its job. (Lilly)

For Lilly, the ADHD tax is emotional. She can be really emotional and sensitive but in the other extreme she may interrupt others – a perceived error that appears to bring shame for Lilly. A 'normal' adult should be able to have a conversation without interrupting. This perceived error is a reflection of the values of the dominant neurotype who value stilted turn taking over a collaborative form of communication demonstrated by many with ADHD. To Lily her librarian has fallen asleep on the job, and she has made a mistake. This ties into the next subtheme of isolation, as perceived social mistakes can lead to a reluctance to form connections.

4.2.3 Isolating

Candice was asked what she thought the most challenging part of her ADHD was. Interestingly, it was not a symptom per se, but the interaction between her and the world that caused the most challenges. If navigating society is difficult, it can lead to feeling isolated.

> The fact that society is not built for it, and the analogy you know, you go to the doctor with a bleeding, gaping wound, and everyone's like, are you ok? Oh, my god, you have stitches, that looks really painful. And then when you go out and your struggling, and on the verge of tears, because somebody's chewing too loud, and this music is going off, and I know I've got 14 things to do and I'm running late for my last two appointments and people are like, oh but you're not bleeding. You're fine. That's the hardest part. The struggles that come from society not being built for people who just don't fit into it, and the assumption we can - if we just shove ourselves into the hole hard enough. (Candice)

Candice's metaphor helps to explain that she feels misunderstood in general. That ADHD is something that is misunderstood and there is a pressure to mask her symptoms to be less of a

burden to a neurotypical society. Being misunderstood in general has led to a strong desire to be understood, and to have people 'get it'. It was important for each participant that I not only understood what ADHD was but more importantly how they experienced it. There was a need to be understood and feel less alone.

4.2.4 Grief

Alongside acceptance of their ADHD diagnosis, there was a stage of grief. This grief was less about having ADHD, and more about grieving the life they could have had if their ADHD had been discovered earlier and support made available. It was less about grieving a future, and more about grieving the past. The use of storytelling was used by Jane to describe how ADHD affected her younger self and life trajectory.

> It's had such a huge effect on my younger life. I actually started a law degree… I said to my stepmother I don't think I can do this because I can't remember things and I forget so many things, like where I put things, you know, like I forgot so many things that at 19 I thought I had early onset Dementia, or you know Alzheimer's or something because I didn't understand why I had these stupid memory issues. (Jane)

Jane's description takes frustration and otherness a step further and she is grieving the life she did not have because of her undiagnosed ADHD. This loss has formed part of her understanding of her diagnosis and makes up what it means to have ADHD.

These excerpts reinforce the notion that the participants see their ADHD not as a list of traits on a page, but in terms of experience. While they do not disagree with a biomedical view of ADHD per se, they are more interested in having their difficult and confusing experience of ADHD understood by others. They are trying so hard to 'find the right spot in the book' that they are exhausted and they want some acknowledgement of this, instead of being told they should just try harder. They want others to see how hard they are trying.

4.3 Self-Representation

During their journey to diagnosis, participants explained how they struggled, and how their struggles were dismissed or not recognized by others. This lack of recognition left the participants feeling unseen. Feeling unseen, however, was not only in the context of society, but the participants explained how this was compounded by their own families, psychological research, and representation of ADHD in mainstream media. Upon exploration, the feeling was that ADHD representation in mainstream media was perhaps written by neurotypical writers. In contrast, a potential reason that participants were drawn to ADHD memes was a feeling that these memes were created by people with ADHD. Memes were relatable. The message was not 'look how odd or difficult you are' but instead, participants saw themselves for the first time.

4.3.1 Invisible

One core feeling held by the participants was that of being invisible, or more accurately that their ADHD struggles were invisible, and they were expected to work within neurotypical frameworks. Their struggles were dismissed. Sadly, for Sarah, getting a diagnosis did not validate her struggles within her own family, where she felt the need to justify her diagnosis. Sarah had a male family member with ADHD, who had stereotypical traits and a childhood diagnosis, and she shared how he was looked to as the authority whilst her experience was dismissed.

> I can be kind of selective about who I talk to about it, because it feels quite sh#t to talk to someone who is skeptical, especially when I have had those feelings…He was like you know bouncing off the walls as a kid … and everyone is like he is the authority in the situation because he got a diagnosis at 5. (Sarah)

Feeling like you are not being seen or believed can be harmful to your self-esteem. It is not surprising that Sarah sought a formal diagnosis to confirm her suspicions. Unfortunately,

however, while the participants looked to the medical field for a diagnosis, they did not feel like they fully saw themselves, or their diagnostic journey, in the pages of the DSM either. This was reinforced by their belief that the DSM was written for boys and men leaving their struggles invisible. “I absolutely think the DSM falls short for women” (May). “I haven’t read the whole thing, but I’ve obviously done the assessments and all the questionnaires and all that kind of stuff. I think obviously a lot of its not specific to girls” (Lilly). “Those questions were so dry and missed massive parts of the experience. I would say, because you know, they are also written for males” (Jane). This collective commentary of ‘not for us’ highlights the institutionalized inequality within the mental health field. It highlights further the conflict of feeling the need to get a formal diagnosis to have your struggles validated while on the other hand having mistrust in a system that was not designed for you. This likely heightened pre-assessment anxiety due to wondering if they will actually be seen.

Candice explored this concept in relation to memes and felt that memes were a more accurate reflection of her personal experience of ADHD. She saw herself in them. However, she did not dismiss the DSM, because although she did not see herself in its pages, she felt its existence helps to create validity around the existence of ADHD.

> **Angelina:** You said you looked at the DSM, do you feel like the DSM better represents you, or what you see online?
>
> **Candice:** What I see online. But it was good in the fact that the DSM is not a hundred percent accurate and not everyone loves it, but it is what is considered valid at this point, so it wasn’t just Instagram and Facebook telling me this thing. It was that Instagram and Facebook memes and stories validate something that is psychologically accepted

This excerpt shows how, despite falling short for women, the DSM is still helpful as it creates validity around their experiences and the ADHD label. It lends validity to ADHD itself and reinforces that ADHD is real. This brings the participants one step closer to being seen.

4.3.2 Traditional Media Let Us Down

As women with ADHD, their feelings of invisibility did not end with society or the medical model, but they also felt like they were left out of mainstream media as well. Pre-memes, this left very little opportunities to feel represented. Lilly felt like people who were cast as having ADHD were positioned as the extreme and did not represent her experience.

> Whereas on tv, when you see like that extreme version, it doesn't feel realistic. Well, it could be for some, obviously that extreme does exist. …I think there are some characters I can relate to, but those ones don't explicitly say they have ADHD. (Lilly)

Candice felt the same, and that she did not see herself within the ADHD stereotypes played on television. However, she added another layer of understanding, reflecting how ADHD was reserved for men and never women.

> Currently if a character has ADHD or Autism it's sort of implied in their actions, but not always objectively stated.. Which is cool, but when it is objectively stated it is for boys but never for women, and it is never for girls. But definitely never for women. (Candice)

For the participants traditional media had not moved far in the twenty years since Schmitz et al.'s, (2003) observations that media portrayed those with ADHD as young, white, hyperactive boys. These participants felt like there was either no representation, or ADHD in women was something you do not explicitly state. Your 'otherness' must stay hidden, and it is not something to declare. Not only is your ADHD invisible, but characters showing ADHD traits made their ADHD invisible too. This reinforces a societal norm of keeping your struggles hidden.

4.3.3 By Us and For Us

Given that the participants feel like they are not well understood in society, left out of the diagnosis manual, and misrepresented in media, it is not surprising that they are drawn to memes about ADHD, where they see themselves represented. This theme of 'Self-Representation' was very strong for all seven participants. "I can relate to a lot of these" (Candice)."I have found so much relatable "(Jane). "I saw a bunch of things on TikToK that I resonated with a lot" (Tania). The participants saw themselves represented for the first time in #ADHDmemes. However, it was not as simple as society in general providing representation. This theme was not about representation, but self-representation. The participants had a feeling that the memes were created by other people who have ADHD. This is why they were so relatable.

No two memes are created equal, and 'good' memes are ones that feel like they were created by other people with ADHD. This was a unique experience for the participants. The exploration of this took a little bit of time throughout the interviews, as it started as a feeling that eventually found words. This complexity is highlighted in this exchange with Lilly.

> **Angelina:** Who do you think are the people making the memes about ADHD?
>
> **Lilly:** That's a good question, I would assume for the most part, people with it. But I don't know. I've actually never thought about who is making them? That's a good question.
>
> **Angelina:** Do you think it is other neurodivergent people?
>
> **Lilly:** Yeah, I think that's why it feels so relatable, cause it kind of like, a little niche, like if you know, you know.

We went on to explore this topic a bit further, as Lilly had never consciously thought about who was creating the content before, however had a strong 'feeling' that most of the content

she viewed was created by neurodivergent people. She had no proof, but she trusted her feeling.

