EXPERIENCES OF CAMOUFLAGING BY AFAB UNIVERSITY STUDENTS WITH ADHD IN SOUTH AFRICA

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A minor dissertation submitted in partial fulfilment of the requirements for the award of the degree of Master of Arts in Clinical Psychology

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March 2024

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Abstract

Attention-deficit/hyperactivity disorder (ADHD) is a common neurodevelopmental disorder that continues to be underdiagnosed in people assigned female at birth (AFAB). Increasingly, the gender disparity in ADHD prevalence rates is attributed to differences in the disorder's presentation. A factor that is yet to be explored is the role that camouflaging, or acting neurotypically, plays in the presentation of ADHD in AFAB people. Camouflaging, which has mainly been studied in relation to autism, refers to cognitive and behavioural adaptations that assist neurodiverse people to cope cognitively and socially. This study aimed to investigate camouflaging from the perspective of AFAB university students with ADHD. University students were chosen as the study's sample population as few studies on ADHD focus on this population group. By using an interpretive phenomenological analysis (IPA) approach, the study explored the experiences of camouflaging by 12 AFAB university students with ADHD. The study also sought to gain insight into the camouflaging strategies that participants recognise themselves using and under what circumstances. Three group experiential themes (GETs) were identified in the data, namely Experiences of Living with ADHD, Experiences of Camouflaging, and Camouflaging Strategies. The themes provide important context for participants' need to camouflage and describe their experiences and perceptions of acting neurotypically. Furthermore, the data show that participants employ camouflaging strategies similar to those used by autistic people as well as strategies that speak to challenges more specific to ADHD. By exploring how AFAB university students with ADHD navigate and adapt to neurotypical standards and expectations, the study contributes to a growing understanding of how the disorder manifests in AFAB people and to ADHD research in South Africa.

Dedication

This dissertation is dedicated to the memory of Jade Michelle Mason. I carry your heart with me. I carry it in my heart.

Acknowledgements

I would like to express my gratitude and thanks to my supervisor, Dr Maxine Spedding, for her interest in my research topic and for her continuous support and input throughout the process of writing this dissertation.

I would also like to thank Dr Anastasia Maw and Prof Peter Vale for their regular 'check-ins', encouragement, and support.

I would like to thank Margaret McNamara Education Grants for awarding me a grant and for believing in my work.

I would like to express my gratitude to my classmates for their support and encouragement.

I would like to thank my and Reitumetse Malefane's research participants. Thank you for sharing so openly and trusting us with your experiences.

I would like to thank my parents, Elmarie and Kobus Prinsloo, for inspiring me, for loving me, and for always being there. I would also like to thank Cobus, Chantalle, Alexia, Ankè, Karen, Jade, Alan, Brenda, Estelle, Doepie, Claire, and Hannah for their ever-present love and support.

I would like to thank Chrissy for being my emotional support dog, and for being the best and goodest boy.

Finally, I would like to thank my husband, Paul Mason, who has been my biggest cheerleader, my best friend, and my greatest love. Thank you for sacrificing with me. I love you.

Table of Contents

LIST OF TABLES

[T]he more you get told…that the things that you do are bad, the more you want to…find ways to control it, find the ways to do it better – Toni

CHAPTER 1: INTRODUCTION

Attention-deficit/hyperactivity disorder (ADHD) is a common neurodevelopmental disorder, which, until the 1990s, was thought to only affect children. However, longitudinal studies have shown that symptoms persist into adulthood (Schoeman et al., 2017). ADHD was also traditionally believed to primarily affect children assigned male at birth (AMAB).[1] Despite a growing body of research disproving this assumption, the disorder continues to be underdiagnosed in people assigned female at birth (AFAB) (Quinn & Madhoo, 2014; Skogli et al., 2013). Studies show that AMAB children with ADHD still out-represent their AFAB counterparts by 1.8:1 to 16:1 (depending on the subtype and setting) (Stibbe et al., 2020). Although ADHD prevalence rates between AMAB and AFAB people narrow in adulthood (1.6:1), AFAB adults are still less likely to be diagnosed and they also tend to be older when they receive their diagnosis (Grevet et al., 2006; Nøvik et al., 2006; Quinn & Madhoo, 2014; Skoglund et al., 2023; Willcutt, 2012). Considering the negative psychosocial outcomes associated with undiagnosed ADHD (Shaw et al., 2012), this is of great concern.

Increasingly, the gender disparity in ADHD prevalence rates is attributed to differences in the disorder's presentation (Morley & Tyrrell, 2023; Mowlem, Rosenqvist et al., 2019; Skogli et al., 2013). Evidence shows that AFAB people are more likely to present with inattentive symptoms, such as concentration and attention difficulties, whereas AMAB people more frequently exhibit combined symptoms, with higher rates of hyperactivity and

[1] The terms people assigned male at birth (AMAB) and assigned female at birth (AFAB) are used in this dissertation to include, in addition to cisgender people, transgender and gender non-conforming people who were assigned male or female at birth. In many studies, the terms 'girls', 'women' or 'females' and 'boys', 'men' or 'males' are used as markers of biological sex. This excludes people who do not identify with the sex they were assigned at birth. For the purposes of this study, the terms AMAB and AFAB will be used. However, when reporting on other studies, I have retained the language that they used.

impulsivity (Biederman et al., 2002; Weiler et al.,1999; Willcutt, 2012). As ADHD has a more externalised presentation in AMAB people, their symptoms are more noticeable. Symptom identification in this group is also aided by ADHD's diagnostic criteria being mainly based on studies of the disorder's manifestation in AMAB children (Barkley, 2002; Hinshaw, 2002). This suggests the presence of a gender bias in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) – used by clinicians to diagnose ADHD. As Lynch and Davison (2022, p. 16) point out, the DSM-5 "does not adequately account for the nuanced ways in which young women experience the condition differently to young males, and that such biases may further impede the diagnosis of ADHD in young women".

A factor that is underexplored in the literature is the role that camouflaging plays in the presentation of ADHD in AFAB people. Camouflaging – a concept that emerged in autism literature – refers to conscious and unconscious cognitive and behavioural adaptations that assist some autistic people[2] to cope cognitively and socially (Hull, Levy et al., 2021; Hull, Petrides et al., 2021; Willey, 1999). Examples of camouflaging include the suppression of stimming behaviours[3] (masking), the copying of facial expressions (mimicry), and the use of humour to make autistic traits more acceptable (accommodation) (Corbett et al., 2021). A recent study by Mylett (2022) found that people with ADHD also use camouflaging strategies

[2] The term 'autistic people' (identity-first language) is used in the dissertation as it is preferred over 'people with autism' (person-first language) by many in the autistic community (Botha et al., 2023). Conceptually and linguistically 'separating' the person from the disorder implies that they can potentially be rid of autism, which is not only false but have real consequences for how autistic people are viewed and treated (McGuire, 2016). There is less clarity regarding preferred terms in the ADHD community. Some prefer 'person with ADHD' (person-first language) while others prefer 'ADHDer' (identity-first language). Participants used person-first language when discussing their ADHD, hence why 'people with ADHD' is used in the dissertation.

[3] Stimming refers to repetitive noises or movements (like hand flapping) often exhibited by autistic people as a way to self-sooth or self-regulate.

to fit in socially. Since ADHD symptoms often involve behaviours deemed socially unacceptable (such as speaking over people, talking too much, and being late for appointments), they frequently elicit negative feedback and treatment from others (Mylett, 2022). AFAB people with ADHD face additional pressure to display gender normative behaviour (Chronis-Tuscano, 2022; Morgan, 2023). As camouflaging serves to change the presentation of behaviours that are not neurotypical (and therefore socially unacceptable), often at the expense of people's physical and psychological wellbeing[4] (Beck et al., 2020; Cook et al., 2022; Hull, Levy et al., 2021; Hull, Petrides et al., 2017), more research on the role of this adaptive strategy in ADHD's presentation in AFAB people is needed.

As such, this study investigated camouflaging from the perspective of AFAB university students with ADHD. University students were chosen as the study's sample population as few studies on ADHD focus on this at-risk population group (Kwon et al., 2018; Sedgwick-Müller et al., 2022). Research shows that university students are particularly vulnerable to developing mental health difficulties due to changes associated with the transition to university, the effects of academic pressure, and the probability of experiencing psychological problems in early adulthood (Cleary et al., 2011; Kessler et al., 2007). Students with ADHD are also at-risk due to the high occurrence of comorbid psychiatric disorders such as depression and anxiety (Gormez et al., 2017). Moreover, university and college students[5] with ADHD generally obtain lower marks and are more likely to interrupt or discontinue their studies compared to their neurotypical peers (Advokat et al., 2011; Brown, 2005; Green &

[4] As will be discussed in Chapter 2, research indicates that camouflaging has several negative consequences, including physical and mental exhaustion.

[5] In the United States, the term 'college' is a generic term used to refer to any post-school educational institution, including universities.

Rabiner, 2012). It is therefore critical to focus on the lived experiences of university students (in this case AFAB students) with ADHD.

The perceptions and use of camouflaging strategies by AFAB people with ADHD is a relevant and important topic to consider for three reasons. First, it is proposed that girls and women with ADHD demonstrate higher rates of compensatory and adaptive behaviour (Mowlem, Agnew-Blais et al., 2019), which suggests that camouflaging plays role in how the disorder presents in this population group. Second, having a better understanding of how ADHD manifests in AFAB people, and the factors that contribute to this presentation, is critical to address the gender bias in the referral, diagnosis, and treatment of ADHD, and improve the long-term outcomes of AFAB people (Young et al., 2020). Third, the voices of AFAB people with ADHD are critically lacking in research on the condition. Through this study, I am seeking to centre the experiences and perceptions of AFAB university students with ADHD.

Researcher Positionality

Positionality refers to the researcher's world view and the position they adopt in relation to a research task. Both these aspects influence the research topic, participants, and process (Holmes, 2020; Savin-Baden & Major, 2013). According to Berkovic (2023), positionality includes perspectives on reality, knowledge, and values, all of which influence how researchers conduct their work. These perspectives are influenced by the researcher's identity and life experiences, which should be disclosed as they can affect the outcome and trustworthiness of the research (Berger, 2015; Pezalla et al., 2012). Reflecting on my positionality is in keeping with the reflexive stance required of researchers employing an interpretive phenomenological analysis (IPA) approach to study people's lived experiences (Clancy, 2013), which is the approach I used in the study.

Like my research participants, I am an AFAB university student with ADHD. This identity strongly informs how I understand and engage with the world. My interest in the study's topic stems from my own experience of having inattentive type ADHD and only being diagnosed at the age of 23. My symptoms and struggles were missed as a child because I found ways to camouflage them and compensate for my difficulties. It was only when I was no longer able to cope (during my first Honours degree) that I sought help and was diagnosed. Like many young people with ADHD, I was introduced to the term 'masking' – strategies to hide ADHD symptoms – on social media. When I started reading about masking, which is also discussed in autism literature, I was introduced to the concept of camouflaging. I resonated more with camouflaging because it encompasses several strategies, including masking, to appear, or pass, as neurotypical. Although (at the time) I could find no studies on camouflaging and ADHD, I strongly identified with the concept and believed it is also applicable to people with ADHD, especially AFAB people. I acknowledge that this belief stems from my own experience of having undiagnosed ADHD for over 20 years and that this shaped the current study's topic, aim and research questions.

Other aspects of my identity that could have influenced the research process are that I am white, cishet[6], educated, and middle-class. These features of my identity afford me enormous privilege, particularly in the South African context. As a white person, my privilege is intergenerational and was bolstered by the racist policies of the apartheid government, who aimed to advance the interests of the white minority over that of the Black majority. White people continue to enjoy economic power 30 years into democracy, which I benefit from. While I struggled academically, emotionally, and socially at school due to my undiagnosed ADHD, because of my privilege, I attended good public schools, lived in safe

[6] Cishet is a neologism for cisgender (when a person's gender identity corresponds with their assigned sex at birth) and heterosexual.

neighbourhoods, and was supported financially by my family. These contextual factors supported me to develop camouflaging strategies to hide and compensate for my ADHD. Moreover, once I was diagnosed, I was able to access information on the disorder and seek (and afford) help from medical and mental health professionals.

Research Aim and Objectives

This study sought to heed the call for more research on the presentation of ADHD in AFAB people (see Young et al., 2020). To better understand how the disorder manifests in this population group, and to assist with better symptom identification, the study aimed to explore how AFAB university students with ADHD navigate and adapt to neurotypical standards and expectations. The study's objectives were to explore the experiences of camouflaging by AFAB university students with ADHD and to gain insight into the camouflaging strategies that they recognise themselves using and under what circumstances.

Outline of Dissertation

The dissertation consists of five chapters. Chapter 2 provides an overview of research and literature on ADHD that are relevant to the study, and it considers camouflaging as a strategy used by autistic people and people with ADHD to appear neurotypical. The chapter also provides an overview of the study's theoretical framework. Chapter 3 describes the study's methodology, which was informed by an IPA approach. Chapter 4 provides an analysis and discussion of the research findings. Chapter 5 provides a summary of the research findings and considers the study's limitations and significance. Suggestions are also made for future research and practice.

