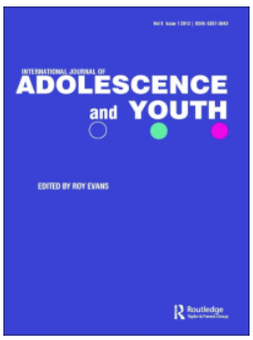

International Journal of Adolescence and Youth

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/rady20

Rise and shine: exploring self-esteem narratives of adolescents living with a diagnosis of attention-deficit/hyperactivity disorder

Inger Lise Rasmussen, Kristin B. Ørjasæter, Jorun Schei & Susan Young

To cite this article: Inger Lise Rasmussen, Kristin B. Ørjasæter, Jorun Schei & Susan Young (2022) Rise and shine: exploring self-esteem narratives of adolescents living with a diagnosis of attention-deficit/hyperactivity disorder, International Journal of Adolescence and Youth, 27:1, 569-581, DOI: 10.1080/02673843.2022.2156297

To link to this article: https://doi.org/10.1080/02673843.2022.2156297

INTERNATIONAL JOURNAL OF ADOLESCENCE AND YOUTH
2022, VOL. 27, NO. 1, 569–581
https://doi.org/10.1080/02673843.2022.2156297

Routledge
Taylor & Francis Group

Rise and shine: exploring self-esteem narratives of adolescents living with a diagnosis of attention-deficit/hyperactivity disorder

Inger Lise Rasmussen [a], Kristin B. Ørjasæter [b], Jorun Schei [c] and Susan Young [d]

[a]Nord Trondelag Hospital Trust, Namsos Hospital, Namsos, Norway; [b]Faculty of Nursing and Health Science, Nord University, Namsos, Norway; [c]Child and Adolescent Psychiatrist, NTNU, St. Olavs University Hospital, Trondheim, Norway; [d]Department of Psychology, Psychology Services Limited, London, UK

ABSTRACT

The aim of this study was to explore the lived experiences of self-esteem in adolescents with attention-deficit/hyperactivity disorder (ADHD) over time. The study has a qualitative retrospective design. We drew on data from a broader qualitative retrospective study that explored adolescents' experiences living with ADHD. From the data of eight adolescents, we performed a narrative analysis to explore the phenomenon of self-esteem. The three narratives of adolescents with ADHD reflect (a) using their strength to overcome difficulties, (b) access to arenas for coping and achievements, and (c) being surrounding by significant others. From a resilience perspective, this study shows that adolescents can develop positive self-esteem through transformative processes sustained by protective factors. These factors are essential to promote positive self-esteem from adolescence into adulthood. We suggest that professionals working with adolescents with ADHD focus beyond their deficits and notice adolescence's strengths when supporting them in school and everyday life.

ARTICLE HISTORY
Received 23 November 2021
Accepted 2 December 2022

KEYWORDS
ADHD; adolescents; narrative; resilience; self-esteem; qualitative

Attention deficit hyperactivity disorder (ADHD) is one of the most frequently occurring psychological disorders in child psychiatric services (Banaschewski et al., 2017), characterized by inattentiveness, hyperactivity, and impulsivity. Children with ADHD experience negative outcomes as adolescents and adults; in addition, adolescents with ADHD experience social problems and academic challenges, and they are more likely to drop out of school (Dvorsky & Langberg, 2016; Fleming & McMahon, 2012; Mrug et al., 2012). Furthermore, adolescents with ADHD are at high risk of being confronted with stigma and prejudice (Mueller et al., 2012). Finally, ADHD affects self-esteem, and lower self-esteem persists until adulthood (Cook et al., 2014; Mazzone et al., 2013).

Research has mainly assessed risk factors, impairments, and problems associated with ADHD (Dvorsky & Langberg, 2016). This article focus on factors that bring positive outcomes to adolescents with ADHD, which is in accordance with shifts in mental health services in recent years. Today, a strengths-based and health-promoting focus has been given greater emphasizes; for instance, through approaches such as resilience (Deegan, 2002; Masten & Obradovic, 2006; Masten, 2001, 2019; van Breda, 2018), salutogenesis (Antonovsky, 1979), and recovery (Davidson & Roe, 2007). A strengths-based approach is guided by the notion that adolescents have strengths and skills and that identifying their strengths and skills will lead to higher motivation (Climie & Henley, 2016). On the contrary, a deficit- or pathology-focused approach emphasizes the poorer performance of those with this diagnosis (Climie & Mastoras, 2015). Interest in strengths and protective factors in adolescents

CONTACT Inger Lise Rasmussen ingerlise.rasmussen@hnt.no

with ADHD is growing, and research has recently shifted towards studying resilience (Climie & Mastoras, 2015; Dvorsky & Langberg, 2016; Mastoras et al., 2018; Modesto-Lowe et al., 2011).

Promoting mental health and well-being are the cornerstones in resilience research (Davidson & Roe, 2007; Deegan, 2002). Resilience theory is a conceptual framework that uses a strength-based approach to understand adolescents' development and that explores the reasons some grow up to become healthy adults despite being exposed to significant risk (Zimmerman, 2013). As research has shown, growing up with ADHD is a risk factor (Dvorsky & Langberg, 2016; Mueller et al., 2012), which makes the resilience perspective relevant (Masten, 2001). Resilience theory focuses on positive, contextual, social, and individual variables. These variables, called promotive factors, are divided into assets and resources. Assets are individual positive factors that reside within a person, such as psychological well-being and self-esteem, whereas resources are external factors outside the individual, such as parental support and community organizations (Fergus & Zimmerman, 2005; Masten, 2001, 2019; Zimmerman, 2013). Therefore, resilience relates to positive patterns of adaption in the context of adversity (Masten & Obradovic, 2006; Masten, 2019; van Breda, 2018).

Research related to resilience and ADHD is limited (Dvorsky & Langberg, 2016). Personal resilience characteristics such as self-esteem and social competence have protective roles in adolescence (Schei et al., 2018), and adolescents with high self-esteem demonstrate fewer attentional difficulties and report fewer symptoms of anxiety and depression, indicating that self-esteem might be an important resilience factor (Henriksen et al., 2017). Moreover, high self-esteem is associated with improved academic performance in young people with ADHD (Houck et al., 2011).