> **Lilly:** It doesn't feel the same.
>
> **Angelina:** It doesn't feel the same when you are looking at a meme and you think it is written by someone neurotypical?
>
> **Lilly:** Yeah, yeah it is about the relatability. And there is something about it that's more relatable. It is hard to put into words through.

Lilly was not the only one to have this built-in ontological detector. Sarah also had not thought about it before the interview yet related to and expanded upon this feeling.

> Yeah, you can definitely sense a difference, can't you? I hadn't thought about it that way before. Not only can I tell when a neurodivergent person versus a neurotypical person has made them, but also the reactions you get when you share them. Like neurodivergent people will often find certain things quite funny, whereas it doesn't make sense to neurotypical people. Or they are like, wow, that's really weird or like a bit f#cked up, or that's a bit dark. And you are like, oh yeah, it's hilarious to me, and now they think I'm weird. (Sarah)

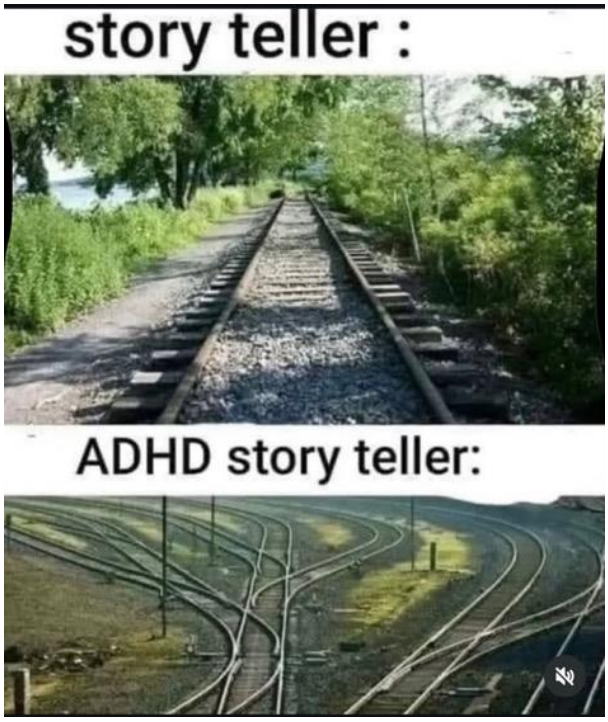
Sarah's exploration brings differences and similarities back into view, with those who are different feeling like they are 'othered' and left feeling isolated. She can feel a sense of 'sameness' with ADHD memes that are created by other people with ADHD. However, she feels like she needs to be careful about who she shares them with, otherwise she can quickly return to her state of 'otherness'.

This understanding was reinforced by the memes shared during the interview with the participants. Figure 15 (@adhd_dopaminee, 2025)was the final exemplar meme shared with the participants and despite meeting the meme criteria, it fell flat for some participants. While in context of seeing it on an ADHD feed, it could pass as self-representation, without that

context the meme takes on a different feel. After discussing memes that fell flat with Sarah, this exemplar meme, Figure 15 (@adhd_dopaminee, 2025), stood out as a potential example.

Figure 15

Exemplar Meme from Interviews Depicting ADHD Storytelling



Note: This meme felt representative of memes about those with ADHD and not by those with ADHD. @adhd_dopaminee, 2025, *ADHD people trying to tell a story [Meme],* Instagram, https://www.instagram.com/p/DSHq4d7jP3k/

> **Angelina:** I wondered if this falls into the category of 'about' people with ADHD and not 'by them'?
>
> **Sarah**: Yeah, it does
>
> **Angelina:** It never occurred to me the first time, but it says ADHD storyteller
>
> **Sarah:** Yeah, actually shut your mouth!

While the meme is not wrong and is representative of how some with ADHD tell stories, if it is presented as being created by a neurotypical person, it takes on a feel of being laughed at and not with. In this case, without the context of being shared by someone with ADHD, the

stereotypical nature of the meme combined with the wording ‘ADHD Storyteller” instead of “How I tell a story” creates a shift in the meaning taken. It quickly changed from being representative, to Sarah wanting them to shut up because it was offensive.

Imogen explored this concept further in relation to the meme in figure 15 and others like it.

> **Imogen:** That is skirting the edges of the ones that you kind of see so many times in different ways and it becomes too obvious. Like its legitimate and right, but something that I would not save or share because I kind of feel like everyone is probably already seen it or a variation… I feel like its in the category of those jumping on the bandwagon. Its not really nuanced
>
> **Angelina:** Cliched almost?
>
> **Imogen:** Potentially I guess, but it’s also wielded in a judgemental way. Also, I don’t know if this will even make sense, but it’s kind of like that kind of trope of men making jokes about their wives…it makes me think of those men making really stupid and obvious jokes about women.

Imogen’s frame of reference for understanding her feelings about some memes was the same feeling she gets when someone makes a cliched joke about women. That eye roll feeling when something is not funny and is using a poorly disguised put down. This reinforces the idea that who is making the content is important. For the participants self-representation or seeing how others with ADHD are in the world is comforting, but poorly created memes had the potential to reinforce the judgement they felt by society.

The theme of self-representation is important for the participants as they had felt invisible throughout their journey. Their struggles were minimised by family and also by society. Representation in media and even the DSM was lacking. There is a quiet yet building frustration that can be felt when you are struggling and trying so hard to ‘act normal’ yet are

told you simply need to try harder. Self-representation in media eased this sense of hopelessness and allowed the participants to see that there were others just like them. Namely, that their struggles were real, and can even be a little funny when you are not in it alone.

4.4 Connection

When the above context is taken into consideration, it is not surprising that memes about ADHD have become popular amongst those with ADHD. Memes do not exist alone, but inside a context of forming and maintaining connections. Memes initially functioned as an education tool, as people with ADHD recognized themselves in the memes, however after this they take on other functions. They are a cultural phenomenon that takes complex information and condenses it to its simplest, relatable, culturally appropriate form, ready to be consumed. Memes are relational. Like art, memes bring people together into a community, and they spark discussion around both the negatives and positives of having ADHD.

For the participants, they used memes in various ways to create connection and community. Firstly, memes were used to test people's reactions in a safe way, which is important for those with rejection sensitivity (RS). They were used to build a sense of community with those who 'feel the same as us', which is important for people who have previously felt like outsiders and lastly, they were used to pebble which helps maintain these friendships for those who struggle in this area.

4.4.1 Testing the Waters

Firstly, the participants used memes to test the waters after a lifetime of feeling unseen and unaccepted. They shared a history of struggling socially. "The social aspect, I struggle a lot" (Tania). "I am either so introverted and shy that I have no idea what to say or I completely over share" (Lilly). "I can't seem to keep your typical friendships going, because

I forget birthdays, I forget to call or text"(Jane). May explored this concept in more detail explaining

> I have struggled a lot with friendships because I am pretty sure they were neurotypical, and they just didn't connect with me. We had small talk, and talked about how your class is going, but there was some serious disconnect there. And it felt like no matter how nice I was or whatever I tried to be, they just didn't vibe with me (May)

The short excerpts above highlight the shared difficulty in the area of friendships for the participants. For some, this was considered one of the hardest parts of having ADHD. Jane's reflection that she cannot keep 'typical' friendships highlights a concern for many, that being neurodivergent and trying to maintain friendships with people who are neurotypical is difficult to the point of impossible. She could not keep up with socially demanded practices such as remembering birthdays. Instead of these friends acknowledging her ADHD, it was seen as a personal failing or reflection on the friendship. This point is explicitly stated by May, who reflects that she was 'pretty sure' the friendships she struggled with were with neurotypical people.

However, memes appear to be a tool that have helped the participants to overcome this struggle. Memes allowed participants to test the waters with some friends and family who they did not think would get it, in an attempt to be understood. This included DMs (direct messages to one or more people) and on their feeds (for example Instagram and Facebook feeds/stories) that are public or semi-public depending on their settings. Tania, who was new to her diagnosis was still finding her community and discovering who she could trust to accept her experience.

> I just put it on my story, but I don't usually share a lot of stuff. But like here and there, I'll just put it on my story, just because. But then my sister would be like, no

> this isn't you. I'm like okay. BYE!. So you are putting it out there so people know your experience, and then a family member is saying, no its not. (Tania)

Tania, who had been struggling socially, was making herself vulnerable by sharing memes that related to her as part of the ADHD community, to help people understand her experience, but her whanau let her down. Despite the fact, she had a formal diagnosis; her sister failed to 'see' her. Sarah reiterated the same hesitance to share ADHD memes on public forums, instead feeling safer sharing them directly.