CHAPTER 2: LITERATURE REVIEW

The purpose of this chapter is three-fold. First, the chapter reviews research and literature on ADHD that are relevant to the study; second, it considers the literature on camouflaging as a strategy used to appear neurotypical; and third, it provides an overview of the study's theoretical framework, that is, IPA (interpretive phenomenological analysis). The first section provides a brief overview of ADHD and its conceptual evolution. This is followed by a discussion of ADHD prevalence rates globally and in South Africa. The section also considers the discrepancy in prevalence rates between AMAB and AFAB people. The presentation of ADHD in these population groups is then discussed. The next section considers the prevalence of the disorder among university students and the impact of ADHD on their academic, psychological, and social functioning. Research on AFAB university students with ADHD is also considered. This is followed by a discussion of ADHD research in South Africa. Camouflaging in relation to autism is then considered, including the relevance of the concept to ADHD. Finally, the chapter outlines IPA.

ADHD: A Brief Overview

'Mental restlessness' was first described in 1798 by the Scottish doctor Alexander Crichton. In the chapter "On Attention and its Diseases", Crichton noted behaviours that we would today associate with inattention, distractibility, restlessness, and impulsivity (Lange et al., 2010). Later, in 1902, British Pediatrician George Frederic Still described some of the core symptoms of ADHD in his Goulstonian Lectures. After observing a group of 'behaviourally disturbed' children, Still described them as easily distractible, inattentive, and unable to focus for long (Bob & Konicarova, 2018; Lange et al., 2010). It would take another 66 years before ADHD was recognised as a distinct medical condition by the American Psychiatric Association (APA), however. In the second edition of the DSM, published in 1968, 'hyperkinetic reaction of childhood' was included as a diagnosis, characterised by

hyperactivity, restlessness, distractibility, and inattention (American Psychiatric Association, 1968). At the time, hyperactivity was considered the most salient feature of ADHD, but this shifted towards attention deficit in the 1980s (Lange et al., 2010).

The conceptualisation of ADHD and its symptoms continued to evolve in subsequent editions of the DSM. The disorder's name changed to attention deficit disorder (ADD) with or without hyperactivity in the DSM-III (American Psychiatric Association, 1980). However, it was unclear whether these two subtypes were qualitatively similar or two distinct disorders (Barkley, 2006). ADD was renamed attention-deficit hyperactivity disorder in the revised third edition of the DSM (American Psychiatric Association, 1987; Lange et al., 2010). The DSM-III-R also combined the "symptoms of inattention, impulsivity, and hyperactivity…into a single list of symptoms with a single cutoff score" (Lange et al., 2010, p. 252). Prior to the DSM-IV's publication, a large field trial conducted by Lahey et al. (1994) again identified ADHD subtypes. This time, three presentations were proposed: predominantly inattentive, predominantly hyperactive-impulsive, and combined. These subtypes were incorporated into the DSM-IV (American Psychiatric Association, 1994) and carried over to the fifth and revised fifth editions of the manual (American Psychiatric Association, 2013, 2022).

Currently, for children to be diagnosed with ADHD, six or more inattentive or hyperactive-impulsive symptoms must be present for six months or longer and be incongruent with their developmental level. For adolescents and adults, five or more symptoms must be present (American Psychiatric Association, 2022). Combined-type ADHD is diagnosed when an individual meets the diagnostic criteria of both inattentive and hyperactive-impulsive presentations (American Psychiatric Association, 2022). Inattentive symptoms include difficulty paying attention to detail, struggling to sustain attention, often losing or misplacing items, and being easily distracted. Hyperactive-impulsive symptoms include fidgeting or squirming while seated, running or climbing in situations where it is inappropriate,

interrupting people, and difficulty waiting their turn (American Psychiatric Association, 2022). In addition to these core symptoms, ADHD is also associated with emotional dysregulation, impaired social abilities, and relationship difficulties (Bagwell et al., 2001; de Boo & Prins, 2007; Friedman et al., 2003; Shaw et al., 2014).

Contrary to early beliefs that ADHD symptoms were caused by a "defect of moral control" and (later) "minimal brain damage" (Lange et al., 2010, pp. 244, 250), research has shown that like other common medical and psychiatric conditions, ADHD is caused by the interaction of several genes and environmental factors (Thapar et al., 2007, 2012). These gene-environment interactions cause developmental, structural, and functional impairments in the brain that are expressed as ADHD symptomology (Gehricke et al., 2017; Liao et al., 2023; Vaidya, 2012). The disorder is also highly heritable. A study by Faraone and Mick (2010), which compared 20 twin studies on ADHD heritability in the United States, Australia, Scandinavia, and Europe, determined a mean heritability estimate of 76%. Alongside autism, bipolar disorder and schizophrenia, ADHD is one of the most heritable psychiatric disorders (Sullivan et al., 2012). As the next section will show, it is one of the most common too.

ADHD Epidemiology

According to a recent systematic review and meta-analysis by Salari et al. (2023), ADHD is estimated to affect 7.6% of children (aged 3 to 12 years) and 5.6% of teenagers (12 to 18 years) worldwide, making it the most common neurodevelopmental disorder diagnosed in childhood and adolescence. A systematic review and meta-analysis of ADHD prevalence rates in Africa found the disorder is prevalent in 7.47% of children and adolescents (Ayano et al., 2020). Another systematic review and meta-analysis show that in adulthood, the estimated global prevalence of persistent adult ADHD (with an onset in childhood) is around 2.58% while symptomatic adult ADHD (regardless of a childhood onset) is estimated to be 6.76% (Song et al., 2021). In South Africa, no large-scale studies on the prevalence of ADHD among

children and adolescents exist. However, smaller studies have yielded results in line with international estimates. Research conducted by Meyer (1998) and Meyer et al. (2004) revealed a 7.1% prevalence rate of ADHD in a sample Northern Sotho speaking primary school learners and a 5% prevalence rate among primary school learners of six language groups in Limpopo Province. An earlier study by Bräuer (1991) found a 4% ADHD prevalence rate in a sample of Afrikaans-speaking grade 1 learners.

Similarly, limited data regarding the prevalence of ADHD among South African adults exist. In 2017, a retrospective claims database analysis by Schoeman and de Klerk (2017) estimated that adult ADHD in South Africa affects 1.09% of the population. This is much lower than international estimates, which, in their opinion, is related to a lack of awareness about ADHD, poor symptom recognition, and difficulties accessing a diagnosis (Schoeman & de Klerk, 2017). It should be noted, however, that the study was based on adults with medical aid (private medical insurance), which represents a small percentage of the South African population (15,2% of households in 2020) (Statistics South Africa, 2020).

Another study, which investigated the usefulness of the World Health Organisation's (WHO) Adult ADHD Self-Report Scale (ASRS) to identify 'at-risk' adults in a South African workplace setting, revealed a 1.7% prevalence estimation (van Wijk, 2020). This is lower than estimates for worker samples generally (3.5%) (De Graaf et al., 2008). According to van Wijk (2020), this may be due to two factors: an underrepresentation of ADHD in workplace samples due to the association between ADHD and lower levels of education and employment, and the study's sample consisting of individuals with at least nine years of schooling and a relatively high skill level. The sample may therefore have been biased towards employees whose work performance was not notably affected by their ADHD, thereby omitting people with more severe adult ADHD (van Wijk, 2020).

While limited South African epidemiological data is available, ADHD has traditionally been believed to primarily affect AMAB children, with research globally focusing almost exclusively on this population group (Babinski et al., 2011; Rucklidge, 2010). This was related to the prevalence of AMAB children (and to a lesser extent AMAB adults) in clinically referred samples (Arnold, 1996; Babinski et al., 2011; Rucklidge, 2010). As was noted in Chapter 1, ADHD diagnoses continue to be more common in AMAB people. Prevalence rates between AMAB and AFAB people vary between 1.8:1 to 16:1 in childhood and amounts to 1.6:1 in adulthood (Nøvik et al., 2006; Quinn & Madhoo, 2014; Stibbe et al., 2020; Willcutt, 2012; Young et al., 2020).These ratios are dependent on the type of sample used, however. As Mowlem, Rosenqvist et al. (2019) point out, ratios of male to female children and adolescents with ADHD are higher in clinical than population samples. However, this ratio decreases in adult clinical samples. As ADHD persists into adulthood, these figures suggest that more females are affected by the disorder in childhood than is reflected in clinical samples (Mowlem, Rosenqvist et al., 2019).

ADHD Presentation

Increasingly, the discrepancy in ADHD prevalence rates between AFAB and AMAB people is ascribed to differences in the disorder's presentation (Morley & Tyrrell, 2023; Mowlem, Rosenqvist et al., 2019; Skogli et al., 2013). Studies have shown that AFAB people are more likely to be diagnosed with inattentive type ADHD, which tends to have a more internalised presentation (Biederman et al., 2002; Weiler et al.,1999; Willcutt, 2012). AFAB children with inattentive symptoms may appear disorganised, overwhelmed, easily distracted, and unmotivated. They also often present with emotional lability and dysregulation (Young et al., 2020). Hyperactivity in AFAB people has also been shown to be less overt, manifesting as talkativeness, heightened arousal, fidgeting, a rapid flow of thoughts, inner restlessness, and emotional reactivity (Hinshaw, 2002; Nussbaum, 2012; Young et al., 2005, 2020). These

symptoms may be overlooked or disregarded due to their ‘mildness’ or perceived unrelatedness to ADHD (Gilbert et al., 2023). AMAB people, on the other hand, commonly present with hyperactive-impulsive or combined type ADHD. In this population group, these ADHD subtypes have a more externalised presentation; for instance, high levels of motoric activity, impulsivity, and aggression (Biederman et al., 2002; Weiler et al.,1999; Willcutt, 2012). As their symptoms are more noticeable, AMAB people, especially children, are more likely to be referred for assessment, which is known as referral bias (Gershon, 2002).

A popular explanation for ADHD’s gendered presentation is biological and developmental differences between males and females. For example, sex differences in brain volume and activity have been detected in people with ADHD. According to Qiu et al. (2009), compared to girls with ADHD, boys with the disorder have smaller gray matter volumes of the caudate and lentiform nucleus, which are critical to attention and impulse control. Adult males with ADHD also have smaller caudate gray matter volume, which has been negatively correlated with hyperactivity/impulsivity scores (Onnink et al., 2014). Moreover, structural MRI scans have revealed that some areas of the brain, especially areas of higher cognitive functioning in the cerebral cortex, tend to mature later in boys than in girls (Stephens & Byrd, 2017). Resultantly, ADHD symptoms, especially those related to executive dysfunction, are often more prominent in boys (Stephens & Byrd, 2017).

Another factor that is thought to influence the presentation of ADHD is the presence of comorbid conditions (Morley & Tyrrell, 2023). Studies have shown that 60% to 100% of children with ADHD have one or more co-occurring psychiatric disorders (Biederman et al., 1993; Gillberg et al., 2004). AFAB children tend to have lower rates (or later onset) of disruptive behavioural disorders compared to AMAB children (Kerner et al., 2021; Uchida et al., 2018). Combined with a more inattentive ADHD presentation, AFAB children’s symptoms are often more internalised (Young et al., 2020), which suppresses their “visibility and

salience" (Hinshaw et al., 2022, p. 4). However, AFAB children who meet the diagnostic criteria for ADHD have been shown to have higher rates of emotional, conduct, and peer problems compared to those who do not meet the criteria (Mowlem, Agnew-Blais et al., 2019). Even with greater emotional problems, Mowlem, Agnew-Blais et al. (2019) theorise that:

> [It is possible that] emotional problems experienced by girls with ADHD are how they express or manifest their impairment, which could overshadow their ADHD symptoms in clinical assessment and lead to receiving alternative diagnoses more closely associated with the internal manifestation of symptoms (e.g., anxiety or depression), or delay time to diagnosis. (pp. 770-771)

Like children, 60% to 80% of adults with ADHD will experience at least one co-occurring psychiatric disorder in their lifetime (Kooij et al., 2019; Sobanski et al., 2007). The most common conditions are mood disorders, anxiety disorders, substance use disorders, and personality disorders (Katzman et al., 2017). Comorbid neurodevelopmental disorders such as autism and specific learning disorders are also common in people with ADHD. Like AFAB children, AFAB adults are often misdiagnosed due to their symptoms being more internalised and masked by comorbid disorders (Barkley & Brown, 2008; Masfety et al., 2021; Young et al., 2020).

Gender socialisation is another factor that likely impacts the presentation of ADHD. Quinn (2010) and her colleagues (Quinn et al., 1999; Quinn & Madhoo, 2014) argue that girls are better at developing coping mechanisms and masking their ADHD than boys. According to Mowlem, Agnew-Blais et al. (2019), this may be related to girls exhibiting more prosocial behaviour. Prosocial behaviour refers to behaviours that seek to benefit others, such as sharing, cooperating, and caregiving. Gender socialisation theorists argue that girls are socialised to exhibit prosocial behaviours whereas boys are taught to inhibit them (Brody,

1999). By adolescence, gender-specific influences are believed to become more pronounced, leading to a stronger adherence to gender stereotypes (Alfieri et al., 1996; Hill & Lynch, 1983). Holthe (2013) argues that when girls with ADHD display behaviours that are at odds with gender norms, they are at high risk of being judged and reprimanded. To avoid these repercussions, they put in a lot of effort to conceal, or mask, their ADHD (Waite, 2010). This speaks to efforts to camouflage ADHD symptoms, which are discussed later in this chapter.