Self-esteem has several definitions (Henriksen et al., 2017). In this article, we understand self-esteem as being related to how much value a person places on his or herself (Baumeister et al., 2003) or 'a favourable or unfavourable attitude towards oneself' (Rosenberg, 1965). Self-esteem is a product of biological, psychological, and social dimensions (Tripathi et al., 2019) and thereby represents an important goal from adolescence into young adulthood (Bramham et al., 2009). Limited knowledge exists on ways to strengthen self-esteem among adolescents with ADHD, highlighting the need for more studies examining self-esteem over time (Harpin et al., 2016; Houck et al., 2011).

Initiating positive childhood experiences in health and education is highlighted by the World Health Organization (Langford et al., 2015). Traditionally, school and education is a challenging domain for adolescents with ADHD (Jangmo et al., 2019; Rushton et al., 2019) because they may feel different from their peers and have lower self-esteem (Owens & Jackson, 2017). Promoting positive emotional engagement in educational practice might improve educational and occupational outcomes (Parker et al., 2013) because school engagement is recognized as a protective factor (Rushton et al., 2019). By focusing on strengths among adolescents with ADHD, school can be an arena where they experience success regardless of difficulties (Climie & Mastoras, 2015; Shattell et al., 2008).

In an article based on this qualitative study (Rasmussen et al., 2018), we aimed to explore how adolescents experience living with ADHD. Further, we became interested in their strengths and positive experiences. Therefore, in this article, we aim to explore self-esteem in adolescents with ADHD to gain a deeper understanding and add knowledge relevant to helping practitioners become aware of strengths and value self-esteem in school and everyday life.

Main aim

The aim of the study was to explore the lived experiences of self-esteem in adolescents with ADHD and gain a deeper understanding of how they can develop higher self-esteem.

Method

We drew on data from a broader qualitative retrospective study. In this article, we reanalysed the data material to explore self-esteem in adolescents with ADHD. We used a narrative inquiry (Riessman, 2008) to explore the phenomenon of self-esteem. Following Malterud (2011), we stressed a reflexive perspective, exploring the ways our intentions and preconceptions as researchers influenced the study (Malterud, 2011). The criteria for reporting qualitative research were applied (Tong et al., 2007).

Participants

A purposive sample of adolescents with ADHD was recruited from Child and Adolescent Psychiatric Services in the middle part of Norway. The participants had to be diagnosed with F90 hyperkinetic disorder (ADHD). The clinic follows standardized procedures for the assessment and diagnosis of common adolescent psychiatric disorders based on the national guidelines for assessment and treatment of ADHD.

Eight participants (three females and five males) aged 14–19 chose to participate. Written informed consent was obtained from the patients, and all participants were followed up via a telephone call. All participants were referred and had been diagnosed with ADHD during 2007–2008.

All participants attended secondary school (10th grade) or high school during the interviews, except one who had started working. In the Norwegian school system, primary and secondary school have a combined length of 10 years (6–16 years old), and pupils begin secondary school at the age of 13. High school begins at the age of 16 and concludes at 19. The school system provides special education for individuals with learning disabilities, behaviour problems, or other difficulties. As such, some pupils take part in lessons outside the classroom.

Data collection

During 2016, we conducted in-depth interviews with eight adolescents with ADHD. The interview guide consisted of five main areas: thoughts about themselves before diagnosis, coping strategies in school, exploring experiences of treatment, feelings about themselves after receiving the diagnosis, and thoughts about their self-esteem during this 8-year period.

The first author conducted individual interviews in a room usually used for therapeutic purposes. A flexible approach to each interview was adopted. However, the first author is a clinician working with adolescents with ADHD, which could have introduced a clinical bias and coloured the questions and interpretation in the interview setting (Malterud, 2011, 2012). The interviews lasted from 72 to 112 min. All interviews were audio-recorded and transcribed verbatim by the first author. The transcribed interviews contained all words, laughing, crying, and pauses. To ensure anonymity, the participants' names have been altered.

Data analysis

Our analysis was inspired by Riessman's (1993, 2008) narrative thematic analysis. Narrative inquiry is grounded in the study of the particular and has the capacity to reveal the complexity of human experiences to understand how people make sense of themselves and their lives (Riessman, 2008). Inspired by Kvale and Brinkman (2009), we examined the data with several questions in mind to gain a subjective perspective: What stories do the participants tell? What do they experience as important for building self-esteem? In which situations do they experience mastery? What are the turning points related to self-esteem? How can we understand their stories of lived experiences of self-esteem in light of the framework of resilience theory? We have visualized the steps in the analyses within Table 1.

Table 1. Analytical process.

Narrative inquiry Thematic analysis						
First phase Analytic reduction	**Second phase** Analytic induction					
Reading all data Resulting in transcripts from three informants	1. Naive reading of the complete transcripts	2. Identifying preliminary themes	3. Three crosscutting themes emerged from the text	4. Completed narratives	5. Third and fourth authors read the narratives and expanded our understandings	6. We finalized the written article

In the first phase, the first author re-examined all the interview data, consisting of eight transcripts, and discovered various themes than first time reading the transcripts (Riessman, 2008). The author did an analytic reduction (Riessman, 1993) and ended up with transcripts from three informants who had different experiences that broadly illustrated high self-esteem and showed complexity and tensions. They also told stories that were similar to the other participants.

In the second phase, the first author invited co-authors to participate in the analysis. In Step 1, the first and second authors conducted a naive reading of the complete transcripts and created reflexive memos that they discussed. Narrative scholars highlight the importance of keeping a story intact and theorizing from the case, not from the component themes across cases (Riessman, 2008). In Step 2, the first and second authors worked with several plotlines and turning points. Preliminary themes at this time were participants' strength, arenas for coping, feeling different, dealing with stigma, positive skills, sports, and significant persons. In Step 3, the first and second authors wrote three core narratives separately before meeting in a workshop. Inspired by Riessman (2008), we worked with a single interview at a time, isolating and organizing relevant episodes into chronological and biographical accounts. The interviewer's voice was removed, quoted speech cleaned up, and messy spoken language transformed to make it easily readable. During this process, interpretive themes emerged. We used an inductive method, meaning that our themes grew from the transcribed text (Creswell, 2014). During this analysis, three crosscutting themes were identified from the text: (a) using their strength to overcome difficulties; (b) access to arenas for coping and achievements; and (c) being surrounding by significant others.