> It's probably pretty rare that I would share them in my stories or on my page. It's more like I'm DMing them to people. And I think part of that is the fear of not being believed, the fear of being met with skepticism. …It just feels so yuck, having to justify your existence. (Sarah)

Sarah's excerpt brings to the surface this underlying fear and need to tread carefully when discussing her ADHD. After years of feeling 'othered' she still needs to be careful when being open about her differences. If she shares something about ADHD with the wrong audience, she can quickly be thrown back into a situation where she is no longer seen for her true self and feels the need to justify how she is in the world. This reveals an underlying feeling that having ADHD does not always feel safe.

4.4.2 Sense of Community

However, the flip side of sharing memes, is that when the participants shared the memes with the 'right' people, the opposite occurred. Of significance, is that these 'right' people, were usually diagnosed with a neurodivergence, or had strong traits. After testing the waters, participants described rituals of sending memes via DMs to friends, and those who really 'get them'. This ritual fostered a sense of feeling seen, connected and safe, deepening existing safe connections and opening the door to make new connections in the ADHD community with like-minded people.

> I think it's a moment of connection, um like you know, you can have a laugh together… it might be relatable to both of you, or one person might know they are really like that, so it's a moment of laughing, either at both of you or one of you, together. (May)

May is describing a situation where sharing memes feels safe. She feels connected to her friends and that they know each other's true unmasked selves so well, that they will recognize each other in the memes. What is interesting here is the sense of safety is reflected in the acknowledgment that even if the meme relates only to one of the people, it is still funny. This is an important contrast to years of feeling misrepresented by a society built for neurotypical people. There is a sense of community and sameness, even if the specific meme only relates to one of them.

Sarah gave an example of a meme that was shared with her. "I've got a friend who sends me TikToks all the time… there was a recent one that was talking about ADHD waiting mode, like you have an appointment at 2pm, so your just like waiting" (Sarah). Sarah and her friend saw themselves in this meme. It is understood that society expects you to be on time for appointments, and that if you have a morning appointment, you will fill in your morning with other tasks. However, for those with ADHD task paralysis and time blindness can kick in, and to be on time, you freeze. If this meme was created and shared by a neurotypical person, it may feel like a judgement, however receiving it from a friend felt safe and funny because they could both relate. Imogen summed up the experience in this excerpt:

> Sometimes I like sharing because it's like, Oh my God! That's me! And it's almost a comforting thing, because as humans, in general, we like to belong to something, a family. It's the reason why gangs continue to thrive, because it feeds that need to belong and be part of a group. If there are others that feel like 'that's so me'…then we are connected. We are part of something, a tribe, a family. (Imogen)

The exclamation marks in this excerpt reflect Imogen's feelings of excitement over finding something that represented her, but also in feeling like she was finally part of a tribe. If other people are this way, then she is no longer 'other' and she belongs somewhere. Building a sense of community and feeling the same as others was common amongst the participants. Jane's excerpt below reflects the connection felt through knowing other's true, unmasked, selves and the warmth that comes from knowing you are not alone.

> Yes, I will read the thing, and I'll be like, oh yes, that's just like us. This is absolutely accurate for me and I know exactly who I'm going to share it with, because I know they will be like this is exactly accurate for me too. (Jane)

Having struggled with friendships throughout her life, Jane now knows someone else so well, she knows they will laugh at the meme.

4.4.3 Pebbling

This phenomenon of sharing memes with your inner circle has become known as pebbling, which was explored in the literature review. This ritual has become known as a neurodivergent love language. Lilly, for example, sends them to her partner. "There'll be days when I will send like three in a row to my partner, and he'll get home, and I'm like did you get my pebbles?"(Lilly). Lilly sends her partner memes throughout the day but also checks to make sure he has received them. This is not dissimilar to more traditional gift giving and asking your partner if they received their note or flowers. It is not only for romantic relationships, but also for platonic friendships. Jane's excerpt exemplifies the allure of pebbling your inner circle.

> There's definitely a lot of comfort that comes from this process, and from pebbling these memes and reels and things to others that feel the same way. Yeah, and it is because having always been an outsider for unspecific reasons, to have communities

> pouring out stuff that is talking about that part of you is very satiating and comforting. (Jane)

Jane is no longer an outsider. She finds comfort in sending memes to others to show she cares. However, she is also healing a part of herself that she had to hide for so long from society. These excerpts identify the function that memes are playing for the participants. They are a helpful communication tool for those who have struggled throughout life to have relationships.

Not only do memes help to test the waters when you are unsure of who you can trust, but once trust has been established, they can be shared to keep connections going, even on low energy days. This experience is summed up by Candice who shows great insight into the way memes have shown up in her life and the functions they serve.

> I think memes are important, I think being able to laugh at our experience is important. I feel like the ability to connect is important, because we are told we should be one way. We should exist one way, and we should experience the world in a certain way. The ability for us to connect in a way that isn't just neurotypically accepted, I think is really important. And I think a lot of that comes down to memes and pictures and videos and things we find on the internet because it also lets us communicate with one another and find our people. In a decade and century where neurodivergent people have been erased from history, where women have been erased from research. I think any method that allows us to bridge that gap and find each other and grow that strong community is really important, And I think for neurodivergent people that comes in the form of humor and memes. (Candice)

The participants of this study had previously seen their ADHD as something society told them had to be hidden away and was not an excuse for not fitting into societal norms. This inability to fit into the box left them feeling othered and alone with a string of failed

relationships behind them. However, #ADHDmemes offered a new way of being in the world. They allowed them to interpret their ADHD differently. They were not broken; they were the same as other people with ADHD. This fostered a sense of belonging that had been missing. First, the memes offered education about ADHD, but they offered so much more. They offered an opportunity to be part of a community, which in line with Te Whare Tapa Wha; a community or whanau is important for wellbeing. Candice goes to great lengths to tell us memes are 'really important'. Repeating this several times. Being able to connect and laugh with others is important to her, after a lifetime of being left out. Memes make this possible.

4.5 Self Compassion

The story for participants concluded with examining the impact memes had of their sense of self and wellbeing. Surprisingly, the most common outcome after interacting with memes was not something currently found in literature. According to participants, memes had a positive effect on their level of self-compassion. This could help to explain findings that suggest the positive effect of memes despite their perceived inaccuracies (Hynes et al., 2025; Occa et al., 2025). This was particularly true in instances where the creator was portraying an ADHD behavior and laughing at themselves. This type of meme provoked compassion for the creator, which challenged self-belief. If the participant could be compassionate to someone else behaving like them, then perhaps they were not so bad either. When discussing her journey to diagnosis Tania reflected on her pre vs post diagnosis sense of self.

> It was eye-opening, because I feel like as women, especially we're like, oh, you know, we kind of take it on, and think I'm just not doing it. You know, I'm just not being good enough or you know, I'm just lazy or whatever. (Tania)

Here you see Tania's self-talk, which has been internalized since her childhood. Tania had been told she was lazy so many times throughout her life that she now says it to herself.

She had a core belief that she was not good enough. This changed when she got her diagnosis and started seeing herself portrayed in memes. She no longer carried the full weight or self-blame of not meeting societal norms.

This sentiment is explored by May throughout her interview, as she tries to explain how memes lighten her emotional state. “Looking at a meme, you’re like, oh, other people have gone through this and like, I’ll just laugh at how silly it all is” (May). The memes help May to hold negative beliefs more lightly, so much so she can laugh at herself and her experiences. May concludes with a telling statement. “It gives me more self-compassion to not force myself to meet neurotypical standards” (May). May is explicit here, in that she can be kinder to herself because she is able to be her true self and not try to live up to neurotypical standards that do not align with her experiences or capabilities.

This sentiment is also expressed by Jane, who had previously hated the parts of herself that she did not understand and hid from the world. “Knowing I have ADHD has made me feel so much better because I don’t have to secretly hate myself for stuff that I don’t tell people about” (Jane). Memes have allowed her to bring those hidden parts of herself to light.

This theme is summed up by Lilly during her reflection on how memes have changed the way she sees herself. “I think I am kinder to myself, I think it’s a bit of self-acceptance., That weird thing I used to beat myself up for doing,- its ok now because it is because of my ADHD - that’s really been helpful” (Lilly). Post diagnosis and seeing herself in memes Lilly is kinder to herself. She now accepts the parts of her that had previously been considered weird. She no longer beats herself up, showing a change in her cognitive processes towards a more helpful thinking style. She knows that these ‘weird’ quirks are a part of her ADHD and she is no longer alone. There is a whole community of people out there that share her quirks, and they are not something to hide. They are something to share and even laugh about.

Chapter 5: Discussion

The aim of this project was to explore the lived experience of adults with ADHD living in Aotearoa New Zealand, and to understand the impact #ADHDmemes were having on their understanding of their diagnosis and identity. Interpretative Phenomenological Analysis (IPA) was used to achieve this aim. IPA was chosen as it aligns with the aim to gather rich data (Finlay, 2011; Smith et al., 2022), moving beyond numbers and statistics associated with measuring observable behavior to consider how participants felt about and made sense of their ADHD and use of #ADHDmemes. A phenomenological-based method was appropriate as the interviews with the participants created an opportunity to explore their interactions with #ADHDmemes in-depth and to bring this everyday phenomenon into their awareness so they could explore the meanings they had created around it. The five main themes that occurred across the data set were; self-doubt, ADHD is complicated, self-recognition, connection and self-compassion.