University Students and ADHD

Global data on ADHD prevalence rates among university and college students is limited. This can be explained in part by students not being required to disclose their disabilities and because the percentage of students who receive disability assistance for ADHD varying across institutions (DuPaul et al., 2009; Weyandt & DuPaul, 2006). Moreover, adult ADHD is a neglected area of study (Song et al., 2021). However, the WHO World Mental Health Survey – International College Student (WMH-ICS) project, which sought to obtain global data on mental, substance, and behavioural disorders in college students, generated some data on ADHD (Mak et al., 2022). The study revealed a 15.9% ADHD prevalence rate among first year college students in nine countries, which is higher than previous estimates (Green & Rabiner, 2012; Mak et al., 2022). According to Mak et al. (2022), the WMH-ICS project's use of confidential, user-friendly online surveys may have reached an important group of individuals with psychopathology who typically avoid seeking help and may not have disclosed their symptoms otherwise. Like the WHO study, other studies utilising self-report measures to assess ADHD prevalence in college and university students show higher rates of the disorder compared to population-based estimates (DuPaul et al., 2001; Lee et al., 2008; McKee, 2008; Norvilitis et al., 2008). This may be related to the limitations of self-report measures, such as response bias (Brevik et al., 2020).

In South Africa, no official data on the prevalence of ADHD among university students exist. However, research by Burke et al. (2011) and Bantjes et al. (2021, 2023) has generated some information on ADHD rates in university student populations. In Burke et al.'s (2011) study, data on 402 undergraduate psychology students who completed four self-report measures to identify ADHD symptoms was collected. The findings suggest an ADHD prevalence rate of between 13% and 19% among participants. According to Burke et al. (2011), questionable construct validity of the instruments used in the South African context could account for the variance in prevalence rates. In a 2021 study, Bantjes and his colleagues considered the prevalence of common mental disorders (CMDs)[7] among a sample of first year students at Stellenbosch University and the University of Cape Town (UCT) (Bantjes et al., 2021). 42.7% of participants indicated a CMD in the last 12 months and, of that group, 25.9% reported having ADHD (Bantjes et al., 2021). The second study, which formed part of the WMH-ICS project, found a 21% rate of ADHD over a six-month period among a sample of over 28,000 university students (Bantjes et al., 2023). The study also found that Black students studying at historically white institutions (HWI)[8] as well as female, non-binary and sexual minority students have a somewhat higher increased risk of developing CMDs (Bantjes et al., 2023).

The transition to university for students with ADHD can be particularly challenging (Farmer et al., 2023; Sedgwick-Müller et al., 2022). This is not only because of the high likelihood of comorbid psychiatric disorders, but also due to ADHD-related impairments making the adjustment to a novel and unstructured environment difficult (Kim, 2013; Meaux

[7] In the study, common mental disorders (CMDs) refer to major depressive disorder, generalised anxiety disorder, bipolar spectrum disorder, substance use disorder, and ADHD (Bantjes et al., 2021).

[8] Historically white institutions (HWI) in South Africa refer to institutions of higher learning that were prohibited from admitting Black students during apartheid.

et al., 2009; Sahmurova et al., 2022). Students with ADHD report struggling with inattention, time blindness[9], disorganisation, lack of motivation, and working memory difficulties, which all contribute to poor academic performance (Henning et al., 2022; Lagacé-Leblanc et al., 2022; Meaux et al., 2009). On average, students with the disorder obtain lower marks than their neurotypical peers and they are more likely to interrupt or discontinue their studies (Barkley et al., 2008; Brown, 2005; Green & Rabiner, 2012).

Struggling academically has a significant psychological impact on students. Academic-related stress, which is notable in students with ADHD, has been found to precipitate depressive symptoms (Acharya et al., 2018; Harrison et al., 2013). In a study of 1,648 students with the disorder, Rabiner et al. (2008) found a positive correlation between academic stress and increased depressive symptoms, with attention problems playing a notable role in this relationship. A statistical mediation analysis by Sahmurova et al. (2022) similarly determined a significant positive relationship between ADHD symptoms, specifically those related to attention deficit, perceived stress, and depression symptoms.

According to Hamilton and Petty (2023), in addition to mental health issues, poor retention of neurodiverse students at university can be attributed to three factors. First, universities have a 'hidden', or unwritten, curriculum informed by (neurotypical) expectations of how students should act, study, and engage. These expectations have given rise to the concept of the 'ideal' student (Koutsouris et al., 2021). Research has shown that lecturers value and expect university students to be prepared, engaged, committed, independent, organised, self-disciplined, and self-motivated (Fraser & Killen, 2003; Hassel & Ridout, 2017; Wong & Chiu, 2020; Wong et al., 2021). According to a participant in Wong and Chiu's

[9] Time blindness refers to difficulties perceiving and managing time. In other words, people who struggle with time blindness often lose 'track' of time and struggle to determine or judge how long it will take to complete a task.

(2020) study on the ‘ideal’ student, these attributes underscore the importance of self-regulation and self-management. Universities’ hidden curriculum, which includes assumptions about the ‘ideal’ student, often hinders minority students from thriving academically and socially (Sulaimani & Gut, 2019). Second, neurodivergent students frequently bring “a negative schema of education” with them to university due to school-related experiences (Hamilton & Petty, 2023, p. 2). These experiences can have a lifelong impact on learners, affecting their sense of self, psychological wellbeing, and future quality of life (Hong et al., 2016). Third, the type of assessments used by universities, usually written assessments that require independent self-study, pose a significant obstacle for students with learning difficulties (Jacobs et al., 2022).

In addition to academic and psychological difficulties, students with ADHD also experience interpersonal and relationship challenges (Kwon et al., 2018). Symptoms such as impulsivity, distractibility, and restlessness can be interpreted as poor social control, disinterest, and preoccupation during social engagements (Sodano et al., 2021). These behaviours are often viewed as intentional and controllable and can cause tension in relationships (Mylett, 2022). Emotional dysregulation, which is common in people with ADHD, has also been found to impact relationships (Shaw et al., 2014). Research has shown that university students with ADHD may exhibit higher levels of aggression or confrontation during stressful scenarios compared to their neurotypical peers. Consequently, they frequently encounter challenges in establishing connections with others (DuPaul, 2009; Kim et al., 2016).

AFAB University Students with ADHD

In South Africa, no studies on the lived experiences of AFAB university students with ADHD exist. Researchers that have investigated this topic elsewhere include Anderson-Elahi (2022), Corbin Dwyer (2000), Devol (2022), and Morley and Tyrrell (2023). In her doctoral

study, Anderson-Elahi (2022) explored the experiences of African American college women who encountered intersectional stigma associated with race, gender, and ADHD. The findings produced one overarching theme, namely ‘struggled in college’, and several subthemes that describe participants’ experience of intersectional stigma. Participants expressed concern over the impact of their ADHD symptoms, insufficient college preparation, and intense emotions. They shared a reluctance to disclose their ADHD for fear of being stigmatised and discriminated against and stressed the importance of ADHD accommodations, coping skills, and being taught in different learning styles. Finally, participants regarded early diagnosis and ADHD treatment as essential.

Corbin Dwyer (2000) employed a hermeneutic phenomenological methodology to explore the experiences of eight women university students in Canada who were diagnosed with ADHD. Two themes that described participants’ challenges in relation to their education were identified, namely ‘robbed of time’ and ‘thoughts like a rubber ball’. The first theme describes participants’ experience of never having enough time to complete tasks while the second speaks to their non-linear thought pattern. Both these experiences influenced their academic performance. Participants also provided insight into the ways they attempted to overcome their challenges. For them, being diagnosed is an important first step, as well as discovering what they needed to do to achieve academically. Other strategies used by participants included making use of university accommodations and seeking treatment for their ADHD.

Devol (2022) conducted a phenomenological analysis of the experiences of nine female graduate students with ADHD in the United States. The study found that despite participants’ maintaining high grades, the pressure of postgraduate studies caused them emotional distress, impairment, and poor quality of life. Their struggles were not evident through academic measurements, however, as they were evaluated based on their case load

(related to them studying professional psychology or counselling degrees) or level of class engagement. Devol (2022) emphasises this as an important discovery, pointing out that although graduate students with ADHD may appear successful outwardly, they still encounter obstacles like being misunderstood by their professors and being compared to peers who do not experience the same level of difficulty.

Finally, Morley and Tyrrell (2023) investigated the lived experiences of female university students with ADHD in the United Kingdom. They conducted semi-structured interviews with eight students and administered the General Health Questionnaire-28 – a self-report measure that assesses psychological wellbeing. Although participants scored higher in the anxiety/insomnia domain of the latter instrument, overall, their scores did not indicate high levels of psychological distress. Through thematic analysis, themes identified in the data included stigma surrounding ADHD in females, the impact of ADHD on academic, social, and psychological functioning, and receiving a diagnosis in adulthood. Participants reported experiencing misconceptions around ADHD as well as prejudice and discrimination due to ADHD-related stigma. They further indicated that ADHD has a significant impact on their functioning, especially academically. Lastly, although participants expressed mixed emotions about being diagnosed as adults, they also described their diagnosis as validation of their feelings and experiences.

ADHD Research in South Africa

ADHD research in South Africa has mainly focused on prevalence rates (Meyer, 1998; Meyer et al., 2004; Walker et al., 2011), comorbid conditions (Mphahlele et al., 2020, 2023; Stark et al., 2022), and functional impairments in children and (to a lesser extent) adolescents with ADHD (Boshomane et al., 2020; Pila-Nemutandani & Meyer, 2016). Researchers have also investigated the experiences of families of children with ADHD (Brown et al., 2010; King et al., 2016; Mofokeng & van der Wath, 2017; Sunderlall et al., 2016) and the

knowledge and perceptions of the disorder by their parents and teachers (de Jongh & Wium, 2021; Dwarika & Braude, 2020; Kern et al., 2015; Kern & Seabi, 2015; Rajcumar & Paruk, 2020; Topkin et al., 2015). Worryingly, most studies on teachers have found limited or inadequate knowledge of ADHD. Similar to research on adult ADHD, very few studies have explored the lived experiences of children and adolescents with the disorder in South Africa. Researchers that have studied this topic include Jacobs (2014), Muthukrishna (2006), Seabi and Economou (2012).

A recent systematic review by Munasur-Naidoo and Truter (2017) organised research on adult ADHD in South Africa into the following categories: university students; comorbid conditions; impact of ADHD on siblings; healthcare professionals; prevalence; smoking; mental health disorders; and drug utilisation (Munasur-Naidoo & Truter, 2017). Research on university students with ADHD includes studies by Burke et al. (2011) (discussed in the previous section) and Geemooi (2015). Geemooi (2015) explored the relationship between sensation-seeking variables and adult ADHD within a student sample by using a correlational research design. High levels of adult ADHD were linked to elevated levels of disinhibition and a tendency to seek out novel experiences. Adventure and thrill-seeking appeared unrelated to adult ADHD, while boredom, impulsivity and risk-taking were found to relate to the disorder (Geemooi, 2015). While some studies on the experiences of university students with ADHD included AFAB students in their samples, as noted earlier, no studies exclusively focusing on the experiences and perceptions of AFAB university students with ADHD in South Africa have been conducted.

It is evident that research on the experiences of AFAB people with ADHD in South Africa is scant. Studies that do consider this topic include those by Jacobs (2014) and Cheesman (2019). Jacobs (2014) explored the perceived effects of ADHD on adolescent girls' academic performance and peer and family relationships. The study found that participants

perceived ADHD to impact most negatively on their academic performance, which, in turn, negatively affects their relationships with their parents. Interestingly, participants did not experience ADHD to impact negatively on their peer relationships (Jacobs, 2014). Cheesman's (2019) study considered the experiences of single mothers with ADHD who were raising children with the disorder. Most participants reported that managing their own ADHD in addition to their home and work responsibilities posed a considerable challenge for them. This difficulty caused participants to view themselves as different and separate from other adults in the workplace who they believed were not facing similar challenges (Cheesman, 2019).

Camouflaging

Camouflaging (also termed social camouflaging) is a growing area of interest in autism research. Camouflaging refers to conscious and unconscious efforts by some autistic people to present themselves as neurotypical, or non-autistic, in certain contexts (Hull et al., 2020; Libsack et al., 2021). The goal of these efforts is thought to be to 'fit in' socially, avoid negative feedback associated with social-communication difficulties, and achieve success in education and employment (Cage & Troxell-Whitman, 2019; Cook, Hull et al., 2021; Hull, Petrides et al., 2017). Although neurotypical people also manage perceptions when engaging socially, called social adaptation, autistic camouflaging "represents an attempt to manage [the] mismatch between a person's autistic way of being and the non-autistic social environment" (Cook, Hull et al., 2021, p. 2). Compared to social adaptation, camouflaging is also extremely taxing, with several negative consequences, such as physical and emotional exhaustion, poor mental health, and loss of identity (Bargiela et al., 2016; Bradley et al., 2021; Hull, Petrides et al., 2017). Mylett (2022) further notes that camouflaging neurodivergent traits differs from social adaptation, both in terms of quantity and form.