To ensure methodological integrity, the first author read the transcripts from all eight participants. In Step 4, three complete narratives were fulfilled. In Step 5, the third and fourth authors read the narratives, commenting on and expanding our understandings of them. The analysis continued to be developed throughout the process (Riessman, 2008). In Step 6, we finalized the written article.

In this study, the authors' backgrounds may have influenced the analysis, and other researchers may have interpreted the data differently. As Riessman (2008) underlined, in constructing a transcript, researchers do not stand outside in a neutral, objective position, but are implicated at every step in constituting the narratives they analyse. The fact that the authors reflect broad clinical and research experience in psychology and health sciences may have increased rigour. The first author is a trained clinical educational therapist, with extended experience in child and adolescent psychiatric services. The second author is a trained clinical social worker and family therapist in adult mental health services, holds a PhD in health sciences, and has research experience in mental health recovery. The third author is a child and adolescent psychiatrist and an associate professor in mental health sciences, whereas the fourth author is a registered clinical and forensic psychologist and professor of psychology specializing in neurodevelopmental disorders.

Findings

Three crosscutting themes were identified from our analysis: (a) using their strength to overcome difficulties, (b) access to arenas for coping and achievements, and (c) being surrounded by significant others. We will first present the narratives that illustrate these themes. Then, we reflect on these findings in a summary related to the research literature.

Tom: "I'm Myself and That's Good Enough"

Tom was 17 years old when interviewed. He was diagnosed in the fifth grade of primary school, when he was 10 years old. At the time of the interview, he was in his second year of studies in building and construction at high school. He had used medication for ADHD since he was diagnosed.

> Before I got the ADHD diagnosis, I felt something was going on inside me. I did not feel different exactly, but I was so energetic. I could not manage to calm myself down, and it was kind of itchy inside. My parents decided to see a doctor; I did not feel included in the process. Anyway, when I got the diagnosis, I first felt shame. I was afraid that people around would find out because I felt that people around me used it as an insult.
>
> I have been pretty good at school. From first to fourth grade, everything went like a breeze. In fifth grade, I still was energetic and restless, and my teachers sent me out of the classroom. I missed a lot of lessons. Fortunately, at secondary school, a new teacher took care of me in a way that parents do with a child with ADHD; he gave me a longer fuse than he did with my classmates, but not in a way that they noticed. At the same time, he also set clear requirements and expectations, and these applied equally to me. He was hands on from day one and I quickly gained respect for him. He was a great teacher, the best I ever had. For me, it was crucial that he set the same expectations for me as he did for my classmates, because I did not want the ADHD to be an excuse.
>
> I have not always had faith in myself. Apparently, it was when I was told that I must believe in myself that I experienced a change. Suddenly, I understood that what others think is not important, but I can manage if I have faith in myself. I began noticing that I could do things that others were not capable of, especially in sport activities. Playing sports provided me a feeling of mastery and success. Having had people around in the athletics arena who also have faith in me was of great importance and has helped me a lot. Now, I am becoming an adult, and have learned how to cope with life: 'Okay, I have ADHD, and there is nothing I can do about that, besides living my life to the fullest.' I see forward; there is no use dwelling on the past. Previously, I thought it was a shame to have ADHD. Now, I think it is important to accept who I am no matter what. There is no point comparing myself to others because I will not be similar anyway. I am myself, and I think that is more than good enough.

Analysis

Tom felt shame when he was diagnosed, perhaps because he did not feel he was in a supportive environment at this point. However, during adolescence, Tom experienced a supportive relationship with his teacher and had success in the sports arena, both of which seem to have been important for his further development of self-esteem (Dvorsky, 2018; Masten & Obradovic, 2006; Rushton et al., 2019).

The close relationship with his teacher may have fostered Tom's school engagement (Rushton et al., 2019) and become a protective factor for his further educational career (Modesto-Lowe et al., 2011; Rushton et al., 2019). His teacher treated him as a person and did not see him through the lens of the diagnosis; he identified and focused on Tom's potential strengths (Climie & Mastoras, 2015). Being truly seen by his teacher became an important turning point in his life, as he went from feeling shame to feeling faith in himself.

Relationships with supportive teachers and significant others in the sports arena might have fostered resilience in Tom and helped him develop a positive way of thinking of himself (Masten, 2001, 2019). Resilience literature suggests that some individuals avoid long-term negative outcomes, experience success, and function well in some domains despite impairment in other arenas (Dvorsky & Langberg, 2016). As an athlete, Tom noticed that he could do things of which others were not capable; perhaps this can be understood in the light of his ADHD symptoms, because people with

ADHD can manage to take advantage of their energy in a positive way (Thaulow & Jozefiak, 2012). Taking advantage of one's strengths is important within a strengths-based approach (Climie & Mastoras, 2015). Educators have to be aware of this resilience factor, especially in adolescents with ADHD who are struggling in the school system. To initiate specific types of mastery outside school, adolescents' feelings of success might become important in their later educational career, as well as other arenas in life. When Tom became older, he finally accepted himself as 'different' from others. He had matured, going through a transformational process and achieving a new self-identity (Deegan, 2002), because he managed to see his strengths despite his problems. McKeague et al. (2015) reported a similar finding, whereby adolescents reported a feeling of self-acceptance and a new perspective on what it means for them to be different (McKeague et al., 2015).

Phillip: "Managing to Use the Way I Am in a Positive Way"

Phillip was 17 years old when interviewed, and he had been diagnosed with ADHD when he was 11 years old. At the time of the interview, Phillip studied electrical engineering and computer technology in high school to achieve his dream of becoming an avionic technician. He has been taking ADHD medication since he received the diagnosis.