The key findings, of the study, as expected with an IPA, were complex, nuanced, and interconnected. The first theme was that the journey of accepting their ADHD diagnosis and incorporating ADHD into their identity was filled with self-doubt. The participants were all diagnosed later in life, so this was not a label placed on them by others, but one they sought themselves. The second theme was an overwhelming feeling that ADHD is complicated and not easily explainable. Each participant had their own way of explaining what ADHD was, usually using metaphors as English lacks the words to define it or capture its nuance. Despite having a clear criterion in the DSM, this did not feel like it summed up their experience. There was a disconnect between how ADHD is observed and how it is felt. The third theme, 'self-representation' had a more uplifting feel as participants explored seeing themselves represented in media for the first time. #ADHDmemes allowed the participants to see others who experience ADHD just like them, and not in an over stereotyped or hidden way they had

previously been exposed to in traditional media. This representation allowed for the participants to find connection with others (Theme 4). Using memes, participants were able to test the water to see how people reacted to #ADHDmemes that they related to. Lastly, #ADHDmemes impacted the participant's identity by teaching them to become more self-compassionate. Through seeing themselves in memes and sharing them with their community, the negative self-talk began to soften, and they were able to be kinder to themselves. They were able to resolve the inner tension created by a society judging them by its standards and considering them responsible for their failings. Memes challenged the medical discourse, that ADHD is a disorder, leading the participants to feel like they were not broken or in need of fixing. They are just different, and that's okay.

5.1 Interpretation of the Findings

In line with IPA, personal accounts have been explored through an idiographic, phenomenological and hermeneutic lens to interpret the findings on a deeper level.

5.1.1 Daily Reminders

IPA is firstly interested in the idiographic, or the single narrative and understanding of a phenomenon from the perspective of individuals. This type of exploration allows for rich data from a first-person perspective (Smith et al., 2025; Finlay, 2011). This is a recent phenomenon and is situated in a technological world. Unlike the recent literature which sees memes in a negative light (Amann, 2024; Kapoor & Behl, 2024; Occa et al., 2025), the participants saw memes circulating on social media in a positive light. For the participants there were three main benefits. Memes helped them to (1) begin their diagnostic journey, (2) provided self-representation and (3) challenged unhelpful schemas.

While the participants were from different backgrounds and had different experiences and journeys, their interactions with #ADHDmemes consisted of the same elements. From an

individual standpoint, each participant shared how memes have become a part of everyday life. The behavior of looking at memes is common in society today and due to algorithms, that reflect your interests back to you, it is likely that those with ADHD traits will have #ADHDmemes appear on their feeds. These memes were so much a part of participants' everyday life that they formed part of their journey in getting a diagnosis. If not seeing ADHD represented in this way in media, the participants may never have found the words to describe how they were in the world or push to get a diagnosis.

Memes are important because they provided a chance for those with ADHD to see themselves represented in media, for the first time. The representation of ADHD in media was no longer one dimensional and based on a deficit framework but instead allowed for a more nuanced understanding of what it is to have ADHD. This new idea of what it is like to have ADHD was kinder and relatable. Seeing ADHD in others for the first time, who were normalizing behaviors that had previously been labelled as odd, created a new understanding, that having ADHD is not just deficit based. Having ADHD is not a moral failing. It is real, it is nuanced and there are strengths and well as very real struggles. They were able to offload the idea they are broken, despite ADHD being labelled as a disorder in the DSM. Not only did they illuminate their thoughts and behaviors as being ADHD related, but they were also able to share this with others to help show their understanding of their neurodivergent friends and to feel understood themselves.

Lastly, on a personal and cognitive level #ADHDmemes challenged maladaptive schemas participants had about themselves. A maladaptive schema is a thought or belief that one has that is unhelpful, negative or dysfunctional (Philipsen et al., 2017). Exploration in this area is scarce, but in one study by Phillipsen et al. (2017), seventy-eight people with ADHD were compared to a control group of eighty using the Young Schema Questionnaire (YSQ-S2). It was found that people with ADHD scored significantly higher than the control

group in all maladaptive schemas. When examined in combination with this study, it is not surprising that a population of people who feel different, behave different and are told negative things such as you are lazy when they struggle, would incorporate these beliefs into their cognitive schemas. If you are told something about yourself often enough, you will begin to believe it. A recent study by Kiraz and Sertçelik, (2021) concluded that challenging maladaptive schemas could be a useful method in psychotherapy treatment of ADHD. This study supports that nation but goes further to suggest that #ADHDmemes can also play a helpful role in challenging these unhelpful schemas that impact on the self-esteem of those with ADHD. #ADHDmemes provide daily reminders that those with ADHD are not broken and alone; they are part of a community of people just like them.

The participants did not see memes as negative because they did not align with the DSM or that they consisted of dark humor. Instead, they saw them in a positive light because they guided them on their journey by reflecting them to themselves and challenging unhelpful ways of seeing ADHD traits. They were able to put down the burden of moral culpability. Things were not hard because they are lazy or not trying hard enough, they were hard because of their ADHD.

5.1.2 Portal to another way of seeing ADHD

From a phenomenological standpoint, viewing memes is not an isolated behavior, but one that belongs in a context. This study helps position the phenomenon of engaging with #ADHDmemes. It positions them as a part of everyday life. #ADHDmemes provide information about the experience of having ADHD, are ‘by us and for us’, and form a part of friendship rituals. While the term ‘meme ‘can be traced to the book The Selfish Gene in 1976 (Akram & Drabble, 2022) memes as we know them today emerged with the introduction of the internet, in particular with the popularity of the smart phone in 2001 which gave people access to the internet from just about anywhere.

Viewing memes has become a part of everyday life and a norm in a technological society. The participants revealed that the simple phenomenon of interacting with #ADHDmemes is not as simple as it would appear. These memes are being shared against a backdrop of lifelong struggles with relationships and identity and have created a brand-new way to share with others what their experience is like, how it is felt. Memes fill a gap that words and DSM criteria have failed to offer. No one disagreed with the DSM; however, participants believed it does not go far enough to explain their experience and how they feel, especially the experience of women. In this case, #ADHDmemes have filled this space. This positive outcome contradicts some of the earlier literature about memes, which have focused on memes being inaccurate when viewed through a medical lens (Amann, 2024; Headley et al., 2022; Occa et al., 2025).

#ADHDmemes provide additional information about ADHD in a world where access to information is difficult. This information is experiential and phenomenological; not medical. Within the medical field there are concerns over the safety of social media use, and the accuracy of memes (Hynes et al., 2025; Occa et al., 2025). Of note, these concerns were not shared by the participants. While the participants acknowledged that memes could share inaccurate information, they believed in their own ability to know which meme was accurate and which was not. Their interpretation was not based on whether the meme matched a DSM version of ADHD, only that the meme was relatable to their lived experience and perception of the world. Having a history of viewing ADHD in terms of extreme deficits in men, with little female representation in mainstream media, the participants interpretation of accuracy was different.

This study created space for the participants to examine the understandings they had of the phenomenon and the context in which #ADHDmemes were being consumed. This was particularly the case in exploring their assumptions about who was creating the content. This

question was met several times with ‘I had not thought about that’ before sharing the assumption that the memes that they found relatable had been created by others in the ADHD community. It also shed light on the assumption that the memes that fell flat were possibly those created by neurotypical people, feeling stereotypical and judgmental. This reinforced feelings of isolation whereas good, relatable, memes fostered a feeling of community. This is of importance to psychologists if they are looking to share healthcare information through memes. It is important for them to recognize that observable criteria and factual health information lands differently to felt, internally- relatable lived experiences.

#ADHDmemes have also become a part of friendship rituals including sharing memes with others to bond, testing the waters and friendship maintenance. The practice of sharing memes with others is not something reserved for those who are neurodivergent, however it is seen as important because those who are neurodivergent often struggle with friendships (Hallowell & Ratey, 2021). The term pebbling was used to describe the behavior of sending little memes to say “I thought of you” which helps with connection. All the participants spoke of struggles with friendships and how sharing memes had become a part of their current friendships. Some were sent memes to convince them they had ADHD, some sent memes to others to convince them, but mostly they were sent to say, “I do this” or “you do that”. This practice may not be important to neurotypical people, as why would you point out something normal? But for neurodivergent people, they have behaviors which they thought only they did, however now someone else was doing it too. They had previously been judged and internalized this as personal moral failures and character flaws, whereas now, they share this experience with many. While they may not be typical generally, they are typical within the ADHD community. This creates a sense of belonging they were lacking.