Besides camouflaging, attempts to appear neurotypical are also termed masking, passing, compensation, mimicry, and accommodation in the literature (Libsack et al., 2021; Livingston, Colvert, et al., 2019; Tubío-Fungueiriño et al., 2021). According to Libsack et al. (2021), this diverse terminology reflects the relative recency and complexity of the construct, which poses problems for research in terms of conceptualising ideas and replicating methodologies. While efforts are under way to clarify camouflaging as a construct (see Hull, 2019; Nel et al., in press), the present study will use (and adapt) Cook, Hull et al.'s (2021, p. 1) definition of camouflaging as "the employment of specific behavioural and cognitive strategies by autistic people to adapt to or cope within the predominately non-autistic social world".

In the literature, several strategies fall under the camouflaging umbrella. One such strategy is masking, which refers to the regulation of certain social behaviours, either by increasing or decreasing them (Hull et al., 2020). Examples include suppressing stimming behaviours (repetitive movements or noises) and sustaining eye contact (Lai et al., 2017; Wiskerke et al., 2018). Mimicry, or imitation, is another strategy employed by autistic people. Mimicry refers to the imitation of behaviour by copying gestures and facial expressions and rehearsing conversations (Corbett et al., 2021; Hull, Mandy et al., 2017; Hull, Petrides et al., 2017). Accommodation refers to strategies that assist with the accommodation (as opposed to changing) of autistic behaviours. These include the use of humour or intelligence in conversations (Livingston, Shah et al., 2019). Finally, strategies that assist autistic people to cope with cognitive differences are known as compensation, which is the use of "alternative cognitive routes to achieve neurotypical behaviour" (Livingston, Shah et al., 2019, p. 766). An example of compensation is developing rules around how to understand and react to certain behaviours or situations (Livingston, Colvert et al., 2019).

A systematic review by Cook, Hull et al. (2021) notes that research on autistic camouflaging has produced three preliminary findings. First, greater use of camouflaging is reported by adults with more self-reported autistic traits. This seems to be related to greater awareness of autism symptoms and the need to hide them. Second, although camouflaging is not unique to girls and women, they are more likely than boys and men to employ camouflaging strategies (Cook, Hull et al., 2021). This speaks to the increasingly popular hypothesis that camouflaging is part of the unique phenotype of autism in females (Corbett et al., 2021). Third, increased use of camouflaging is associated with poorer mental health outcomes. Research suggests that this is related less to the efficacy of camouflaging strategies used by autistic people and more to the belief that their autism must be camouflaged (Cook, Hull et al., 2021).

As noted, evidence suggests that autistic camouflaging is more common among AFAB people (Hull et al., 2020; Lai et al., 2017; Schuck et al., 2019; Tubío-Fungueiriño et al., 2021). Both biological/developmental and environmental factors are considered to underlie this finding. Studies show that AFAB children (regardless of diagnosis) appear to be 'naturally' more inclined towards sociability, emotionality, and friendship, making autistic people more likely to conform and seek reciprocity in social interactions (Head et al., 2014; Hiller et al., 2014; Tierney et al., 2016). Research by Lehnhardt et al. (2015) also found differences in the cognitive profiles of autistic males and females. Although male participants exhibited stronger verbal abilities, female participants showed faster processing speed and better executive functioning, which could be key factors in developing social reciprocity and mimicry skills (Lehnhardt et al., 2015). Moreover, greater expectations and pressure are put on AFAB people, especially in childhood, to display prosocial and 'gender-appropriate' behaviour (Hull et al., 2020; Kreiser & White, 2014). AFAB children are encouraged to be

nurturing, relational and polite while AMAB children are encouraged to be adventurous and spontaneous (Kreiser & White, 2014).

Camouflaging is widely accepted to contribute to the underdiagnosis of autism in AFAB people (Kopp & Gillberg, 1992; Lai & Baron-Cohen, 2015). In clinical samples, the ratio of autistic AFAB to AMAB people is 4:1, while population samples reveal ratios between 2.5:1 and 3:1 (Kim et al., 2011; Loomes et al., 2017). More equal ratios in non-referred samples may be suggestive of AFAB people being misdiagnosed or their autism being overlooked entirely (Lai et al., 2015). AFAB people also tend to be diagnosed later than their AMAB counterparts (Gesi et al., 2021). As discussed earlier, similar prevalence and diagnostic trends have been found in people with ADHD (Nøvik et al., 2006; Quinn & Madhoo, 2014; Stibbe et al., 2020; Willcutt, 2012). While these trends are often ascribed to differences in the presentation of ADHD between AMAB and AFAB people, little attention has been paid to the role that camouflaging may play in these findings.

Although people with ADHD report using masking and compensatory behaviours to cope cognitively and fit in socially (Canela et al., 2017; Kysow et al., 2017; Palmini, 2008; Shaw, 2021; Young et al., 2020), only two studies to date have been conducted on ADHD camouflaging. The first was conducted by Mylett in 2022. Arguing that Lai et al.'s (2019, p. 2) definition of camouflaging – "acting as if behaviourally neurotypical" – "offers…a conceptual lens through to examine this phenomenon in ADHD" (Mylett, 2022, p. 2), Mylett (2022) found that people with ADHD use camouflaging strategies such as hiding, pretending, suppression, and compensation to be liked, appear normal, avoid discrimination, and feel safe. While camouflaging was significantly related to social anxiety (determined through regression analyses), no correlation with depression or generalised anxiety was established (Mylett, 2022).

The second study, which investigated if, like autistic adults, adults with ADHD also camouflage, was conducted by van der Putten et al. (2024). The study found that in comparison with the non-ADHD control group, participants with ADHD scored higher on total camouflaging and the assimilation subscale of the Dutch translation of the Camouflaging Autistic Traits Questionnaire (CAT-Q-NL). However, they scored lower on total camouflaging and the compensation and assimilation subscales than autistic participants. While the study found that camouflaging is not unique to autistic adults, autistic traits were found to be a stronger predictor of camouflaging than ADHD traits (van der Putten et al., 2024). However, as the researchers point out, the CAT-Q-NL specifically measures camouflaging of autistic traits, which may have influenced the results. They recommend the development of "more general measures of camouflaging behavior, independent of diagnosis, to be able to compare camouflaging across different groups" (van der Putten et al., 2024, p. 10).

Considering the more internalised presentation of ADHD among AFAB people, more research on the impact of camouflaging on the disorder's symptom presentation in this population group is necessary. Drawing on Cook, Hull et al.'s (2021) definition, ADHD camouflaging can be understood as the cognitive and behavioural strategies that people with the disorder use to adapt to and cope within a predominantly neurotypical world.

Theoretical Framework

A phenomenological framework was chosen for the study as I am interested in participants' perceptions of, and the meanings they attach to, camouflaging as AFAB university students with ADHD. Phenomenology is rooted in the work of Edmund Husserl (1859-1938) who aimed to "provide a firm foundation for *all* the disciplines – sciences, arts and humanities – by establishing the meaning of their most basic concepts" (Ashworth, 2003, p. 11, emphasis in original). Husserl believed that there was a deficiency in all disciplines, as they lacked a systematic approach for establishing the essence of their core concepts.

Specifically in the realm of psychology, he saw inherent shortcomings in the discipline's conceptual frameworks, resulting in abstract concepts, devoid of personal experience (Ashworth, 2003). Due to their lack of grounding in direct experience, these concepts were deficient in terms of clarity and suitability for accurately representing the subjects they were meant to describe. In response to this issue, Husserl introduced phenomenology as an approach to provide a rigorous foundation for concepts within each scientific field, thus ensuring their firm and well-defined basis (Ashworth, 2003).

Phenomenology focuses on the phenomena that manifest within our consciousness when we interact with the world in our surroundings (Willig, 2013). Phenomena must therefore be described from the subjective point of view of those experiencing it (Neubauer et al., 2019). In other words, "phenomenology as a methodological framework has evolved into a process that seeks reality in individuals' narratives of their lived experiences of phenomena" (Yüksel & Yıldırım, 2015, p. 2) A phenomenological approach is therefore interested in the subjective life worlds of people, which is illuminated through a description of what they experience and how they experience it within a particular context and timeframe (Neubauer et al., 2019; Teherani et al., 2015; Willig, 2013). A phenomenological framework will enable me to gain insight into participants' perceptions of their ADHD and camouflaging strategies – a perspective that is lacking in the literature.

The specific phenomenological approach that I will use in the study is IPA. This approach is concerned with describing in detail the meanings participants hold of certain "experiences, events and states" (Smith & Osborn, 2008, p. 53). The aim of the approach is not to produce an objective statement or description of the experiences or events but to provide a description and interpretation of participants' perceptions thereof (Smith et al., 1999). Researchers, therefore, play an active role in the IPA research process as they are trying to obtain, as Conrad (1987, cited in Smith & Osborn, 2008) notes, an 'insider's

perspective'. To achieve this, I will follow a two-stage interpretation process, or a double hermeneutic, as participants attempt to make sense of their world, and I attempt to understand their attempts at sense making (Smith & Osborn, 2008). I will employ an empathic hermeneutics interpretive stance as I want to understand participants' subjective point of view (Smith & Osborn, 2008).

As an idiographic approach, IPA is best suited to answer the study's research questions, which seeks to explore and illuminate the subjective experiences of AFAB university students with ADHD. Idiography is an analytical approach that is concerned with studying individual experiences and perceptions in depth (Pietkiewicz & Smith, 2014). This approach assigns value to each 'case' and thus each participant. Only after all cases are analysed (individually), are patterns and diverging themes identified between them (Pietkiewicz & Smith, 2014). An idiographic approach recognises that while participants may experience aspects of the phenomenon in similar ways, they can interpret them in vastly different manners (Miller et al., 2018). Studying lived experiences can thus highlight the significance of certain universal themes in the lives of certain individuals (Evans, 1993, cited in Eatough & Smith, 2017). As Corbin Dwyer (2000) notes, the purpose of phenomenological research is to illuminate diverse experiences and viewpoints that may not be accessible through conventional research methods.

Chapter Summary

ADHD is a developmental disorder with three presentations: inattentive, hyperactive-impulsive, and combined. Studies have shown that ADHD is underdiagnosed in AFAB people, which is thought to be related to the disorder's gendered presentation. While AFAB people are more likely to present with inattentive symptoms, which have a more internalised presentation, AMAB people more commonly present with combined symptoms, which have a more externalised presentation. Moreover, symptoms of hyperactivity in AFAB people often

present in less obvious ways. It was argued that camouflaging is applicable to ADHD and likely influences the presentation of the disorder in AFAB people, not only due to the pressure to conform to social norms, but to conform to gender norms too. University students with ADHD is a neglected area of study, particularly in South Africa. No studies exclusively focusing on AFAB university students with ADHD or on camouflaging have been conducted in South Africa. IPA will allow me to explore the meaning-making of AFAB university students with ADHD regarding camouflaging – a perspective that is lacking in the literature. The next chapter considers the study's methodology.

CHAPTER 3: METHODS

This chapter presents the study's research questions and outlines the research methodology, which is informed by a phenomenological framework. After the research questions are considered, the study's research design, population and context, sample and recruitment, and data collection method are outlined. This is followed by a discussion of the study's data analysis approach. I then reflect on how rigour and reflexivity were ensured during the study and, finally, I outline the ethical considerations that guided the research process.

Research Questions

This study investigated camouflaging from the perspective of AFAB university students with ADHD. The aim was to explore how AFAB university students with ADHD navigate and adapt to neurotypical standards and expectations. The study was guided by the following research question:

- What are the perceptions and experiences of camouflaging by AFAB university students with ADHD?

The study also sought to answer the following sub-question:

- What camouflaging strategies do AFAB university students with ADHD recognise themselves using and under what circumstances?

Speaking to these questions, the study's research objectives were to explore the experiences of camouflaging by AFAB university students with ADHD and to gain insight into the camouflaging strategies that they recognise themselves using and under what circumstances.

Research Design

As I am interested in the perceptions and experiences of camouflaging by AFAB university students with ADHD, I chose a qualitative research design. Qualitative research is

concerned with how people make sense of and experience the world (Willig, 2013). Put differently, qualitative research seeks to understand meaning (Adler, 2022; Willig, 2013). Qualitative methods are best suited to a phenomenological approach as they enable participants to share and give insight into their lived experiences (Neubauer et al., 2019). Semi-structured, one-on-one interviews were used to collect data as they allowed me to obtain detailed information from participants about their perceptions and experiences of camouflaging. Given that so little is known about ADHD and camouflaging, especially among AFAB university students, a qualitative design was deemed most appropriate.