> In primary school, I was restless and hyperactive. I remember struggling from time to time with challenging behaviour and limited energy to do my schoolwork. However, when I got the diagnosis, I did not tell others. I wanted to keep the diagnosis to myself because I had noticed that peers looked down on people with ADHD. Fortunately, I was one of the popular kids in primary school and I have never been teased. I have always hung out with classmates, and I wanted things to stay that way. Still, I have many friends. They describe me as a funny person to hang around. I am inventive, never bored, and always up to something. I also have a best buddy; we hang around a lot. He is not as energetic as I am, so it is almost as though I 'fuel him up,' if you know what I mean. I've got hundreds of ideas, while he may have one.
>
> My dad has always helped me stay in line, and he still does. He has helped me with schoolwork and made sure I did my homework. Otherwise, he would be angry and joke, 'No food for you.' I am a daddy's boy. We have a special relationship; it's a bit demanding because we do challenge each other a lot. However, I believe from the outside, our relationship could seem a bit hard. From my perspective, I like our relationship the way it is.
>
> I have learned to live with ADHD. I have never used it as an excuse, and it has been important for me that the diagnosis does not cause me to be treated differently. When starting high school, I received a letter with an offer to get special support because of my diagnosis. I refused to sign, because I wanted to be assessed on the same terms as everyone else. I did not want to be labelled with ADHD, if you know what I mean. If someone asked me directly, I would simply say, 'Yes, I have ADHD, so what?' My point is that I wanted to be a normal adolescent without any special treatment at school.
>
> I have never considered whether I am not good enough, although life can be difficult. I see myself as a calm person; I am not easy to upset. I am just being myself, and that is how I am. I think I have a strong personality. A life without ADHD would be boring; I want to have the boost that it gives me. I love to run, jump, climb, and go skiing. In addition, I do exercise. This helps me in daily life and makes me happy. Yeah, all sorts of exercise is great. I love being active, so that is just perfect for me. I prefer a life like this. So, having ADHD is positive. It is important for me to show that people with ADHD have a lot of strength. Of course, there have been things that have been difficult for me growing up, but I have learned to manage my life in a positive way; I do not think of ADHD as a challenge. I think of it as a boost, a kind of kick.

Analysis

Phillip considered himself a strong individual, but he did not deny that he had difficulties during childhood. Instead, in an early phase, he accepted the ADHD diagnosis as a part of himself. However, he saw the diagnosis as only a part of him, not as the whole. Through this, he seemed to become less vulnerable; he did not experience ADHD as a deficit (Climie & Mastoras, 2015) and managed to take advantage of his ADHD symptoms. According to Lesch (2018), transition from risk to resilience enables individuals to adapt to their difficulties and find their niche. This might explain how ADHD gave Philip strength and how his ADHD symptoms became a kind of kick or a boost, as he moved

from being controlled by his deficits to taking advantage of his resources. It has been questioned whether boys with ADHD exhibit a positive illusory bias in their self-perception (Hoza et al., 2004; Owens et al., 2007), which may have been an important factor for Phillip when it came to having faith in his strengths.

Phillip wanted to be equal to his peers, and it was important for him to be a part of the classroom environment at the same arena. However, this was threatened when he received the letter offering support. Phillip refused this support, even though he might have known it would mean he had to work twice as hard to keep up with his fellow classmates. The fear of being treated differently may have led to his avoidance of special interventions in school (Jangmo et al., 2019). Apparently, being part of the typical classroom instead of receiving special interventions influenced Phillip's self-esteem.

Phillip's relationship to family and friends was important during adolescence. Two people became especially important, his father and his close friend, who both promoted Phillip's resilience and strength (Dvorsky & Langberg, 2016; Schei et al., 2018). Phillip shared his energy with his friend, which made him feel creative. Friends and external promotive factors are significant for adolescents with ADHD (Fergus & Zimmerman, 2005; Zimmerman, 2013) and might optimize outcomes (Modesto-Lowe et al., 2011). When Philip faced adversities, he needed interaction with significant others, such as his father and friend (Masten, 2019).

David: Finally Accepting Oneself

David was nearly 17 years old at the time of the interview. He was diagnosed in primary school. By the time of the interview, David had studied his first year of technical and industrial production at high school. He had been taking ADHD medications since primary school.

> Thinking back to primary school, I am a bit sad remembering sitting in the back of the classroom, playing with Legos. My classmates did maths and other school subjects, while I could not concentrate on anything. I remember playing football with classmates, but even then, I had challenges adapting to the expected behaviour. I would grab the ball in my arms and run. I did not realize that I should stop, even when my classmates told me so. So, when I got the diagnosis, I had no idea what ADHD meant. In fact, I was a bit proud. However, after a while, I realized the stigma that surrounded the diagnosis and the pride disappeared.
>
> I have received extra support and facilitation from the school system. However, from fifth or sixth grade, I did not want to be part of any of the support groups at school; I wanted to be in the classroom full-time because I felt that classmates treated me differently. I noticed that they saw me as an individual who needed special treatment, and I did not like that. I wanted to be treated equally and I saw that this required presence in the classroom. Again, in secondary school, the teachers offered me support in smaller groups. I declined the offer, although deep down inside, I think that this could have made my studies easier.
>
> I love gaming. My dad says I spend too much time gaming and encourages me to reprioritize. As my dad suggests, I could spend more time in the garage, where I have several vehicles that I tinker with. It does also make me feel good. In fact, I have bought quite a lot of vehicles that I have fixed and sold. So, ADHD does not stop me from tinkering.
>
> I have also a tendency to ponder things, like when I wanted to get my driver's licence for tractors and was training with my dad. We disagreed; and I felt I had to take a lot of criticism. I considered dropping the whole thing. Looking back, I am glad that I continued.
>
> Being diagnosed with ADHD has affected me. Previously, I used to be sad thinking of having ADHD, because I thought there were many things I could not manage because of it. When I went to bed in the evenings, I wondered, 'Why am I the way I am?' I needed time to figure it all out. During puberty, I began to understand more. In fact, I thought completely differently about ADHD, and developed a new self-understanding. I no longer thought that everything happened due to ADHD, and I stopped being embarrassed about living with the diagnosis. At this moment, I can announce that 'I have ADHD, and that is how it is.' I still have problems. However, instead of putting everything in the ADHD box, I now talk about problems that I need to work on, and I am convinced that I will be able to prevent them in the future. My goal is not to be perfect. Rather, I wish to improve myself a little bit all the time and try to live with that.