Additionally, sharing of memes were felt to be a low-risk way to test the waters with other people and mitigate rejection sensitivity. Participants through experience had the belief

that it was not always safe to share their ADHD diagnosis. Responses can range from supportive to bullying. Sending a meme was a low-risk way to see if someone was 'their person' (someone who was like them, saw them for who they are, supported them and enabled them to feel safe). This was particularly the case with family members. If they were met with 'don't be silly' or 'everyone does that' or 'don't be so dramatic' they knew not to broach it again. Memes made this rejection was slightly easier to manage because it was not face to face.

Lastly, memes are used to maintain friendships and connect with your inner circle. Much like an 'inside joke' memes were shared with those who they knew would understand the phenomenological experience or ontology of ADHD, so would 'get it'. Memes also allow for low energy interactions. One of the struggles with ADHD can be the energy it takes to see people in person or talk on the phone. If someone is overwhelmed or in burnout, it can be hard to put in that effort, whereas sending a meme is a low energy task that allows those with ADHD to stay connected despite roller coaster energy levels.

5.1.3 New ways of seeing

From a hermeneutic perspective, #ADHDmemes helped to create meanings about their diagnosis and identity. This contrasts to the meanings of ADHD shared in the DSM and within traditional media, which are deficit based. One positive outcome of interacting with #ADHDmemes was a change in their identity in terms of seeing themselves in a more positive way

Firstly, the findings have implications for the current clinical approach to understanding and diagnosing ADHD. The current approach constrains what it means to have ADHD and is restricted to deficit based understandings (American Psychiatric Association, 2013). Looking at ADHD through the lived experience of the participants, it is clear that

ADHD is not experienced as a list of deficits. ADHD is nuanced and complicated. The participants are seeing ADHD described in different terms in #ADHDmemes. This way of viewing ADHD is more aligned to 1.2.5 Alternative ADHD Led Criteria than what is found in the DSM. In order to create an assessment process that is healing rather than reinforcing feelings of being judged, it would be helpful for Psychiatrists (and now General Practice Doctors) to consider a phenomenological framework around how it feels to have ADHD and how it is lived.

Additionally traditional media could play a part in sharing ADHD narratives in order to help people with ADHD make sense of their experience. Previous representations of a hyperactive boy (Burton et al., 2019; Schmitz et al., 2003) have not been helpful, and have reinforced the idea of moral failings. If traditional media were to flip the script and start portraying ADHD in terms of lived experiences and strengths, it would aid in helping those with ADHD view their experience in a more realistic light.

One framework that helps to explain the changes to identity and could form a core part of support for those with ADHD, is Cognitive Behavior Therapy (CBT). In CBT it is understood that events do not cause reactions, but instead, there is a cognition (thought) following an event that creates a reaction (Nathan et al., 2003). Imagine you and I are both in the backseat of a car and your best friend is driving. They are driving 150km on the motorway (event). You think, (cognition) “This is fun” and feel excited and call out to your friend to go faster (reaction). I think (cognition) “We are going to die” and I feel afraid and cling to the door handle (reaction). We are in the exact same position, but our thoughts are what impacts how we feel and what we do.

In addition, there are core beliefs that fuel our cognitions. These are like seeds that sprout into a tree and each branch becomes a thought. For example, if one’s core belief is

‘I’m not lovable’, they may have many automatic thoughts such as “See they don’t like you”, “You better do what they say or they will leave.” Or “I suck”. These core beliefs fuel the maladaptive schemas discussed above. The essence of CBT is to challenge unhelpful thinking patterns (maladaptive schemas) and replace them with more realistic ones (Nathan et al., 2003).

In relation to the participants, it appears that pre-diagnosis they held beliefs that they were broken, something was wrong with them or they were not enough. One technique used in CBT is to get the client to imagine that someone else did what they are criticizing themselves for, to see if their criticism changes (Centre for Clinical Interventions (CCI), 2025; Neff, 2025). Seeing other people who have ADHD and doing the things the participants criticized themselves for, helped to shift this core belief. If they saw other people acting like them, and it was alright, then maybe they are alright too. Practicing compassion allowed the participants to find self-compassion.

The analysis contributed a theoretical understanding, that viewing memes about ADHD may help to challenge unhelpful thinking styles in those with ADHD. The literature has explored how those with ADHD grow up with more judgments than their peers (Hallowell & Ratey, 2023), however it has not gone as far to attribute this to the formation of core beliefs. While this would require further exploration, it is possible that viewing memes help to shatter the unhelpful beliefs created in childhood such as being lazy, different, broken or not being loveable. These findings, help to fill the gap in the literature, by sharing the positives that can come out of viewing #ADHDmemes and giving a voice to those with ADHD.

5.2 Connection To Existing Literature

Six main areas of literature were explored to gain an understanding of the current research in this area. While this thesis agrees with the premises of some of the literature, it also reflects major differences.

5.2.1 Memes are effective

The current research concludes that memes are good at their job of spreading information (Kapoor & Behl, 2024; Occa et al., 2025). Whilst idiographic and not generalizable, this research supports this notion. The participants not only consumed (viewed memes on their feeds) but also sent memes to friends and family. While the previous studies suggest being funny is a primary aspect of what makes a meme effective, the participants provided further detail and, while being humorous helped, the main thing they valued was self-representation embedded within ordinary lived experiences. The memes they shared felt like they were created by people with ADHD and they saw themselves or their ADHD loved ones' experiences in the meme.

5.2.2 What is Accuracy?

While this study does not directly contradict the current research suggesting memes are inaccurate (Amann, 2025; Occa et al.2025), it does question what accuracy means. It does not challenge the idea that memes do not reflect the DSM's criteria for ADHD, however the participants felt that the DSM is not the bar for accuracy. While the participants wanted and needed a diagnosis based on the DSM for validation, the memes were seen as something of value in addition to this, as opposed to contradictory to this. The memes were seen as providing a criterion for ADHD that was based on lived experiences as opposed to categories of behavior based in deficits.

5.2.3 Effects of memes

Another area of variance was the idea that memes are dangerous and produce negative outcomes (Amann, 2024; Headley et al., 2022; Occa et al., 2025). While, this is one possibility, and there may be some negative outcomes, there are also positive outcomes such as feeling part of a community, understanding oneself better and finding humor in difficulties. It is important to take into consideration the understandings and feelings of a population before concluding the impacts on them. Previous research had failed to capture the voices of those with ADHD to understand their perceptions and lived experiences, therefore limiting understandings of the meaning and impact.

5.2.4 Memes are not designed to be medical

While some hold memes to a high standard, the latest literature suggests that memes are not designed to spread medical information but are a way to share experiences (Wagner & Temmann, 2025). The participant's views aligned with this sentiment. There seems to be a misalignment between what the medical field is saying about memes and the way they are being used in ordinary and everyday contexts.

5.2.5 Purpose

Carrying on from this notion, this study does support the claims that instead of spreading healthcare information, memes are about mimicking life through humor (Kariko & Anasih, 2019), being a coping mechanism (Leveille, 2024) and are part of friendship rituals that create connection through pebbling (Daoire, 2024; Edgar, 2023). The participants touched on all three aspects throughout the interviews. The humorous memes lightened a topic that had previously invoked self-criticism, and instead participants were able to laugh at themselves, making life easier, and they even shared this experience with friends.

5.2.6 Lived experience

This research sits alongside other lived experience pieces trying to give a voice to those being researched. It echoes projects that share this space and supports the notion that those with ADHD are often confronted by ablism, and outdated stereotypes (Tuisaula Cruice, 2023), and that ADHD does not exist in a vacuum, but is culturally positioned (Zhu, 2025). The words of the participants also echo that ADHD traits are often only problematic when the person with ADHD is expected to exist in a neuro-normative environment (Rasmussen et al., 2025). Within this neuro-normative framework, those who do not conform are left feeling moral culpability. Yet when lived experience is considered, the weight of neuro-normative expectations is lifted and the 'reason' is ADHD, so they no longer have to strive for self-improvement. They are already as they should be. This line of reasoning opens up exciting areas of research for the future.

5.2.7 Cognitive implications

This research does align with leading research in self-compassion, including the work of Kristen Neff who discusses the importance of self-compassion in building self-esteem. According to Neff (2025) self-compassion has one of the biggest impacts on one's mental health. This makes sense, as the person you are with the most throughout the day is you. Imagine your thoughts came from a parrot on your shoulder. If it said mean things, like 'you are stupid' or 'there you go screwing up again', how long would you take to shoo it away? How negative would you feel by morning tea? If it continued to tell you "you are broken" how would you feel by lunch? If it went all day, how would you feel by bedtime? For many people it is hard to shoo away the parrot, especially when they have been told their whole life they are different, lazy or broken. By seeing their experience portrayed by others, the participants were able to shoo away the parrot. They were able to change the meaning of having ADHD from a negative to a balanced understanding. They were not lazy, a bad friend

or too much, they have ADHD, and that's all right. In fact, some of their favorite people have ADHD too.