Population and Context

The study's sample population is AFAB university students with ADHD. As noted previously, I chose this population because it is neglected in ADHD research, particularly in South Africa, and because they are an at-risk group by virtue of being university students with ADHD. For practical reasons, students at UCT (where I am a student) were recruited to participate in the study. UCT is one of 26 public universities in South Africa and one of four in the country's Western Cape Province. The university has over 50 academic departments across six faculties that offer a range of undergraduate and postgraduate degrees. In 2023, almost 30,000 students were enrolled at UCT. Of these, 16,342 identified as female and 34 identified as transgender (University of Cape Town, 2024). UCT has consistently been ranked as one of the best universities in the world and, in recent years, has been the top-rated university in Africa (Dhlamini, 2022).

Sample and Recruitment

During the data collection and initial analysis phase of the study, I collaborated with another Clinical Psychology Master's student at UCT, Reitumetse Malefane. Reitumetse investigated (for their dissertation) the impact of ADHD on the social relationships of AFAB university students. A joint call for participants was distributed to UCT students via the

university's Department of Student Affairs (DSA) research emailing list. Students who were interested in participating in our studies were requested to contact Reitumetse via email. An overwhelming response was received (over 70 emails) from students to participate. Although there is no ideal, or prescribed sample size for IPA studies, Smith et al. (2009) suggest six to 10 participants. Considering the interest shown in our studies, we decided to recruit 12 participants. A non-probability purposive sampling method was used to recruit the first 12 students who responded to the call for participants *and* who met the inclusion criteria. To qualify, participants had to be AFAB people over the age of 18 years and be registered students at UCT in 2023. They also had to have been clinically diagnosed with ADHD by a medical or mental health professional.

Data Collection

Semi-structured, one-on-one interviews were conducted with the participants to gain insight into how they perceive and experience interpersonal relationships (Reitumetse's study) and camouflaging (see Appendix A for the interview schedule). This research method allowed me to gain detailed information on each participant's understanding of and experience with ADHD and the ways they learned to adapt and compensate for their challenges. Semi-structured interviews are ideal for an IPA approach due to the flexibility this method offers in terms of adapting to participants' responses and probing interesting or significant points that arise (Smith & Osborn, 2008). An interview schedule was jointly developed by me and Reitumetse with questions that were relevant to both our research projects. Prompts that were jointly developed by us were used to encourage participants to elaborate on certain answers where necessary. I interviewed six participants in person while Reitumetse interviewed five in person and one online. We each transcribed our own interviews and added context and explanations where needed. Once the interviews were transcribed, we shared them and the interview recordings via One Drive with each other.

Data Analysis

I analysed the interview transcripts according to the IPA approach described by Smith and Osbourne (2008). The meanings that participants attached to their ADHD and camouflaging strategies were not obvious or readily accessible in the transcripts (Smith & Osborne, 2008). Rather, meanings were identified and illuminated through my continuous engagement with the text and a process of interpretation, or sense making. To ensure that my analysis was organised and structured, I made use of NVivo – a qualitative data analysis software programme. I uploaded the transcripts to NVivo and created folders under the 'Codes' tab for the different analytical phases.

I started my analysis by identifying experiential statements (previously called emergent themes)[10] in one of the transcripts. This involved an initial two-step process of reading the text and making exploratory notes on the transcript using the 'Annotation' function in NVivo. I then reread the transcript and transformed my notes into experiential statements. Experiential statements are "concise phrases which aim to capture the essential quality of what was found in the text" (Smith & Osborne, 2008, p. 68). I then analysed the statements to connect, or cluster, them together. This process was an iterative one; I continuously referred back to the transcript to confirm what was said by the participant and to consider my own sense-making. I then organised the experiential statements, some of which were already clustered together, under titles called personal experiential themes (PETs) (previously called superordinate themes). By way of example, Table 1 depicts this analytical process.

[10] To make the analytical steps of interpretive phenomenological analysis (IPA) clearer, Smith et al. (2022) recently updated IPA's terminology. Emergent themes are now experiential statements, superordinate themes are now personal experiential themes, and master themes are now called group experiential themes.

Table 1

Example of Analytical Process

Extract from transcript	Exploratory notes	Experiential statements	Personal experiential themes
"I struggle a lot with time stuff. […] I literally have alarms for everything, and…[I] have very strict scheduling and notifications to make sure that I don't end up being late". (Amy)	-Struggles with time blindness -Uses alarms / notifications and scheduling to manage time -Scared to be late	-Setting multiple alarms to compensate for time blindness -Following schedule to compensate for time blindness	-Compensation -Compensation

I followed the same process described above with the remaining transcripts. Once all the PETs were identified, the next step in my analysis was to identify patterns and divergent themes across transcripts and organise or cluster them together under group experiential themes (GETs) (previously called master themes). GETs are themes that represent the group's experiences. Not all PETs were included in the final GET clusters. Themes that did not adequately represent the group's experiences, or that did not "illuminate other aspects of the account" (Smith & Osborn, 2008, p. 75), were excluded. Finally, using the three GETs that I identified in my data as starting points, I wrote up the meanings inherent to participants' experiences in Chapter 4. This stage of the analysis transforms the themes into a narrative account (Smith & Osborn, 2008). The themes were explained and illustrated by verbatim extracts from the transcripts.

Rigour and Reflexivity

In qualitative research, the researcher is the research instrument and thus influences the research process and findings (Austin & Sutton, 2014; Dodgson, 2019). To address the criticism that qualitative research produces data that is biased and non-scientific, researchers

have debated and developed procedures to achieve rigour in qualitative studies (Daniel, 2018). The TACT framework, which was developed by Daniel (2018), was used in this study to attain rigour. TACT stands for trustworthiness, auditability, credibility, and transferability.

Trustworthiness refers to the extent to which research findings reflect the views of participants, and can therefore be considered legitimate (Daniel, 2018; Nowell et al., 2017). In the study, trustworthiness was achieved in two ways. Firstly, I adopted a reflexive stance by reflecting on and articulating the "contextual intersecting relationships (e.g., race, socio-economic status, age, cultural background) between [myself and] the participants" (Dodgson, 2019, p. 1). I describe this stance in Chapter 1 and continued to remain mindful of my positionality throughout the research process. I also kept a reflexive diary, which I referred to during the analysis and write up phases. Reflexivity allowed me to gain insight into what impact I had on the research and how this could be minimised (Underwood et al., 2010). Trustworthiness was also achieved through consistency. According to Creswell and Miller (2000), consistency is achieved by systematically organising and analysing the data. Using an IPA approach and NVivo enabled systematic and consistent engagement with the data across transcripts.

Auditability refers to the capacity of another investigator to trace and understand the decision-making process or audit trail (Beck, 1993). This aspect of rigour requires researchers to keep detailed records of the decisions and actions they take throughout the research process. Using NVivo, I was able to record and reflect on the analytical steps and decisions I made in the study (Daniel, 2018). Credibility refers to the relevance, believability, and congruency of the research findings (Daniel, 2018). Credibility was achieved by describing the data analysis process in this Chapter and by verifying the research findings. Verification was done by means of member-checking or participant validation. A summary of each interview transcript was sent to the relevant participant for feedback on accuracy and

resonance with their experience (Birt et al., 2016). If clarity was needed on certain answers, this was also asked of participants. Transferability refers to the extent to which research findings provide useful and relevant information to other researchers who can use it to draw comparisons (Daniel, 2018). I strove for transferability by describing the context in which the research took place and providing adequate information about the research process.

My identity and experiences have influenced how I interpreted research participants' sensemaking about ADHD and camouflaging because of my own experiences in this regard. I tried to remain mindful of this during my analysis, often referring back to the interview transcripts and my reflexive diary notes in an attempt to adequately reflect participants' experiences and perspectives.

Ethical Considerations

I obtained the necessary approvals for my study prior to commencing the research. This included approval from UCT's Department of Psychology's Ethics Review Committee (reference number: PSY2023-005), the Humanities Faculty Research Ethics Committee (reference number: HUMREC202305-08), and the DSA (see Appendix B for approval letters). Written informed consent was also obtained from all participants prior commencing (see Appendix C for the informed consent form). Participants were informed of our research topics, the aims and objectives of our studies, the personal nature of the interviews, and the risks and benefits involved in participating. The voluntary nature of their participation was also emphasised.

Risks included potentially experiencing discomfort or emotional distress during interviews. This is because talking about ADHD, camouflaging and interpersonal relationships could trigger or surface painful memories and experiences for participants. Participants were given the option of debriefing with me and Reitumetse after each interview and a list of counselling and support services were made available to participants. While there

were no guaranteed direct benefits to participating in our studies, the hope was that participants would gain new insights into and awareness of their ADHD. They may also have found contributing to greater understanding of AFAB people's experience of living with and adapting to ADHD useful. Additionally, participants stood a chance of winning an R500.00 Takealot voucher (for participating), which was allocated after the member-checking phases of our studies. We used a mobile raffle app that randomly selected one participant as the winner.

To ensure participants' anonymity, pseudonyms were allocated and were used in the interview transcripts and in my and Reitumetse's dissertations (see Table 2). Identifying information was also removed from the transcripts. To ensure confidentiality, informed consent forms, interview recordings, and transcripts were saved in a secured One Drive folder. Once the interview recordings were transferred to One Drive, they were deleted from our recording devices.

Chapter Summary

This chapter provided an overview of the study's methodology, which was informed by an IPA approach. In the following chapter, the findings will be presented and discussed.

CHAPTER 4: ANALYSIS AND DISCUSSION

This chapter details my analysis of participants' experiences of camouflaging. The first section gives an overview of participants' demographic information. This is followed by a discussion of the themes identified using an IPA approach. Three GETs were identified. The first theme, Experiences of Living with ADHD, comprises two PETs, that is, 'the world is neurotypical' and 'ADHD is bad'. These themes provide important context for participants' need to camouflage. The second theme, Experiences of Camouflaging, describes participants' experiences and perceptions of acting neurotypically. The PETs that make up this theme are 'acting neurotypical to be accepted', 'camouflaging causes inner conflict', and 'camouflaging is exhausting'. The final GET, Camouflaging Strategies, comprises the camouflaging strategies that participants recognised themselves using. The strategies, or PETs, are 'masking', 'mimicry', 'accommodation', 'compensation', 'pretending', and 'hiding'. The chapter concludes with a short summary of the identified themes.

Participants

The study's participant sample comprised 12 AFAB students who were enrolled in under- and postgraduate degree studies at UCT in 2023. Their demographic information (at the time of being interviewed) is reflected in Table 2 below.

Table 2

Participant Demographic Information

Name	Age	Gender	Pronouns	ADHD type	Diagnosed by	Age when diagnosed	Comorbid condition/s
Amy	22	Cisgender woman	She/her	Combined	Educational psychologist	21	ED[b] (in remission) & prev. treated for anxiety
Anele	18	Cisgender woman	She/her	Combined	Psychiatrist	18	MDD[c] & BPD[d]
Anika	31	Cisgender woman	She/her	Inattentive	Psychiatrist	29	MDD[c], anxiety & substance use
Charlie	19	Agender	Any	Inattentive	Psychiatrist	6/7	Suspected ASD[e]
Clare	23	Unspecified	She/they	Combined	Psychiatrist	14	MDD[c]
Jemma	21	Genderfluid	She/they	Inattentive	Psychiatrist	19	Depression, anxiety & ED[b] (latter is in remission)
Lena	20	Non-binary	Any	Inattentive	Psychiatrist	20	Depression, anxiety & suspected ASD[e]
Nadia	22	Cisgender woman	She/her	Combined	Psychiatrist	21	Prev. treated for MDD[c] & anxiety
Palesa	23	Cisgender woman	She/her	Inattentive	Educational psychologist	21	Depression & anxiety
Priya	21	Cisgender woman	She/her	Unknown[a]	Psychiatrist	21	Depression & anxiety
Tanya	19	Cisgender woman	She/her	Unknown[a]	Educational psychologist	8	Depression & anxiety

Toni	24	Non-binary	They/them	Unknown[a]	Psychologist	10	Suspected anxiety & depression

[a] Participant was unable to indicate ADHD type but reported symptoms strongly suggestive of the combined presentation

[b] Eating disorder

[c] Major depressive disorder

[d] Borderline personality disorder

[e] Autism spectrum disorder

Some interesting themes to note in the biographical data above are, firstly, except for four participants who were diagnosed with ADHD before the age of 18 years, the sample's mean age at the time of diagnosis was 21 years. This speaks to research that shows AFAB people tend to be older than their AMAB counterparts when they receive their diagnosis (da Silva et al., 2020; Grevet et al., 2006; Klefsjo et al., 2021). Secondly, apart from Charlie (19), who suspects that she may also have autism, and Toni (24), who was informed of possible depression and anxiety by a doctor but never formally diagnosed, all participants were diagnosed with or treated for more than one comorbid psychiatric condition. This finding confirms the high rate of co-occurring disorders in people with ADHD (Biederman et al., 1993; Gillberg et al., 2004; Kooij et al., 2019; Sobanski et al., 2007). Eight out of 12 participants were diagnosed with or treated for these conditions *prior* to receiving their ADHD diagnosis. Again, evidence shows that AFAB people with ADHD are often diagnosed with internalising comorbid conditions, like depression or anxiety, first (Attoe & Climie, 2023; Martin et al., 2023; Quinn, 2005, 2008).