Analysis

David`s narrative refers to a story about stigma, social support, and coping arenas. He realized stigma was associated with ADHD, which may explain why he gradually became more reluctant to reveal that he had been diagnosed. He was simply afraid of being stigmatized. Apparently, the stigma around ADHD affected David negatively during adolescence because he believed that skills he did not master were interpreted through the lens of a deficit (Deegan, 2002). His hopes and dreams faded away and solely the mental illness was left; this label appeared to be a threat against his self-esteem, telling him that he was wrong (Deegan, 2002).

David's dad was significant in his life. Apparently, David was hesitant to make decisions. With this support, resilience was no longer limited to the capacity that David could master alone (Masten, 2019). His father gave him caring support and dared to make demands on David when he was pondering, helping him to make the right decisions as he saw the strengths in his son. Family support and parental factors have the potential to moderate the developmental expression of ADHD (Dvorsky & Langberg, 2016; Modesto-Lowe et al., 2011). From a resilience perspective, social support as parental and external promotive factors may have had positive effects on and associations with David's self-esteem.

David loved tinkering and gaming, and it seemed that David's access to arenas for coping and achievements was important in his recovery process. Having the same kind of life he saw his peers living and doing what he loved became important when living with his diagnosis. David found inspiration and hope through his spare-time activities, and feelings of engagement and coping seemed to affect his self-image.

David described a prolonged period before he began to think differently about having ADHD, including the concept that he could manage his difficulties. In the dialog on his feelings about telling other people about his diagnosis, the interview climate became touching and emotional. It seemed as though David experienced a turning point, making his decision as he expressed, 'At this moment, I can announce that I have ADHD.' Almost as though he had a wake-up call, like in the idiom 'rise and shine,' he began believing that he was able to overcome his difficulties, instead of putting everything into the 'ADHD box.' In this way, he overcame his stigma, was no longer ashamed of himself, and made room for his dreams for the future (Deegan, 2002).

Discussion

The aim of the study was to explore the lived experiences of self-esteem in adolescents with ADHD and to gain a deeper understanding of how they can develop higher self-esteem. In the discussion, we will reflect on self-esteem in light of a recovery and resilience perspective. We will adopt a strengths-based approach to ADHD, contributing to different and balanced perspectives on the condition by (a) understanding self-esteem in adolescents with ADHD as long-lasting, transformative processes and (b) suggesting a move away from a deficit-focused approach to ADHD in school and everyday life.

Understanding self-esteem in adolescents with ADHD as long-lasting, transformative processes

Acquiring high self-esteem is not accomplished in a linear fashion. In line with Davidson and Roe (2007), our study indicated that the boys' self-esteem recovery path was not linear, but rather occurred through a long-lasting process. When adopting an understanding of recovery as a process towards living a meaningful life, the focus changes from facilitation due to deficits to promoting well-being and providing access to the same rights and possibilities to contribute to society (Deegan, 2002).

Receiving and living with a diagnosis of ADHD affects how adolescents see themselves. Both Tom and David experienced stigma due to their ADHD diagnosis, which is in line with Mueller et al. (2012),

who stated people diagnosed with ADHD face a high risk of being confronted with stigma and prejudices. We found it interesting that during adolescence, they went through a long-lasting transformative process in which their old selves gradually dissipated and new senses of themselves emerged (Deegan, 2002). They seemed less affected by the stigma from others, while their joy and good achievements in sports, gaming, and tinkering shifted focus away from possible stigma and prejudice.

Our study shows the importance of positive external factors such as significant others (Fergus & Zimmerman, 2005; Masten, 2001, 2019; Zimmerman, 2013) when developing self-esteem. In line with Dvorsky and Langberg (2016), the boys were surrounded by significant others, who encouraged them to master their lives and supported them to develop skills and believe in themselves. Therefore, our study shows that resilience is a capacity that adolescents living with ADHD develop over time, through close, supportive, and strong relationships with peers, parents, and teachers (Dvorsky & Langberg, 2016; Masten, 2001).

Moving away from a deficit-focused approach to a strengths-based approach in school

According to Climie and Mastoras (2015) educators need to change the focus from 'what is wrong and how to fix it' (p. 296) to a strengths-based approach in school. A deficit-focused approach emphasizes risk factors, impairments, and difficulties in interventions for young people with ADHD (Dvorsky & Langberg, 2016). Challenges due to an ADHD diagnosis cannot be overcome quickly (Climie & Mastoras, 2015). Therefore, it is important to address difficulties to prevent students from dropping out of high school. However, if the focus is mainly on their deficits, they will identify with the negative aspects of the diagnosis, underlying what is wrong.

The adolescents in our study refused interventions in school even though they might have given them important academic support. Given the interventions focused on a deficit approach, identifying what is wrong, the negative aspects of the diagnosis was emphasized (Climie & Mastoras, 2015). In line with Climie and Mastoras (2015), our study shows the importance of providing an approach to adolescents living with ADHD that is more balanced, holistic, and hopeful to inspire students to develop emotional resilience and see themselves as complete rather than deficient due to a diagnosis.

Tom's teacher saw his challenges but also his strengths and set clear requirements for him. Taking care of both risks and strengths is essential within a resilience perspective (Climie & Mastoras, 2015; Masten, 2019). When significant others only see their difficulties, young people with ADHD begin to identify themselves as troubled. Hopes and dreams for the future disappear, and they only see themselves through the lens of the diagnosis (Deegan, 2002). This is concurrent with a Norwegian study that highlighted the importance of recovery-oriented support in school for adolescents with mental health issues (Soggiu et al., 2020).

The gap between difficulties and strengths became important in this study in terms of Philip and David refusing special interventions in school; the interventions threatened their self-esteem because they focused on difficulties and made them feel different. Moving towards a strengths-based approach would ensure pupils acquire the appropriate interventions in the school and help them overcome their challenges. Thus, this type of approach in school would not be a type of intervention pupils are likely to reject. When teachers encourage their strengths and diversity, their self-esteem will rise and help them shine instead of feeling ashamed.

Concluding remarks

Growing up with ADHD is a risk factor. However, positive individual and environmental factors in adolescents living with ADHD might affect the development of self-esteem. This study expands the research focusing on resilience theory (Dvorsky & Langberg, 2016) related to self-esteem and adds

knowledge to the gap in understanding the transition from childhood into adulthood (Franke et al., 2018).