5.3 Methodological and Reflexive Considerations

IPA was well suited to the aims of this research project, and as noted by Finlay (2011) and Smith et al. (2022) this method allowed for rich data. One hundred and fourteen pages of dialogue was collected about a seemingly everyday phenomenon (looking at #ADHDmemes) and highlighted the importance of this phenomenon to the individuals. This method allowed for the research to be partially participant led, enabling them to share their perceptions and meaning-making or interpretations around lived experiences. This would not have been possible in a quantitative project, where participants would have to choose a 'best fit' based on the researcher's understandings of the phenomenon.

Reflexivity before the project and along the way was an important component to ensure a fusion of horizons and that it was the voice of the participants and not that of the researcher dominating. My background played into the research, in that I came into it with a knowledge of both theoretical and lived experience regarding the tensions, and this was carefully planned for through a reflexivity journal and conversations with my supervisor. While it was not possible to completely bracket my experience as a counsellor, this experience helped in gathering rich data and did not hinder the project, in fact this is likely a strength. This allowed for rapport to be built quickly with participants who felt at ease to share their stories. A new researcher may not get the same richness from the participants if they do not share these traits or have this skillset.

However, as is often the case, it was an unexpected event that had the potential to impact this project. Towards the end of the project, I had the unfortunate experience of navigating the mental health system for a loved one. This experience brought up helplessness,

frustration, and anger. This had the potential to taint the completion of this project. Had this occurred before I had completed the interviews, it would have been difficult to park this recent and raw experience. However, with intentional reflexive journaling and info-dumping on my supervisor, I was able to compartmentalize and park this experience. Being open about this experience allowed my supervisor to monitor my work for potential bias.

5.4 Strengths and Limitations

IPA was a suitable choice, given the in-depth nature of the question and the importance of gaining knowledge from lived experience. IPA shaped the findings through giving the space to explore the data set in a way that acknowledges both the big picture and the details.

That said, there are some considerations that may have impacted the study, for example the sampling method meant that all participants were in some way connected to a university, and most took papers within a psychology department. This means that the participants may have begun with a different understanding of ADHD than the general public. They were more likely to be aware of the theoretical tensions of ADHD and more aware of the DSM criteria. However, this is not necessarily negative, as it did allow for exploration of these tensions.

The main strength of this project is that IPA allowed for the research to highlight the lived experience of others. This project was not interested in the medical view of ADHD (although it does have a place in the research) but was instead interested in exploring the often-overlooked lived experience of others. It enabled a group of people to tell us what it is like from their perspective, as opposed to an outsider making judgements about another group of people. This aligns well with a culturally competent and person-centered view, which are

core components of how I work as a practitioner. This method allowed for a research project that aligned with my strengths as opposed to needing to constrain them.

Other strengths of the study were the number of participants willing to participate. The target was to find four to six suitable candidates and due to the positive response, seven people were ultimately included. This is considered at the top end of participants required for a study at this level (Finlay, 2011) and any more may have jeopardized the ability to complete the analysis in the timeframe.

As expected in IPA, there are limitations in terms of generalizability of the data. This is because having a small sample size means that those in the sample will have characteristics in common, and therefore other characteristics will be excluded. In this case, the participants were all women living in Aotearoa New Zealand, in 2025, who have met entry level requirements for university, and have gained a diagnosis privately. While there is a level of confidence that these findings would relate to other women with these characteristics, there is less certainty that a man living in Australia in 2002 who left school at 15 and gained a publicly funded ADHD diagnosis would see himself in these findings. Further studies would need to be conducted to understand the difference between these and other groups and what impact each characteristic had. Further research could focus on other social, cultural and historical contexts.

5.5 Implications

The implications for this research stretch across theory and practice and ultimately poses the question of who gets to decide not only if #ADHDmemes are helpful or harmful, but more importantly who gets to decide what ADHD is.

Firstly, most meme literature focused on whether #ADHDmemes were an accurate representation of ADHD based on the DSM. The conclusion seems to be that memes are good

at spreading healthcare information (Occa et al. 2025), however, if this information is not according to the DSM, then it is deemed ‘misinformation’ and therefore harmful (Karasavva et al., 2025; Verma & Sinha, 2025). The implication being that psychologists should explore guidelines in creating ‘accurate’ content (Amann, 2024; Occa et al., 2025). This study brings into question these assumptions. Based on the lived experience of those with ADHD, #ADHDmemes are seen as representative of how people with ADHD are in the world and therefore accurate. Further research is needed to explore the phenomenology and ontology of ADHD, placing more emphasis on the lived experiences and shared perceptions of those who have a current diagnosis. It is important to remember these are not people who have self-diagnosed after seeing memes, but women diagnosed with ADHD who say #ADHDmemes feel accurate and resonate with them. This is important because there were also memes they felt were created by neurotypical people, which failed to resonate with them. There is a sense of ‘by us and for us’ that should be carried forward into future research. This sentiment aligns with the recent Lancet report that looks at ending stigma and discrimination in mental health and supports co-led interventions (Thornicroft et al., 2022).

The practical implications of this research are that if psychologists wish to promote healthcare information about ADHD, they need to keep the end user in mind. While previous literature emphasizes the importance of creating informative, yet funny memes to gain shareability (Kapoor & Behl, 2024), this project reinforces the need to create memes that feel like they are created by someone who gets it. Someone who truly understands what it is like to have ADHD, goes beyond DSM definitions and includes experiential information. It is important, however, that #ADHDmemes do not mimic stereotypes that foster further disconnect. People with ADHD want to feel seen and understood.

In terms of diagnosing ADHD, the implications are vast. This study does not suggest diagnosis should be made via self-diagnosis on Instagram or TikTok, neither does it suggest

throwing away the DSM. However, the participants shared story or narrative conveyed the need to consider how ADHD is experienced in addition to how the DSM categorizes ADHD, especially considering the differences for women. The way ADHD is positioned in society and described by 'experts' is important because deficit-based definitions reinforce negative underlying beliefs people with ADHD can have about themselves. This perception is reinforced by traditional media that reinforces stereotypes that invoke stigma and discrimination. This leads to low self-esteem and a lack of self-compassion.

Lastly, this study promotes consideration of who is best to support those with ADHD. If those with ADHD respond better to content created by other people with ADHD, does this suggest a clinician with ADHD is the best person to support them in a mental health setting? It is unclear if a client would have different outcomes if their therapist was neurodivergent vs neurotypical. If not neurodivergent themselves, should they at least be trained by those with lived experience to ensure relatability? This is a new area of research, and one that warrants further exploration, but there are those already championing to have universities recognize the importance of lived experience-led training and education (Gupta & Taylor, 2022) which is a promising start. We do know that it is widely accepted that the therapeutic relationship is a key factor in the success of therapy (Clarke, 2022). While no conclusions can be drawn from this research, it does suggest that a therapist who sees ADHD as a divergence may be the best fit for a neurodivergent client, because it is important for neurodivergent clients to feel seen accurately and understood.

5.6 Directions for future research

Future research is needed to further explore the experiences of those with ADHD and to include these voices in the diagnostic criteria. While this is outside of the scope of this research, the participants do not disagree with the DSM, but they also do not think it fully describes what ADHD is, or what it is like to have it. If a community is telling us via memes

what it is like for them, this should not be dismissed. As expressed by the participants, doubt is cast over the validity of #ADHDmemes. Seeing themselves in these memes was not enough to integrate ADHD into their identity. They felt they needed a formal diagnosis and all did go on to have their suspicions confirmed with a formal diagnosis. This suggests there is some accuracy to #ADHDmemes and they resonate as accurate lived experiences for ADHD consumers. Further research is needed to understand the cross over and differences between biomedical understandings of ADHD and how ADHD is understood and experienced by those with it.

Given the above considerations there are plenty of opportunities to expand on this research and gain a better understanding of the impact of #ADHDmemes on those with ADHD. Additionally, there is room to explore what ADHD is and how it presents in women. There is also an opportunity to compare these findings to other groups to see how individual characteristics may impact this experience. In terms of identity and self-esteem, while there is a growing body of research into these areas pertaining to neurotypical people, there is space to explore these in relation to those with ADHD and other forms of neurodivergence. For example, were these areas impacted equally when the participant had an inclusive upbringing, versus being excluded due to differences. There is a new generation of people with ADHD emerging that have been raised by parents who have discovered their own ADHD and advocated for their inclusion and acceptance of ADHD into their child's personality and identity. There is room to explore if a move away from the expectation of masking and the inclusion of pebbling in these homes would have an impact on how this generation sees their ADHD.

Lastly, while this study focused on the individual with ADHD, there is also room to explore the impact on whanau, in particular caregivers. While not a focus of this study, the participants with children did touch on how hard it is to be a parent of neurodivergent

children, especially when you are on a journey of self-exploration and management yourself. This study was born out of my own teenagers and husband, who are neurodivergent meme pebblers, sending me #ADHDmemes and it would be interesting to explore the impact #ADHDmemes have on family dynamics within neurodivergent families.