Thirdly, four participants reported being diagnosed with combined type ADHD and three more reported symptoms strongly suggestive of this presentation. This is at odds with evidence reviewed that AFAB people are more likely to present with inattentive type ADHD. There could be several reasons for combined type ADHD being more prominent in the study.

Firstly, the study's sample size is small, and it is possible that by chance, most of the participants recruited to participate in the study (out of a pool of more than 70 students who expressed interest) have combined type ADHD. Secondly, all participants were formally diagnosed with ADHD by either a medical or mental health professional. Research shows that combined-type ADHD is the most common presentation in people diagnosed clinically, regardless of gender (Mowlem, Rosenqvist et al., 2019; Young et al., 2020). It is very possible, therefore, that this presentation is more common in participants due to the underdiagnosis of inattentive type ADHD in the sample population. It is still valuable to consider the experiences of camouflaging by AFAB students with combined type ADHD, especially considering their late diagnosis.

Experiences of Living with ADHD

While reflecting on camouflaging, participants inevitably shared their experiences of living with ADHD in a neurotypical world. Understanding these experiences is critical to situate the need for camouflaging and the purpose it serves in participants' lives. Two PETs make up Experiences of Living with ADHD, namely 'the world is neurotypical' and 'ADHD is bad'.

The World is Neurotypical

Several participants reported experiencing the social world, including academic environments, to be neurotypical. They recognise that the world is created by and for people who think, perceive, and behave in ways that are considered typical or 'normal'. Participants' experiences of living in a neurotypical world were described in terms of expectations to conform to accepted cognitive, social, and gender norms. In terms of cognitive norms, Legault et al. (2021) argue that one benefit of being neurotypical is that one's own traits and behaviours establish the standards by which things are assessed and valued. Participants do not have this luxury. They learned that their ADHD symptoms are incompatible with typical

ways of thinking, understanding, and studying, and that the responsibility to adhere to neurotypical norms falls on them. Participants described an almost incontestable expectation to adapt and 'cope' at university, or risk failing.

> [At university] there's no room for anything. You have to be the way [they expect], especially in my degree. There is no concession. There's no understanding. It's just, "You have to do your work. Get it done. We don't care about anything else". (Nadia, 22)

> [S]ociety is typically made for neurotypical people and not being neurotypical…means basically everything is not tailored for you. Like…the way assessments are conducted [at university]. I hate writing essays. I hate it. But I've chosen to pursue a career in [removed for anonymity], so…I must write the essays. (Palesa, 23)

> [U]niversity is not built for someone with ADHD. It's built for someone who's…[neurotypical]. School and everything in general. So, if you don't [adapt]…you're not gonna succeed at…what you're supposed to do. (Tanya, 19)

These participants learned that there is no room for struggle in a neurotypical world. At university, they are expected to conform to the institution's 'hidden' curriculum (discussed in Chapter 2), which is informed by neurotypical expectations of how they should behave, study, and engage as students (Sulaimani & Gut, 2019). These expectations include being prepared, being organised, and being motivated. Participants are also required to comply with the institution's assessment criteria (usually written tasks), which do not take account of their unique challenges as students with ADHD (Jacobs et al., 2022). The challenges mentioned by participants include, among others, attention and concentration difficulties, time blindness, task paralysis (difficulties starting and completing tasks), and written expression difficulties.

While Palesa (23) perceives academic environments to be accommodating of some ADHD traits, expectations to meet neurotypical assessment criteria remain. In her experience, academic environments are accommodating up to a point.

> I think [knowledge of ADHD is]…a bit better, but it's not…enough because it's like, "Okay, it's fine for you to be a little messy. It's fine for you to be a little disorganised, but then we still expect you to hand everything in on time, the way that we want you to write it out and have assessments the way that we want. And we only give you two hours to complete an exam when we know you're not going to finish". (Palesa, 23)

Research has shown that neurodiverse university students often feel pressure, despite their difficulties, to conform to neurotypical standards and expectations to avoid negative perceptions and academic failure (Mosher Syharat et al., 2023). This may explain the degree of resignation that I sensed from participants (in terms of complying with neurotypical standards and expectations at university). However, their acceptance and compliance may also be related to earlier experiences, as discussed below.

From a young age, participants learned that 'good' children conform to social norms created by the neurotypical majority. Social norms can be defined as informal rules that stipulate what 'normal' and acceptable behaviour is (Cislaghi & Heise, 2018). In accordance with these norms, participants reported being expected, as children, to be obedient and well-behaved. To behave neurotypically in social situations, and at school, participants were required by authority figures to sit still, pay attention, be quiet, not interrupt or disrupt others, remember instructions, manage their time effectively, be neat and tidy, and be organised. When they violated some or all of these expectations, they were criticised, scolded, or reprimanded. Research shows that children with ADHD receive more corrective feedback and have more negative interactions with authority figures than typically developing children (McKee et al., 2004; Podolski & Nigg, 2001; Staff et al., 2023). These experiences taught

participants that their behaviour was not 'normal' and that *they* had to change how they behave, engage, and present.

When they did act neurotypically, especially when they achieved academically, participants received praise, validation, and social acceptance. For instance, Nadia (22) and Palesa (23) described noticing a marked difference in how they were treated by their school peers when they started achieving high marks. They realised that high achievements garnered attention and admiration from others. Several studies indicate a positive association between academic achievement at school and peer acceptance and selection (Buhs & Ladd, 2001; Ladd et al., 1997, 1999; Furrer & Skinner, 2003; Garrote, 2020). The motivation to behave neurotypically by performing academically was therefore strengthened by the social acceptance and validation this brought about. These experiences taught participants that to function and thrive in a neurotypical world (including at university), they must continue to adapt to neurotypical standards and expectations.

As noted earlier, participants also described expectations to conform to gender norms. Gender norms refer to "the socially constructed roles, behaviours, activities, and attributes that a particular society considers appropriate for men, women, boys, girls, and gender diverse people" (World Health Organisation, n.d.). As AFAB children, participants were expected to be well-mannered, considerate, and accommodating. According to Morgan (2023), the focus of such (gendered) behaviours is to please others, which, in children with ADHD, can contribute to higher levels of masking. This is demonstrated in the excerpts below, in which participants expressed learning to exhibit behaviour more befitting their gender.

> [G]rowing up, you're not really…allowed to express [anger or interrupt people]. I was…in…all girls' schools…and there was…a very particular way that you were…allowed to be. And, so, you just kind of…learn to…be a certain way. (Amy, 22)

> [A]s you grow up, people are like, "Oh, you need to be…a smart, quiet little lady". Then, you learn, "Oh, I need to be quiet. I can't talk a lot". (Lena, 20)

> I'm…the oldest in my family and it was very much taught that as the oldest, especially the oldest girl, we had to first give to others before you give to yourself. So, that was also something that was kind of…taught to me and…became a habit as well. I obviously over time learned, "Okay, I have to wait. I have to be patient. As difficult as it is, I have to do it". (Toni, 24)

Masking ADHD-related behaviours to conform to gender norms was not a one-off effort by participants. Instead, 'learning to be a certain way' became habituated. According to Waite (2010), many girls exert considerable and lasting effort to mask their ADHD to avoid social sanctions. Similar to social norms,

> Gendered norms and expectations are enforced through informal sanctions of gender-inappropriate behavior by peers and by formal punishment or threat of punishment by those in authority should behavior deviate too far from socially imposed standards for women and men. (Lorber, 2001, p. 123)

Participants described being corrected and reprimanded when they acted in ways that were incongruent with gender norms. This caused them to fear displaying ADHD symptoms. Camouflaging their symptoms helped participants to avoid negative feedback and treatment, not only from authority figures, but also from their peers. Evidence suggests that managing peer perceptions is especially important to AFAB children. Rose and Rudolph (2006) argue that girls exhibit a higher inclination towards engaging in prosocial relationship behaviours, express a greater need for connection with others, and report heightened apprehension about negative peer evaluations compared to boys. This implies that girls with ADHD may display increased sensitivity to peer feedback (Rose & Rudolph, 2006). These traits are evident in

participants' descriptions of themselves and their peer relationships and explain the need they felt to camouflage their ADHD.

Some participants perceive a double standard in terms of how AFAB and AMAB people with ADHD are viewed and treated. In their experience, ADHD-related behaviours are tolerated more when they are displayed by AMAB people.

> I think…there's…a whole…"boys will be boys" [thing], and…it's fine if they are…fidgety, or…can't sit still, or…can't concentrate. [But] with girls, it isn't as accepted. Like, *you* are the one that has to change. (Amy, 22)

> Men, typically, I feel…get more leeway to be…reckless, or…not responsible, which [are] things that are very much [associated] with…having ADHD. [W]hereas…we have to…fit [into] the norm, and still excel above that. (Priya, 21)

Participants experienced this double standard not only in terms of perceived tolerance of ADHD symptoms, but also in respect of available accommodations and support. They described being expected to manage and correct their behaviour themselves, which led to greater masking, whereas AMAB people (especially children) with ADHD were accommodated and given support. Contrary to participants' perception that ADHD symptoms in AMAB children are more tolerated, studies have found that boys with ADHD tend to upset their teachers more than girls. Parents are also less approving of the more externalised presentation of the disorder, which is more common in boys (Graetz et al., 2005; Ohan & Johnston, 2005). However, speaking to participants' experiences, AMAB children are more readily referred for assessment than AFAB children when ADHD symptoms are noted or suspected. This accounts for the gender discrepancy in ADHD prevalence rates and means that AMAB children are more likely to receive support and treatment (Gershon, 2002; Glaser Holthe & Langvik, 2017; Slobodin & Davidovitch, 2019).

In summary, this PET described participants' experiences of growing up and living with ADHD in a neurotypical world. Expectations to act in accordance with established cognitive, social and gender norms were discussed as well as the reasons and motivations for participants learning to exhibit behaviour that conforms to neurotypical standards and expectations. Another reason participants learned to act neurotypically is related to feedback they received (and continue to receive) that ADHD is 'bad'. This theme is discussed in more detail below.

ADHD is Bad

Through the feedback, messages and treatment participants received from their parents, teachers, and peers, they learned that their ADHD-related symptoms and behaviour were seen as disruptive, inconsiderate, and disrespectful; in other words, as 'bad', and the result of a personal flaw or failure that they had to manage or change.

> [G]rowing up I was told a lot that I was lazy because of [my] ADHD [symptoms]…and that really made me feel terrible…'cause, like, "Oh gosh, I'm just lazy. Like, they're right!". (Lena, 20)

> [T]eachers and all of those people – instead of understanding that I was neurodivergent, people would immediately assume, "She's lazy. She's impulsive. She just does what she wants". All of those things. (Toni, 24)

> [I]n [my] primary school…there was a boy with ADHD, and the teacher was definitely not understanding of it. And every time he was…playing, it was like, "Have you taken your meds?". And, so, I was like, "Okay, this is a bad thing! I need to hide!". (Jemma, 21)

In participants' experience, perceptions are formed based on behaviour, and 'bad', or unwanted, behaviour results in negative perceptions. A recent systematic review of perceptions and attitudes of ADHD shows that people generally perceive the disorder to result

in poor behaviour and that people tend to distance themselves from individuals who display ADHD behaviours (Bisset et al., 2021). Similarly, research has shown that children with ADHD are often rejected by their peers and experience poorer student-teacher relationships than neurotypical children due to negative perceptions (Krtek et al., 2022; Mrug et al., 2012). These perceptions can be understood as ADHD stigma. Stigma can be defined as the societal devaluing of attributes deemed unacceptable, which causes those exhibiting them to feel 'othered' (Goffman, 1990). The fear of being stigmatised has remained with participants. At university, for example, they worry about being perceived negatively by their lecturers, tutors, and peers because of their ADHD-related difficulties.

> [I have] so much shame around [not meeting deadlines]…, 'cause I just think these people must be like, "Oh, she's lying. She's making up excuses. She has no work ethic". And, meanwhile, it's just like, "I actually don't know where to start". (Anika, 31)

> [W]ith my lecturers, if I come with…not…great work, it's…very difficult [for me]. [Y]ou can see when they think, "This child is just lazy…or wasting time". But, you know, there is an *actual* reason. (Nadia, 22)

These participants believe that neurodiversity is not understood, taken seriously, or accommodated by most university lecturers. Instead, based on lecturers' responses, body language, and behaviour towards them when they miss a deadline, ask for an extension, or submit incomplete or unsatisfactory work, they sense that they are perceived as lazy, dishonest, and unmotivated. In other words, they are perceived as 'bad' students. Those who have disclosed their ADHD feel that lecturers viewed it as an excuse to get an extension or receive 'special treatment'. This perception is also informed by past experiences, where participants' ADHD diagnosis was questioned or dismissed because they did not present as 'stereotypically ADHD'.