The participants went through various transformative processes and could 'rise and shine.' Through coping, they developed a sense of being successful in various arenas in life. Simultaneously, being included and surrounded by friends, fathers, coaches, and teachers who cared became important. When accepting themselves as being different, they proudly could announce, 'I am who I'm meant to be, This is me' just similar to the lyrics in the song from the movie *The Greatest Showman*.

Implications

There is need to highlight the importance of a strengths-based approach in school, focusing on factors that promote positive outcomes. If educators and teachers move beyond the deficit-focused perspective and adopt strengths-based approaches in regular classes, then adolescents with ADHD have the potential to feel more included and able to use their skills and resources. This will require changes in school practices, but at the same time, it may lead to a larger proportion of children and young people who experience mastery, develop higher self-esteem, manage to finish high school, and find success at work.

Moreover, potential implications in schools include relationship-building outcomes between teachers and pupils with ADHD to promote positive emotional engagement and strengthen self-esteem. Therefore, it could be of great importance to raise professionals' awareness of the profound roles of significant others, allowing young people with ADHD to be full members of their class communities. To this end, it is important to be aware of the stigma adolescents experience when feeling excluded. Even though interventions may be necessary, they might hesitate to accept school-based intervention, which could put them at risk. Even though interventions may be necessary. A strengths-based approach will give adolescents with ADHD the required help in academics and in school in general.

Ethical considerations

Approval was granted by the Committee for Medical and Health Research Ethics. REK Nord (2015/178). Research ethics principles were upheld with regard to policy, security, and internal quality checks, and the research was conducted in accordance with the Declaration of Helsinki. Data materials were stored according to guidelines by Medical and Health Research Ethics.

Strengths and limitations

The first author conducted the interviews on her own, and thus, there is a possibility that reflexivity may have been undermined. To strengthen the validity, the second author read the transcriptions and discussed the main themes. The sample is small, and there was a difference in age between participants, both at the age of interview and at diagnosis.

Time since diagnosis may be a methodological concern. At the time of the interview, eight years had passed since the participants were diagnosed. Using a retrospective approach might have influenced the participants' memory of their experiences. Thus, the possibility exists that their accounts may be inaccurate or biased. However, this is unlikely because all respondents were animated whilst telling their story and they gave spontaneous accounts. Considering this, exploring self-esteem retrospectively may have decreased the trustworthiness of the study. However, we wanted to explore self-esteem longitudinally, across the transition from childhood to adolescence, and therefore we had to examine their experiences retrospectively.

Our analysis demonstrates that individuals with ADHD experience high self-esteem. However, in this study, we based our analysis on three boys and their development of higher self-esteem through upbringing. Adolescent girls with ADHD have been found to have lower self-esteem compared to

adolescent boys with ADHD (Agnafors et al., 2017; Houck et al., 2011). In this regard, positive illusory bias may be a factor (Hoza et al., 2004; Owens et al., 2007). Further research is needed to explore these differences and develop a better understanding of ADHD in girls and women to improve their self-esteem (Young et al., 2020).

Acknowledgments

The authors would like to thank all the participants for taking part in this study and for their willingness to share their views and experiences.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

We thank Namsos Hospital, Nord -Trondelag Hospital Trust, and The Regional academic community for autism, ADHD and Tourette's syndrom (RFM) at RKBU/NTNU.

Notes on contributors

Inger Lise Rasmussen is an Educational Therapist in Child and Adolescent Psychiatric Services at Hospital of Namsos, Nord-Trøndelag Hospital Trust, and holds an academic degree, Cand.polit from Norwegian University of Science and Technology: NTNU, Trondheim. Main research interest are adolescents with a diagnosis of ADHD.

Kristin Berre Ørjasæter is an Associate Professor in Health and Social Sciences and leader of Research Group in Mental Health at Nord University. She has a long-standing clinical experience as a therapist in specialized mental health services. Main research interests are mental health work, recovery-oriented practices and citizenship.

Jorun Schei, MD, PhD, is a Child- and Adolescent Psychiatrist at St. Olavs University Hospital, Trondheim and Associate Professor at NTNU, Trondheim. Main research interests are neuropsychiatry including ADHD, comorbidity, risk and protective factors in a long-term perspective. Schei is the leader of the Health Survey in Department of Children and Youth, St. Olavs Hospital, a prospective longitudinal cohort study of psychiatric morbidity in an adolescent clinical population.

Susan Young has a BSc Honours first class degree in Applied Psychology and Sociology from University of Surrey, a Doctorate in Clinical Psychology from University College London and a PhD from King's College London. She is a Registered Psychologist (forensic and clinical) with the Health and Care Professions Council and registered with the British Psychological Society as a Chartered Clinical Psychologist, Chartered Forensic Psychologist and Chartered Scientist. She is a practitioner member of the Division of Neuropsychology and an Associate Fellow of the British Psychological Society. Dr. Young is the director of Psychology Services Limited providing clinical and forensic psychology services and consultation, providing assessment and treatment to children, adolescence.

ORCID

Inger Lise Rasmussen http://orcid.org/0000-0002-2869-8549
Kristin B. Ørjasæter http://orcid.org/0000-0001-6873-0876
Susan Young http://orcid.org/0000-0002-8494-6949

References

Agnafors, S., Svedin, C. G., Oreland, L., Bladh, M., Comasco, E., & Sydsjö, G. (2017). A biopsychosocial approach to risk and resilience on behavior in children followed from birth to age 12. *Child Psychiatry and Human Development*, *48*(4), 584–596. https://doi.org/10.1007/s10578-016-0684-x

Antonovsky, A. (1979). *Health, stress, and coping*. Jossey-Bass.