5.7 Conclusion

In conclusion, this research matters as it shines a light on the systemic failures within psychology to align our understanding of ADHD with the lived experience of those with it. The participants were all clear about the importance of validation in their journey towards a diagnosis; they needed a formal diagnosis to believe in their own lived experience. However, they were also clear that despite needing this tick of approval, they did not actually see themselves in the pages of the DSM. This diagnostic criterion is based on observable behaviors and opinions of others and it lacks a focus on the phenomenological lived experience of what having ADHD feels like and how it impacts ordinary and everyday life. #ADHDmemes were far more relatable to them.

This incongruence makes sense when the history of ADHD diagnosis and ADHD representation is considered. Previously considered a boy's disorder, it is not surprising that a group of late diagnosed women do not see themselves in the pages of the DSM. #ADHDmemes gave these women access, for the first time, to something that looked like them. #ADHDmemes felt familiar and mirrored their way of being in the world.

All the participants expressed self-doubt with self-diagnosis and the need to seek out a professional opinion on their way of being in the world. This is a key finding in this study because it highlights the power perceived experts have when working with those who have ADHD. The participants sought the opinion of an 'expert' over their own lived experience and the lived experience of others with ADHD. It is worth pausing to consider the

implications of this claim. Believing another person's view about them more than their own, places people with ADHD at risk. Specifically, tendencies toward rejection sensitivity, and the power imbalance when seeking an assessment is a significant factor. This highlights the importance of professionals to reflect on their practice and to consider whether the system and the service they are providing is helpful or harming those who put so much faith in them. This speaks to a potential catastrophe for those who believe they have ADHD but encounter 'experts' without sufficient training as could be the case with the new diagnostic and prescription rule changes in New Zealand (Pharmac, 2025). In order to reach the point of asking for an assessment, one already suspects they have ADHD and have likely begun the process of integrating ADHD into their personality. What happens if this is suddenly stripped away? Moreover, what if this is stripped away purely because the person deciding is not required to have specific ADHD training as outlined in the new system (Ministry of Health, 2025a)

It is also worth considering who is best to support those with ADHD and others in the neurodivergent community. The participants felt that those memes that spoke to them were created by other neurodivergent people. Those that fell flat, felt like they were created by neurotypical people, and the memes felt stereotypical or judgmental (reinforcing negative beliefs). I do not suggest that care be segregated, and only those who are neurodivergent can help others on the spectrum, however those in mental health positions are more likely to have better outcomes with patients if they build rapport, avoid ableist perspectives and help the client feel seen and heard.

In practice, accessing an assessment and support in New Zealand is expensive, while memes are a free resource that brings neurodivergent people together to share lived experiences. Their impact should not be minimized, and it is important that future research in this area includes neurodivergent voices. Ultimately, these findings support the notion of

shifting away from a deficit-based system towards a more neurodivergent friendly system where those seeking an assessment and support can progress through the system with their mana[1] intact.

The study also highlighted the importance of early intervention and support. Each of these women held negative beliefs about themselves before receiving their ADHD diagnosis. These beliefs had been reinforced throughout their lifetime by society and even their families. As discussed, New Zealand has a long way to go before we reach the level of best practice when it comes to the assessment and management of ADHD (Pharmac, 2025; Tuisaula Cruice, 2023). Policy makers should be advised that remedying this for New Zealand should be a priority. While the current changes are a step in the right direction towards making ADHD assessments accessible to New Zealanders, the changes are found lacking and the lack of training required is concerning (Pharmac, 2025). While there is a negative effect individually, there is also an argument that supporting those with ADHD is better for society, as when supported properly, those with ADHD can thrive, and accomplish great things.

While previous studies have cautioned 'inaccurate' memes, that do not align with the DSM definition of ADHD, this study found that it was not these memes that had a negative effect on participants. Memes that trigger negative emotions in participants tended to be stereotypical in nature. These memes have the potential to perpetuate negative understandings of ADHD and gave a sense of being laughed at, instead of laughing with. They were perceived to be created either by neurotypical creators (with an ableist filter), those with mild traits who claim to have ADHD or those that are pushing the narrative that 'everyone is a little ADHD' which minimizes real struggles.

[1] Mana is a Māori word, commonly used in New Zealand. Some of the essence is lost in translation, but it refers to a profound concept of spiritual power, status or presence (Ministry for Culture and Heritage, 2012) or in this instance aligns with dignity

However, this study also showed that memes can be positive. The right memes create humor and connection and help in shifting towards a better self-image. These memes felt like they were created by people with ADHD for people with ADHD. They are ‘by us and for us.’ When the feel is right and people see themselves represented in media accurately, the phenomenon is healing and allows for a more positive understanding of one’s diagnosis and identity. These memes provide a beacon of hope and connection for a population that struggles with normative friendships and offers a lifeline to a community.

Afterward

At the conclusion of this thesis, Matel announced the launch of Autism Barbie. This is a big step in the recognition and normalization of neurodivergence in women. In response to this, the ADHD community made memes to represent what ADHD Barbie might look like. One such meme (below) (@jay.parco, 2026) made its way to my inbox. For me, it was like looking into a mirror including the crumpled thesis notes, coffee and the mismatched socks, (which is a staple in our household). My immediate reaction was laughing so hard, I was in tears and this is how many ADHDers, including participants in this study, relate to some of the funnier #ADHDmemes that instantly hit home.

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Appendices

Appendix A: Advertisement

Appendix B: Participant Information Sheet

TE KUNENGA KI PŪREHUROA | MASSEY UNIVERSITY
UNIVERSITY OF NEW ZEALAND

The lived experience of adults with ADHD and how #ADHDMEMES impact their sense of self and understanding of their diagnosis: Interpretative Phenomenological Analysis

INFORMATION SHEET

Researcher Introduction

Kia Ora, my name is Angelina Tubman, I work in the mental health industry supporting neurodivergent clients and am currently doing my master's thesis in Arts (Psychology) at Massey University. Thank you for considering participation in this research. This study will focus on the real-life experiences of adults with attention deficit hyperactivity disorder (ADHD) in Aotearoa New Zealand. We will be looking at how memes, shared on social media, affect people's understanding of their ADHD diagnosis and their sense of self. I will be conducting interviews (approximately 1-2 hours in length depending on your needs) and invite participants to share their stories.

Project Description and Invitation

In recent years memes have been used to share healthcare information, including information about ADHD. Memes are short videos or pictures shared on social media that are often tyring to be humorous or provoke thought. Some examples are included on this information sheet. Despite their popularity, not a lot of research has asked people with ADHD what they think and feel viewing them. The purpose of this study is to explore the impact of memes from the point of view of the people viewing them and find out what affect they are having on their beliefs about their diagnosis and sense of self. If you would like to participate in this project, please let me know at the email below.

Participant Recruitment

As this is an in-depth study I am looking for 5-6 participants, to enable me to focus on your experiences.

To be considered for this research you need to be

- *Aged 18-45*
- *Living in New Zealand*
- *Have an ADHD diagnosis following an assessment with a psychologist, psychiatrist or paediatrician*
- *Have at least 1 social media account (for example Facebook, TikTok, Instagram).*
- *Be proficient in English*
- *Have a device you can share memes from (so I can see your favourite ones).*

- *I am unable to consider persons know to me personally*
- *In line with the NZAC Code of Ethics I am unable to include past or present clients, as this would result in a dual relationship and potential power imbalance.*
- *Clients of colleagues are welcome to participate, however in line with the NZAC Code of Ethics, I am unable to include anyone if they have felt pressured in any way to participate.*

Participation is completely voluntary, and you are welcome to ask questions, and discuss your participation with anyone outside the project that you trust, myself (the researcher) and my supervisor (Sharon Crooks listed below).

Procedure

If you decide to take part in the study…

- *You will receive a quick call to arrange an interview time and discuss any cultural needs you may have. You can arrange for an in person (Albany) or Zoom interview.*
- *You will receive an email with consent forms, to be signed before the interview and directions to an interview space in Albany (or zoom link)*
- *The interview will be approximately 1-2 hours (depending on your needs).*
- *I will write up a transcript giving you a fake name and delete the original recording.*
- *You will also have the option for me to email the transcript to you for corrections and a 30 minute follow up zoom at your convenience. If you decide to review the transcript, there will a release form to sign and send back. If you don't want to review the transcript, you don't have to.*
- *You also have the option to receive a summary of my findings*
- *If I receive too many requests I will create a short list (based on matching my selection requirements) and let you know via email If you have not been successful in gaining a place.*
- *Once I reach maximum capacity, I will reply to any further respondents via email to advise them the study is closed.*

Benefits

Participants may enjoy talking about their real-life experiences with memes and feel a sense of validation by having your voice heard. There is the potential that the research will be published and the outcomes will help those with ADHD. Looking at the big picture, there is a growing call for practitioners to have guidelines for creating social media content, and it would be valuable to have the voices of people with ADHD considered. In addition, you will receive a $50 Prezzy card to thank you for participating.