> [I don't disclose my ADHD to strangers]…because…the stereotype of someone with ADHD is this little boy in a classroom who's uncontrolled and he's loud, and that's just not how mine presents. And, so, people would…go, "Oh, no, you don't have ADHD!". (Jemma, 21)

> I still struggle with [disclosing my ADHD]…because you tell people, and they still have a very specific idea of what it means, and they don't get all the little nuances and 'lil things that even…I didn't know…until a while ago. So, I guess that's the main reason because people just don't understand. They'll just be like, "You don't seem [to have ADHD]". Like, "You're doing a [postgraduate degree]. What do you mean?". Or like, "You're not jumping around all the time. You don't seem that hyper." (Anika, 31)

By acting neurotypical to distance themselves from negative perceptions and avoid being judged, disliked, and rejected, participants experienced skepticism and dismissal when they disclosed their ADHD to their peers or friends. Annika (31) and Toni (24) also recounted being told by a doctor and psychologist respectively that they do not have ADHD based on their level of functioning and presentation. Studies on autistic camouflaging show similar experiences, with participants in studies reporting that because they do not conform to the stereotypical idea of how autistic people behave and present, their diagnosis was dismissed (Bargiela et al., 2016; Botha et al., 2022). In the current study, some participants also described their peers or friends dismissing their struggles or emotional difficulties because they seemed to be 'coping' or performing well academically.

> [When I] talk to friends who were kind of…not doing as well, and they would be like, "What are you complaining about? Like, you're doing well. You're getting better marks than me". [And]…I…felt like I couldn't really…talk about it…because…they were like, "Literally, what is the issue here? 'Cause you're actually getting good marks, so why are you complaining?". (Amy, 22)

Similar experiences were reported by participants in Mylett's (2022) study on ADHD camouflaging. When they expressed facing challenges, they were judged, and their difficulties dismissed, by people in their lives. Mylett's (2022) participants believed that these reactions were related to their failure to meet the (neurotypical) expectations people developed of them based on how they presented when they camouflaged. According to Lingsom (2008, p. 2), people with invisible disabilities, that is, disabilities that are not obvious or immediately apparent, are in the difficult position of having to "explain…the unexplainable" when they disclose impairments. This difficulty is reflected in the experiences of participants described above.

In summary, while growing up, participants received feedback that their ADHD-related behaviours were 'bad'. To avoid the negative perceptions and treatment that come with exhibiting 'bad' behaviour, they learned to act neurotypically and compensate for their struggles. However, hiding symptoms and behaviours do not change, or eliminate, neurodiversity. When they struggle to meet deadlines and other expectations at university, participants again perceived negatively. In their experience, disclosing their ADHD diagnosis is either viewed as an excuse or not taken seriously due to their masked presentation. However, participants do consider camouflaging as having beneficial or desirable outcomes, which motivate them to continue acting neurotypically. These, as well as some negative consequences, are considered in more detail below.

Experiences of Camouflaging

This theme is concerned with participants' experiences and perceptions of camouflaging as a strategy to appear neurotypical. While camouflaging allows them to hide their ADHD and thus fit in and be accepted socially, it also causes inner conflict and is extremely taxing. As described below, participants perceive camouflaging to have positive and negative outcomes.

Acting Neurotypical to be Accepted

Participants described camouflaging as projecting an image, putting up an act, or giving an impression of themselves based on what they perceive to be acceptable or desirable. In their experience, what is accepted and rewarded is neurotypical behaviour. The biggest motivator for participants to act neurotypically is to fit in and be accepted. As Anele (18) and Charlie (19) explain, camouflaging helps them to "not be seen as an outcast" and to "make social connections". Speaking to these experiences, studies on camouflaging have repeatedly found that one of the main reasons autistic people camouflage is to fit in and not feel different from others (Bradley et al., 2021; Cage & Troxell-Whitman, 2019; Hull, Petrides et al., 2017). Inherent to participants' motivation to camouflage is the recognition that being or (in their case) appearing neurotypical is a requirement for social connection.

> [Y]ou wonder, like, "Am I gonna be able to make friends with the way that I am?". So, you think, "Okay, now I'm gonna have to camouflage, because they're going to have to think that I'm neurotypical, [so I] can belong. (Lena, 20)

> I know that…I can't be my true self…in front of anyone besides [my sister]. Or, I mean, if I did, then I don't know…what that would mean for me…socially. Would I have the people around me that I do? Would I have anyone? (Nadia, 22)

These participants have concerns and doubts about how their neurodivergence will be perceived and received based on negative past experiences. They camouflage to protect themselves from rejection and social isolation. Related to this, some participants also described the need to project an image of competence and professionalism to their university supervisors and lecturers. They want to appear as 'ideal' students (see Chapter 2) who are capable, committed, and motivated.

> I've noticed a little bit with [my] supervisor [that I want to] appear as a person who's gonna finish their [degree]. I want to come across as being focused, as somebody who's got this, [who is]…professional [and] know[s] what [she's] doing. (Clare, 23)

> I need to put forward…a certain caliber of work that shows that, "I'm capable of being in this degree. I'm worthy of being in this degree, and this institution". (Lena, 20)

These participants worry that if they do not camouflage their ADHD, and they are perceived negatively, it will hinder their academic progress or success. These fears occur against the backdrop of earlier experiences, where participants were perceived and treated negatively because of their ADHD behaviours and difficulties. In their experience, acting and appearing like 'ideal' (neurotypical) university students will lead to acceptance and validation.

Camouflaging Causes Inner Conflict

Several participants expressed that camouflaging has become a part of who they are and a part of their identity. Because they have 'internalised' acting neurotypically, they camouflage automatically or instinctively in social situations. While some participants reflected that they camouflage less around neurodiverse people (because they feel more accepted) or they camouflage when the value or utility of an interaction warrants it, many perceive themselves to always camouflage in social situations.

> I…feel like [camouflaging] probably did come from…an external thing, but then [it] becomes so…internalised, and [it] becomes something where, even if you're…with other people who…won't react badly to [your ADHD], then you still…kind of…regulate yourself in the same way. Like, it becomes a habit. (Amy, 22)

> I think it's muscle memory as well because I've been [camouflaging] for so long. [I]t's kind of ingrained now. It's kind of just become part of me. (Toni, 24)

Research on autistic camouflaging has found that some autistic people also perceive camouflaging as something that becomes automatic (Cage & Troxell-Whitman, 2019; Loo et

al., 2023). For these individuals, including my participants, due to the ever-present expectation (and resultant pressure) to act neurotypically, camouflaging becomes a necessary part of how they live in and present themselves to the world.

As participants present themselves in ways that are different from, or contradictory, to who they feel they 'really' are, some expressed that they feel inauthentic and disingenuous when they camouflage. According to Seers and Hogg (2023), studies have found that camouflaging leaves autistic women feeling disconnected from their 'authentic' selves, suggesting that camouflaging has a psychological toll.

> [I]t's just frustrating that…you're not always giving…the authentic version of yourself to people…and, so, you're kind of always bound to feel misunderstood…because you're not being yourself, which…I don't even realise half the time. (Anika, 31)

> I struggled a lot with…seeing other people interact and being like, "I need to do that to be successful". But then if I do that, it's very…disingenuous for me because I'm like, "This isn't going to get me anywhere permanent because it's not…real or true or how I…actually…behave…and react and things". So, I struggled a lot to…try and find a balance and I still…haven't really found…a balance between being…disingenuous and…functioning…or being…just genuine and struggling to…make a connection. (Charlie, 19)

These participants do not only experience inner conflict but are also concerned about some of the consequences of acting neurotypical. These include being misunderstood and failing to keep up appearances. These concerns add to the taxing nature of camouflaging, which are considered in more detail below.

Camouflaging is Exhausting

Research on autistic camouflaging has repeatedly found that camouflaging is exhausting to those who use it (Bradley et al., 2021; Hull, Petrides et al., 2017; Milner et al.,

2019; Tierney et al., 2016). Similarly, the most common theme expressed by participants in the present study was that camouflaging is “exhausting”, “tiring”, and “draining”. For many, this is related to the effort (conscious or unconscious) required not only to constantly monitor themselves but those around them too. Monitoring people enables participants to notice their reactions to and perceptions of them and (if necessary) helps them to adjust their behaviour accordingly.

> I have to…be aware of myself, my surroundings, everything else. I have to be able to control certain amounts of things at a time, and I have to monitor people’s reactions to what I’m doing [and] what I’m saying. It’s really draining because it’s…multiple different streams of thoughts at one time, and you’re trying to control it all. (Lena, 20)

Because neurodiverse people process and respond to stimuli differently than neurotypical people (Ghanizadeh, 2011; Marco et al., 2011; Panagiotidi et al., 2018), camouflaging requires intense concentration, self-control, and management of discomfort in social situations (Hull, Petrides et al., 2017, Tierney et al., 2016). In addition to monitoring their environments, participants also described putting significant effort into controlling their impulses, behaving appropriately, and coping with sensory difficulties, among others. The effort required to cope socially leaves them feeling drained after social interactions. Some even reported the impulse to escape social situations due to the toll this takes on them.

> [In social situations,] I need to get [out]. I think of myself as an extrovert, so…it…doesn’t make sense to me. “I want to be out of here. I want to leave”. And a lot of it is with some of my friends. And…then it’s just like, “Okay, I’m tired. I’m done now. I really don’t want to be here anymore”. Because, I don’t know, it’s just so different from what I know and…what’s me. So, then, having to put up [an act], like, pretend that I am the way you are, or…just be all about that normal way. It gets very tiring. (Nadia, 22)

> I think with a lot of people, my social meter is not very high. I do think that I find myself wanting to get out of social situations very fast because I just don't like being in them. I think it definitely might be because of camouflaging, because obviously if you're in a social situation that exhausts you, it's usually because you're putting up a front and you cannot be comfortable in that situation. So, obviously you try and get out of it. It does wear you out. (Toni, 24)

Participants further experience the effort and energy they put into their studies to compensate for their ADHD difficulties as exhausting. Due to executive functioning[11] difficulties, they often procrastinate or avoid starting with tasks. According to Newark and Stieglitz (2010), because people with ADHD often experience negative outcomes related to their symptoms, they tend to develop negative self-beliefs, poor self-esteem, and low self-efficacy. When they face negative or stressful circumstances, these individuals often develop maladaptive coping strategies like procrastination and avoidance (Ramsay & Rostain, 2003). Procrastination is a maladaptive strategy that results in people with ADHD avoiding tasks they perceive to be unpleasant or surpass their abilities (Ramsay & Rostain, 2003). Because participants procrastinate or avoid starting tasks, they rely on the anxiety of an approaching deadline to start working or studying. This results in them working long hours to complete assignments or projects and study for exams.

> [P]hysically I can push myself very hard…when I'm under pressure. That is what [happened over] the last three days. We had a final review yesterday. And I literally,

[11] Executive functions can be defined as "those self-directed actions needed to choose goals and to create, enact, and sustain actions toward those goals" (Barkley, 2012, p. 60). These actions include self-organisation, problem solving, time management, and self-motivation (Barkley, 2012). When an individual struggles with executive functioning, they often have difficulties with disorganisation, time blindness, planning difficulties, and task paralysis.

> just because I was so behind on my work, I haven't been able to sleep. Like, I…just had to pull…an all-nighter for…three nights or four days in a row. I…took naps in between and…got a little bit of sleep where I could. I was able to push myself…physically, but…my brain was so exhausted and so tired, to the point where…I really wanted to breakdown and cry and be like, "I can't keep doing this. This is so difficult. This is not nice. It makes me feel horrible". But I just kept pushing my body to get the work done. (Nadia, 22)

> I recheck stuff a lot. I…have…procrastination and…perfectionism at the same time, which is…a big thing. [W]hen I do assignments, I tend to do them…just before…[I] have to submit. But I won't be able just to give anything in, just because you have to give something in. I just…work through the night to get something good in. It needs to be good. (Tanya, 19)

Working late into the night, or days on end, is the reality for many participants. This causes them to feel exhausted but also makes them feel demoralised. Several participants also reported that it takes them longer to complete tasks due to attention and concentration difficulties. This requires them to put in more effort and work longer than their neurotypical peers to obtain good marks or simply pass. Combined with the effort to regulate their behaviour socially, camouflaging takes a mental, emotional, and physical toll on participants.

Studies have shown that camouflaging is associated with increased symptoms of generalised anxiety, social anxiety, and depression as well as increased suicidality among autistic people (Bradley, 2023; Cassidy et al., 2020; Hull, Levy et al., 2021; Ross et al., 2022). In Mylett's (2022) study on ADHD camouflaging, camouflaging was also significantly related to social anxiety. Although neurodevelopmental disorders such as autism and ADHD are associated with comorbid disorders, these studies suggest that camouflaging contributes to the development and maintenance of these conditions.

Camouflaging Strategies

Participants described Camouflaging Strategies similar to those found in autism literature. These include ‘masking’, ‘mimicry’, and ‘accommodation’. Participants also reported using strategies to compensate for ADHD-related deficits. The behaviours that constitute ‘compensation’ in this study differ from autistic compensation as they largely serve to manage executive function deficits as opposed to social-communication difficulties. These compensatory behaviours include *self-monitoring*, *creating routines, structures, and systems*, and *working very hard*. Other camouflaging strategies identified through my analysis are ‘pretending’ and ‘hiding’.