Banaschewski, T., Becker, K., Döpfner, M., Holtmann, M., Rösler, M., & Romanos, M. (2017). Attention-deficit/hyperactivity disorder. *Deutsches Arzteblatt international*, *114*(9), 149–159. https://doi.org/10.3238/arztebl.2017.0149

Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest*, *4*(1), 1–44. https://doi.org/10.1111/1529-1006.01431

Bramham, J., Young, S., Bickerdike, A., Spain, D., McCartan, D., & Xenitidis, K. (2009). Evaluation of group cognitive behavioral therapy for adults with ADHD. *Journal of Attention Disorders*, *12*(5), 434–441. https://doi.org/10.1177/1087054708314596

Climie, E., & Henley, L. (2016). A renewed focus on strengths-based assessment in schools: Strengths-based assessment. *British Journal of Special Education*, 43. https://doi.org/10.1111/1467-8578.12131

Climie, E. A., & Mastoras, S. M. (2015). ADHD in schools: Adopting a strengths-based perspective. *Canadian Psychology/Psychologie canadienne*, *56*(3), 295–300. https://doi.org/10.1037/cap0000030

Cook, J., Knight, E., Hume, I., & Qureshi, A. (2014). The self-esteem of adults diagnosed with attention-deficit/hyperactivity disorder (ADHD): A systematic review of the literature. *Attention Deficit and Hyperactivity Disorders*, *6*(4), 249–268. https://doi.org/10.1007/s12402-014-0133-2

Creswell, J. W. (2014). *Research design. Qualitative, quantitative and mixed methods approaches* (4th ed.). Sage.

Davidson, L., & Roe, D. (2007). Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery. *Journal of Mental Health 16*(4), 459–470.

Deegan, P. E. (2002). Recovery as a self-directed process of healing and transformation. *Occupational Therapy in Mental Health*, *17*(3–4), 5–21. https://doi.org/10.1300/J004v17n03_02

Dvorsky, M. (2018). *Longitudinal relations between ADHD symptoms and substance use across the transition to college and evaluation of promotive and protective factors* [Doctoral dissertation. Virginia Commonwealth University].

Dvorsky, M. R., & Langberg, J. M. (2016). A review of factors that promote resilience in youth with ADHD and ADHD symptoms. *Clinical Child and Family Psychology Review*, *19*(4), 368–391. https://doi.org/10.1007/s10567-016-0216-z

Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, *26*, 399–419. https://doi.org/10.1146/annurev.publhealth.26.021304.144357

Fleming, A. P., & McMahon, R. J. (2012). Developmental context and treatment principles for ADHD among college students. *Clinical Child and Family Psychology Review*, *15*(4), 303–329. https://doi.org/10.1007/s10567-012-0121-z

Franke, B., Michelini, G., Asherson, P., Banaschewski, T., Bilbow, A., Buitelaar, J. K., Cormand, B., Faraone, S. V., Ginsberg, Y., Haavik, J., Kuntsi, J., Larsson, H., Lesch, K. P., Ramos-Quiroga, J. A., Rethelyi, J. M., Ribases, M., & Reif, A. (2018). Live fast, die young? A review on the developmental trajectories of ADHD across the lifespan. *European Neuropsychopharmacology*, *28*(10), 1059–1088. https://doi.org/10.1016/j.euroneuro.2018.08.001

Harpin, V., Mazzone, L., Raynaud, J. P., Kahle, J., & Hodgkins, P. (2016). Long-term outcomes of ADHD: A systematic review of self-esteem and social function. *Journal of Attention Disorder*, *20*(4), 295–305. https://doi.org/10.1177/1087054713486516

Henriksen, I. O., Ranoyen, I., Indredavik, M. S., & Stenseng, F. (2017). The role of self-esteem in the development of psychiatric problems: A three-year prospective study in a clinical sample of adolescents. *Child and Adolescent Psychiatry and Mental Health*, *11*, 68. https://doi.org/10.1186/s13034-017-0207-y

Houck, G., Kendall, J., Miller, A., Morrell, P., & Wiebe, G. (2011). Self-concept in children and adolescents with attention deficit hyperactivity disorder. *Journal of Pediatric Nursing*, *26*(3), 239–247. https://doi.org/10.1016/j.pedn.2010.02.004

Hoza, B., Gerdes, A. C., Hinshaw, S. P., Arnold, L. E., Pelham, W. E., Jr., Molina, B. S., Abikoff, H. B., Epstein, J. N., Greenhill, L. L., Hechtman, L., Odbert, C., Swanson, J. M., & Wigal, T. (2004). Self-perceptions of competence in children with ADHD and comparison children. *Journal of Consulting and Clinical Psychology*, *72*(3), 382–391. https://doi.org/10.1037/0022-006x.72.3.382

Jangmo, A., Stålhandske, A., Chang, Z., Chen, Q., Almqvist, C., Feldman, I., Bulik, C. M., Lichtenstein, P., D'Onofrio, B., Kuja-Halkola, R., & Larsson, H. (2019). Attention-deficit/hyperactivity disorder, school performance, and effect of medication. *Journal of the American Academy of Child and Adolescent Psychiatry*, *58*(4), 423–432. https://doi.org/10.1016/j.jaac.2018.11.014

Kvale, S., & Brinkman, S. (2009). *Det kvalitative forskningsintervju* (2nd. ed.). Gyldendal akademiske.

Langford, R., Bonell, C., Jones, H., Pouliou, T., Murphy, S., Waters, E., Komro, K., Gibbs, L., Magnus, D., & Campbell, R. (2015). The world health organization's health promoting schools framework: a Cochrane systematic review and meta-analysis. *BMC Public Health*, *15*, 130. https://doi.org/10.1186/s12889-015-1360-y

Lesch, K.P. (2018) `Shine bright like a diamond!`: is research on high-functioning ADHD at last entering the mainstream? *Journal of Child Psychology and Psychiatry and Allied Disciplines*,*59*(3),191–192. https://doi.org/10.1111/jcpp.12887

Malterud, K. (2011). *Kvalitative metoder i medisinsk forskning. En innføring*. Universitetsforlaget. 3 Utgave.