Potential Risks and Risk Management

Memes are usually considered humorous so the risks to participants are low. However, if you have had a difficult ADHD journey then you may find talking about it distressing. I am experienced in supporting those in distress and will be open to supporting you throughout the interview. You can pause at any

time, and do not have to answer any questions that make you uncomfortable. There are also helpline numbers and resources at the bottom of this form.

Data Management

Recordings will be transcribed then deleted. A fake name will be used in the transcript and all identifying information will be removed to protect your identity and the identity of others, organisations and groups. The transcripts and your Consent form and Authority to release form (the only 2 papers with your name on) will be kept on my secure Massey OneDrive in accordance with Massey's Policy on Data Management. . Access to this will only be given to myself and my supervisor. At the completion of my study these will sent via SharePoint and stored on her Massey OneDrive and deleted after 5 years.

Analysed data may be used in the following ways

- *My master's research project*
- *Academic publications/presentations*
- *Knowledge translation outputs (e.g. blog posts).*

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any questions they don't wish to answer*
- *Ask for the recording to be paused/stopped at any time*
- *If the recording is stopped, no data will be recorded or used in the study in any way.*
- *Withdraw from the study at any time without explanation*
- *withdraw consent within 2 weeks of the interview*
- *ask any questions about the study at any time during participation*
- *provide information on the understanding that your name will not be used*
- *to edit, alter, delete, and add comments to their transcripts within 2 weeks of being sent the transcript*
- *be provided a summary of the project findings if you wish.*

Support Resources

Lifeline
0800 542 354 (0800 LIFELINE) Or free text 4357 (HELP)
Need to Talk?
Text or call 1737
Anxiety NZ.
0800 269 4389 (0800 ANXIETY).
Full list of mental health crisis teams can be found
Here
ADHD New Zealand
https://www.adhd.org.nz/
Massey Health and Counselling Centre (For Massey Students and Staff only)
09 213 6700
Studenthealth@massey.ac.nz
Webiste link

Project Contacts

If you have any questions regarding the project, please contact:

- *Principle Researcher (Student): Angelina Tubman*
  Email: Angelina.Tubman.1@uni.massey.ac.nz
  Phone [redacted]

- *Supervisor: Dr Sharon Crooks, Lecturer, School of Psychology, College of Humanities & Social Sciences, Massey University, Manawatu Campus*
  Phone + 64 6-951 6082 ext. 83082 Email s.crooks@massey.ac.nz

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 3, Application OM3 25/23. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 3, email humanethics3@massey.ac.nz.

Appendix C: Participant Consent Form

The lived experience of adults with ADHD and how #ADHDMEMES impact their sense of self and understanding of their diagnosis: Interpretative Phenomenological Analysis

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read or have had read to me in my first language, and I understand the participant information form that was provided to me. 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 the study at any time. I understand my consent for using my interview in this research can be withdrawn up to 2 weeks after the interview has taken place.

(please circle one)

1. I agree to the interview being recorded — yes / no
2. I wish to receive a copy of the transcript to edit and acknowledge
   I have 2 weeks from receiving it to made reviews. — yes / no
3. I wish to have a follow up phone call after the interview — yes / no
   (You can also request this at a later point during the interview or via email)
4. I agree to participate in this study under the conditions set out in
   the Participant Information Sheet — yes / no
5. I would like to receive a copy of the summary findings of the research — yes / no
   (You can also request this at a later point during the interview or via email)

If you would prefer to give verbal consent due to cultural reasons, please let me know.

Declaration by Participant:

I _____[print full name] hereby consent to take part in this study.

Signature: _____ Date: _____

Appendix D: Interview Questions

The lived experience of adults with ADHD and how #ADHDMEMES impact their sense of self and understanding of their diagnosis: Interpretative Phenomenological Analysis

EXEMPLAR INTERVIEW QUESTIONS

In line with Interpretative Phenomenological Analysis, I will be conducting semi-structured interviews. The participants will have the option to do the interview in person or via Zoom. For in person interviews the participant can choose between a private library room at the Albany Massey Campus, or in a purpose-built therapy/office space called Practispace, also in Albany, which I have access to because of my clinical work. These spaces are private and neurodivergent friendly, having been set up to be comfortable and calming.

Below are some exemplar questions. I have also included some exemplar memes. Both the memes and questions will be confirmed after consultation with my cultural supervisor (scheduled for the first week of April).

Pre interview phone call:

Introduce myself
Build rapport
Answer any questions
Schedule Interview

"Hi, this is Angelina calling about the ADHD and Memes Interview, is now a good time to talk? ...I am an adult student at Massey University and this project is for my master's thesis. This area is of special interest to me as members of my family are neurodivergent, and I am waiting for an assessment myself. Something we do a lot is share memes about our neurodivergence (especially my teenagers), and that's what sparked my idea for the research. I want to understand the impact they have are having on people and how they understand their ADHD.... Do you have any questions about the project or anything in the participation sheet?... Is this something you think you would like to participate in? ....When would work for your schedule...? What location would work best for you?... If you have any memes you would like to share, I would love to see them. You can either email them to me or share them from your device during the interview. Thank you for your time... if you have any questions don't hesitate to email me."

Interview:

Part 1 Introduction

Building rapport and connection
Ensuring consent and confidentiality is understood and forms signed
Answer any questions about the research
Gathering background information (age, age diagnosed, ethnicity, gender, location)

"Hi xxx welcome, have a seat. Thank you so much for agreeing to talk to me today. <If appropriate do Karakia here>. Before we get started, if it's ok I will do a bit of talking to make sure we are on the same page? I'm Angelina, the one you spoke to on the phone. As you know, I'm an adult student, at Massey University doing my master's thesis. I am also a mum of 3 and a counsellor. I grew up here on the north shore, before spending the last 10 years in Hawkes Bay. We moved back in December to give my teenagers access to more opportunities, and so I could finish my Masters. Thanks for sending through the signed consent and confidentiality form. The most important thing to understand is that you are in control and do not have to do anything you don't want to do. That includes not answering questions if you don't want to, and you can ask to turn off the recorder at any time. The other thing is confidentiality, and that I will do my best to protect your identity. That will include using a fake name (and fake names for other people/groups) and keeping your interview secure so only me and my supervisor have access to it. No information will be used in my thesis that can identify you. Have you understood and are you happy to go ahead? Do you have any other questions about me or the research before we get started? ... I just have a couple of background questions before we get started...Thanks for that, if you are ready, I will now turn on the recording device..."

Part 2 Interview

"Interview 1, Recording device is now on...

Background

How did you find your journey to getting an ADHD diagnosis?

Imagine I had no idea what having ADHD is like, how would you describe it to me?

How challenging do you find having ADHD?

What do you think the biggest positives are?

Memes in General

Thinking about ADHD memes you have seen in the real world...

Where do you see ADHD memes?

How do you share ADHD memes with? (Who with?)

How do you feel ADHD is portrayed in the memes?

How do you respond if you see a meme that's not accurate?

How do you respond if you see a meme that's offensive?

Can you tell me about your favorite ADHD memes? (Did you bring any to share?)

How have memes impacted how you think about your ADHD?

Specific Memes

"Now I want to draw your attention to some memes that have been shared with me"

How accurate did you find the memes?

Which memes resonate with you the most?

How do you feel looking at the memes?

Is there anything else you would like to share with me about your experiences with memes about ADHD?"

Part 3: Wrap up

The last part of the interview will be spent thanking the participants and checking in with how they are feeling. We will discuss self-care and what they can do if they require additional support (referring them back to the participant form with support numbers).

"Thats all the questions I have, Thank you much for your time today. I will turn off the recorder now. How are you feeling now we are done? You have done a big thing today, so it's important to take extra special care of yourself, you may feel exhausted after talking to me or your head may feel like it's on overdrive, both are completely normal, but either way it's good to take things easy for the rest of the day, what do you have planned? If you do have extra things you want to say or wish you didn't say, I can email you a copy of the transcript for you to edit, and if you like, we can do a follow up zoom in 2 weeks. Just let me know what you would prefer. If anything has come up that you would like to discuss further with a professional, there are phone numbers at the bottom of the participation sheet I sent out to you. Here is a $50 Prezzy card to say thank you, I really appreciate you taking the time out of your busy day to talk to me"

Appendix E: Authority to Release Transcripts

The lived experience of adults with ADHD and how #ADHDMEMES impact their sense of self and understanding of their diagnosis: Interpretative Phenomenological Analysis

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.

CHOOSING TO EDIT

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

OR

CHOOSING NOT TO EDIT

I understand I do not need to edit the transcript or have a follow up phone call. If I do not respond with my edited transcript within 2 weeks, I understand this will be taken as to my agreement that the unedited transcript, and extracts from this may be used in anonymized form in reports and publications arising from the research.

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

Full Name - printed .....

Appendix F: Photos of Analyis