Malterud, K. (2012). Systematic text condensation: A strategy for qualitative analysis. *Scandinavian Journal of Public Health*, *40*(8), 795–805. https://doi.org/10.1177/1403494812465030

Masten, A. S. (2001). Ordinary magic. Resilience processes in development. *The American Psychologist*, *56*(3), 227–238. https://doi.org/10.1037//0003-066x.56.3.227

Masten, A. S. (2019). Resilience from a developmental systems perspective. *World Psychiatry*, *18*(1), 101–102. https://doi.org/10.1002/wps.20591

Masten, A. S., & Obradovic, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Sciences*, *1094*, 13–27. https://doi.org/10.1196/annals.1376.003

Mastoras, S. M., Saklofske, D. H., Schwean, V. L., & Climie, E. A. (2018). Social support in children with ADHD: An exploration of resilience. *Journal of Attention Disorder*, *22*(8), 712–723. https://doi.org/10.1177/1087054715611491

Mazzone, L., Postorino, V., Reale, L., Guarnera, M., Mannino, V., Armando, M., Fatta, L., De Peppo, L., & Vicari, S. (2013). Self-esteem evaluation in children and adolescents suffering from ADHD. *Clinical Practice and Epidemiology in Mental Health*, *9*, 96–102. https://doi.org/10.2174/1745017901309010096

McKeague, L., Hennessy, E., O'Driscoll, C., & Heary, C. (2015). Retrospective accounts of self-stigma experienced by young people with attention-deficit/hyperactivity disorder (ADHD) or depression. *Psychiatric Rehabilitation Journal*, *38*(2), 158–163. https://doi.org/10.1037/prj0000121

Modesto-Lowe, V., Yelunina, L., & Hanjan, K. (2011). Attention-deficit/hyperactivity disorder: A shift toward resilience? *Clinical pediatrics*, *50*(6), 518–524. https://doi.org/10.1177/0009922810394836

Mrug, S., Molina, B. S., Hoza, B., Gerdes, A. C., Hinshaw, S. P., Hechtman, L., & Arnold, L. E. (2012). Peer rejection and friendships in children with attention-deficit/hyperactivity disorder: Contributions to long-term outcomes. *Journal of Abnormal Child Psychology*, *40*(6), 1013–1026. https://doi.org/10.1007/s10802-012-9610-2

Mueller, A. K., Fuermaier, A. B., Koerts, J., & Tucha, L. (2012). Stigma in attention deficit hyperactivity disorder. *Attetion Deficit and Hyperactive Disorder*, *4*(3), 101–114. https://doi.org/10.1007/s12402-012-0085-3

Owens, J. S., Goldfine, M. E., Evangelista, N. M., Hoza, B., & Kaiser, N. M. (2007). A critical review of self-perceptions and the positive illusory bias in children with ADHD. *Clinical Child and Family Psychology Review*, *10*(4), 335–351. https://doi.org/10.1007/s10567-007-0027-3

Owens, J., & Jackson, H. (2017). Attention-deficit/hyperactivity disorder severity, diagnosis, & later academic achievement in a national sample. *Social Science Research*, *61*, 251–265. https://doi.org/10.1016/j.ssresearch.2016.06.018

Parker, J., Wales, G., Chalhoub, N., & Harpin, V. (2013). The long-term outcomes of interventions for the management of attention-deficit hyperactivity disorder in children and adolescents: A systematic review of randomized controlled trials. *Psychology Research and Behavior Management*, *6*, 87–99. https://doi.org/10.2147/PRBM.S49114

Rasmussen, I., Undheim, A., Aldridge-Waddon, L., & Young, S. (2018). Just being a kid, or an ADHD Kid? A qualitative study of on how young people experience receiving and living with a diagnosis of attention deficit hyperactivity disorder. *Journal of Psychiatry and Cognitive Behavior*, *2018*(1). https://doi.org/10.29011/2574-7762.000039

Riessman, C. K. (1993). *Narrative analysis* (Vol. 30). Sage.

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage.

Rosenberg, M. (1965). *Society and adolescents self-images*. Princeton University Press.

Rushton, S., Giallo, R., & Efron, D. (2019). ADHD and emotional engagement with school in the primary years: Investigating the role of student-teacher relationships. *The British Journal of Educational Psychology*, *90 Suppl 1*, 193–209. https://doi.org/10.1111/bjep.12316

Schei, J., Novik, T. S., Thomsen, P. H., Lydersen, S., Indredavik, M. S., & Jozefiak, T. (2018). What predicts a good adolescent to adult transition in ADHD? The role of self-reported resilience. *Journal of Attention Disorder*, *22*(6), 547–560. https://doi.org/10.1177/1087054715604362

Shattell, M. M., Bartlett, R., & Rowe, T. (2008). "I have always felt different": The experience of attention-deficit /hyperactivity disorder in childhood. *Journal of Pediatric Nursing*, *23*(1), 49–57. https://doi.org/10.1016/j.pedn.2007.07.010

Soggiu, A. -S.L., Klevan, T. G., Davidson, L., & Karlsson, B. E. (2020). School's out with fever: Service provider perspectives of youth with mental health struggles. *International Journal of Adolescence and Youth*, *25*(1), 343–354. https://doi.org/10.1080/02673843.2019.1646663

Thaulow, C. M., & Jozefiak, T. (2012). A comparison between child psychiatric outpatients with AD/HD and anxiety/depression. *Nordic Journal of Psychiatry*, *66*(6), 396–402. https://doi.org/10.3109/08039488.2012.660546

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349–357. https://doi.org/10.1093/intqhc/mzm042

Tripathi, A., Das, A., & Kar, S. K. (2019). Biopsychosocial model in contemporary psychiatry: Current validity and future prospects. *Indian Journal of Psychological Medicine*, *41*(6), 582–585. https://doi.org/10.4103/ijpsym.Ijpsym_314_19

van Breda, A. D. (2018). A critical review of resilience theory and its relevance for social work. *Social Work/Maatskaplike Werk*, *54*(1). https://doi.org/10.15270/54-1-611

Young, S., Adamo, N., Ásgeirsdóttir, B. B., Branney, P., Beckett, M., Colley, W., Cubbin, S., Deeley, Q., Farrag, E., Gudjonsson, G., Hill, P., Hollingdale, J., Kilic, O., Lloyd, T., Mason, P., Paliokosta, E., Perecherla, S., Sedgwick, J., Skirrow, C.,. . . Woodhouse, E. (2020). Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/hyperactivity disorder in girls and women. *BMC Psychiatry*, *20*(1), 404. https://doi.org/10.1186/s12888-020-02707-9

Zimmerman, M. A. (2013). Resiliency theory: A strengths-based approach to research and practice for adolescent health. *Health Education & Behavior*, *40*(4), 381–383. https://doi.org/10.1177/1090198113493782