Masking

Similar to autistic people, participants reported masking ADHD traits and behaviours to appear neurotypical and fit in socially. ‘Masking’ refers to the regulation of certain social behaviours, either by increasing or decreasing them (Hull et al., 2020). Most participants reported decreasing, or suppressing, socially unacceptable behaviours such as interrupting others or not sitting still. However, some reported increasing acceptable or expected behaviours, such as making eye contact. In the latter instance, participants commented that they often force themselves to make eye contact with conversation partners, despite this causing them discomfort or resulting in their losing focus during conversations. They were socialised to believe that creating a positive social impression by engaging in neurotypical social behavior results in social acceptance (Cook, Crane et al., 2021). In Toni’s (24) case, they learned that behaving neurotypically also leads to better work prospects.

> [I learned] how to do eye contact because I was in so many situations where I had to…get a job and talk to people, [and] I had to make eye contact, which is the worst thing for me. But I knew that people saw it as respectful, so I had to try and be

> respectful by doing eye contact a lot, especially if I'm trying to get into a job or into a business. They want me to make eye contact. (Toni)

Speaking to Toni's experience, research has shown a positive relationship between job applicants exhibiting 'positive' non-verbal behaviour, such as a high level of eye contact, and positive recruiter evaluation (Guerrero, 2005). Thus, there are material benefits to acting neurotypically. The experience of camouflaging to meet certain social demands (making eye contact during job interviews, for instance) has also been reported by autistic adults who camouflage (Finn et al., 2023).

Other participants reported masking by forcing themselves to not talk too much, too loudly, or out of turn (impulsively) in social situations. They mask their verbal impulsivity or expressiveness by being aware of how loudly they speak and keeping their thoughts 'inside'. Others reported adjusting the volume of their voice, forcing themselves not to interrupt others, and speaking less if they perceived people to dislike their talkativeness. Instead of speaking and engaging spontaneously, participants "control", "filter", "restrain", and "stop" themselves during conversations to hide the discrepancy in communication between themselves and neurotypical people (Godfrey-Harris & Shaw, 2023). Again, the focus is on adapting to established norms and expectations "to minimise the disruption in the interactional flow" (McLaughlin, 2017, p. 1), and thereby be accepted by those with whom they interact.

Participants further described masking hyperactive or self-regulatory (stimming) behaviours in public – something they learned to do in childhood. Research shows that peers exhibit greater tolerance of ADHD behaviours when they are exhibited by boys compared to girls (Diamantopoulou et al., 2005). As noted earlier, participants also experienced authority figures to be less forgiving of them demonstrating socially unacceptable behaviour as AFAB children. Negative feedback caused them to develop strategies to hide their physical overactivity.

> [I sat still] because…I couldn't disappoint. I had to be a perfect student. I knew that I can't move around. I can't disrupt. I need to sit still and focus because then [my] teacher will like me. [My] [p]arents will be happy. Everyone will be happy. (Nadia, 22)

> I think I did later learn how to mask [my fidgetiness] better, but this might have purely been out of my fear of confrontation. I hate[d] being scolded or disciplined by teachers. I would say I am a people pleaser, so I just learned to force myself to act as was expected of me. (Tanya, 19)

To mask their physical symptoms, participants described forcing themselves to sit still, suppressing stimming behaviours, or channeling their hyperactivity and restlessness into more 'acceptable' behaviours. The latter behaviours included doodling, reading, knitting, and playing on their phones during classes or lectures. Other participants stim or fidget in less obvious or more socially acceptable ways by bouncing their legs under a table, tapping their fingers on their legs, or playing with a 'fidget' toy. These strategies serve several purposes: they are less distracting and inconvenient to others; they enable participants to mask their physical overactivity; and they help them to concentrate and listen better. Doodling, for example, has been shown to improve attention and assist with memory retention, and it curbs daydreaming (Andrade, 2010).

Mimicry

'Mimicry', or imitation, is another strategy reported by participants. In autism literature, mimicry refers to the imitation of behaviour by copying gestures and facial expressions as well as rehearsing conversations (Corbett et al., 2021; Hull, Mandy et al., 2017; Hull, Petrides et al., 2017). Autistic people use mimicry to modulate verbal and non-verbal communication difficulties. Instead of mimicking specific neurotypical gestures and expressions, some participants reported observing people in social situations to 'get a sense of

them'. This helps them to better mirror those with whom they are interacting, which speaks to an aspect of mimicry.

> [W]hen I'm with people, I try to pick up on the vibe or the way they are and then conform to that…just so that I don't act out of line because I've noticed that I am different from other people, and I do behave differently. So, I kind of end up…trying to conform…to the way they are. So…talking about the things they want to talk about. Kind of fitting into the mould that they are in. (Nadia, 22)

> Socially…I will…[pay]…attention to what people [are doing]. Like…a few months ago…I went to…a climbing meet [up]. And…I was like, "Okay, I'm going to figure out what the vibe is here". And…I thought, "Okay, I…[may]…be annoying but…I'll follow someone who [I] kind of realised will get me"…rather than…make a social…blunder. (Clare, 23)

Inherent to these descriptions is participants' awareness of their 'difference' in social situations. Research has shown that people with ADHD experience high levels of social rejection (Grygiel et al., 2014; Paulson et al., 2005). To avoid being othered, participants have learned to adapt to accepted and expected ways of being in social situations. Evident in the excerpt above, Clare (23) also actively sought to associate with someone she perceived 'would get her' as she still perceives herself to make "social mistakes".

The other aspect of mimicry – rehearsing conversations before they occur – was reported by several participants. While neurotypical people have been found to "imagine interactions" (Honeycutt, 2008, 2020), which also involves rehearsing conversations, the reasons participants reported practicing conversations included preparing for the demands and uncertainties of discussions and interactions and appearing more eloquent, fluent, and confident than they perceive themselves to be. Put differently, they want to appear socially competent (Black et al., 2023).

> [W]ith…rehearsing conversations, if I ever have to talk to someone about something that's kind of…important, or if there's…any…kind of conflict, or anything…I'll talk it through in my head, and I'll…think about the different ways they could…respond. [chuckle] I'll literally…you know, stay awake for…hours…in my bed…where I'll…think through…what I could say, think through how they could respond, like my own responses to…each of those, and…think through…all of these different…possible…ways the conversation could go, and…plan for them. 'Cause, also, I feel like…if I'm…kind of a bit…anxious or stressed in a conversation, my…mind just…goes completely blank…and, so, I wanna…prepare as much as I can for that, so that I don't have to say…"Oh, sorry…my mind's gone blank". (Amy, 22)

Amy's description speaks to several participants' experiences. They explained that, like Amy, they rehearse conversations when they anticipate feeling anxious during an upcoming interaction or discussion, when they must face a conflict situation, or when they need to talk to an authority figure, like a lecturer. Attwood (2006) proposes that girls who imitate others may appear adept in social situations, but when they are in unfamiliar settings, with unexpected demands made of them, they struggle to socialise. This may explain the need participants reported feeling to rehearse what they want to say and how they would like to respond due to earlier experiences of struggling to express themselves and appear competent (neurotypical) in situations that were stressful and demanding.

Accommodation

'Accommodation' refers to strategies that assist with the accommodation (as opposed to changing) of neurodivergent behaviours and traits. Put differently, accommodation strategies help to make neurodivergent behaviour more 'tolerable' to and even valued by neurotypical people and institutions. For autistic people, accommodation strategies include the use of humour or intelligence in conversations or seeking out employment opportunities

that deem non-social skills more important than social skills (Corbett et al., 2021; Livingston, Shah et al., 2019). While Anika (31) reported using humour as a child (acting like the class clown) to fit in, most participants described using strategies to make communication with them easier or more comfortable. For example, Charlie (19) reported that due to auditory processing difficulties, she reads people's lips during conversations. When asked if she makes eye contact when she realises that she is watching people's mouths, she replied:

> No…because I do need to look at people's mouths…so I can know what they're saying because looking at people's mouths is way easier for me than being like, "Sorry, what? You said a pickle bath?". [Because] that makes other people annoyed. It's bad for me. It's bad for them.

Charlie also avoids talking about her personal interests during social interactions, stating, "One or two fun facts as an aside is fine but I don't let myself make the topic change to an interest of mine or I might talk too much and imbalance the conversation flow". Experience taught her that to be accommodated and accepted by others, she must ensure that she does not inconvenience or annoy conversation partners. Strategies to make conversations easier and more enjoyable with them were also described by Clare (23), Nadia (22), and Priya (21).

> [By camouflaging]…I'm less of a drain on them. I'm…not always the easiest person to be around. [Camouflaging] at least…makes it that much easier…I mean, that's kind of the main thing, isn't it? (Clare)

> [B]efore I…meet up with someone…I think about, "Okay, what…would make them comfortable?". Also…because…I don't want things to be awkward. So, [I ask myself] "What would they be interested in? What would they want to talk about?". [And I] Ask…them about themselves…just so that, you know, they feel…[comfortable]. A lot of it is...so that there's no awkwardness. (Nadia)

> I've definitely tried to…be more…conscious of when I am getting distracted…or…when I…lose my train of thought so that I can come back [to the conversation]. Because also…sometimes [my friends] don't even realise that it's happening. [T]hey needed to talk about [something], and then…they get home [and are] like, "Oh gosh, I didn't get to talk about this because we went off [topic]". (Priya)

Autistic people have also described feeling pressured to downplay or conceal their innate behaviours and preferences in social interactions with neurotypical people due to the unwillingness of conversation partners to accommodate their social needs and preferences (Crompton, 2020). Being 'normal' in conversations makes it easier for neurotypical people to talk to, understand, and tolerate participants, which means they are much more likely to be accepted.

Compensation

In autistic camouflaging literature, 'compensation' refers to the use of "alternative cognitive routes to achieve neurotypical behaviour" (Livingston, Shah et al., 2019, p. 766), such as developing rules around how to understand and react to certain behaviours or situations (Livingston, Colvert et al., 2019). However, in the present study, participants reported using strategies to compensate for executive dysfunction difficulties, such as forgetfulness, time blindness, and disorganisation. These are described below.

Self-monitoring

Several participants described consciously monitoring themselves to remember tasks and appointments, to manage their time blindness, and to keep track of their possessions. In autism and ADHD literature, self-monitoring is defined as the systematic monitoring of oneself to determine whether a particular behaviour has occurred and recording the outcome in some way (Alsalamah, 2017; Holifield et al., 2010). Most participants who described monitoring themselves reported consulting or reciting a physical or mental to-do list. They

also regularly consult their calendars. While neurotypical people also use lists and calendars to monitor their schedules and complete tasks, participants described almost constantly looking at their to-do lists and calendars to remember, track, and complete tasks, and remember appointments.

> [E]very 10 minutes, I'm like, "Have I forgotten anything on the list? No". And it's not even like I'm…timing it. [I]t's [just]…a mental reflex that I have now. It's like, "Check the list. Have I forgotten? Check the list. Have I forgotten? Check the list. Have I forgotten?". (Charlie, 19)

> I find reminders on my phone to be helpful, and a calendar that is constantly in my view, or else I forget about its existence. (Lena, 20)

> [To remember appointments, I use]…my calendar on my phone. I have to…set it out and I have to look at it all the time. So, I keep it like right on my home screen, very big. And I have to check it every day. I check it every day, so I know what's happening. And then I also have…a desk calendar. And then I also have a diary. (Nadia, 22)

People with ADHD have been shown to have difficulties with prospective memory, which is "the self-initiated execution of intentions after a delay" (Altgassen et al., 2014, p. 617). Put differently, prospective memory is the ability to remember to execute previously set intentions. For participants, this deficit manifests in forgetting not only to do tasks and attend appointments but also what tasks and appointments require their attention. Monitoring themselves is driven by the anxiety to 'remember to remember', which, in turn, has a compensatory outcome.

To keep track of possessions, participants also make use of mental checklists. Priya (21) and Anele (18) developed a 'checklist of possessions' to take or pack when they leave their house, which they consult daily. Amy (22) and Nadia (22) always check a room or

location before they leave to make sure they did not leave anything behind. Nadia also counts her possessions. These participants monitor their awareness of their possessions, which helps them to compensate for their forgetfulness and inattention in relation to objects and possessions.

Creating Routines, Structures, and Systems

Several participants recognise that in childhood, routines and structure, or external support, in their home and school environments assisted them to compensate for their executive dysfunction. Some participants' mothers helped them with their homework after school or checked that they completed their homework and studied for tests and exams. Others had designated study time after school, which was monitored by their parents. Some participants also reported that their parents and domestic workers helped them to keep their rooms tidy and organised. Managing their executive dysfunction as university students who live away from home, without the external support they received in childhood, is a challenge.

> I would say [my symptoms are] quite a…bit worse [now]. But…I guess the symptoms are the same, it's just that I had someone helping me…manage them when I was younger. I guess [my mom] did provide a lot of structure. (Anele, 18)

> I also struggle with…organisation a lot. I mean, in high school it was a bit easier 'cause there wasn't as much to organise and…honestly, a lot of it was organised for you. Like, your teacher tells you, "Okay, this is what we're learning this week". Like, you get homework, so you know "if I do the homework, [I'm] covered". (Palesa, 23)

> I still am very forgetful and stuff. I'm actually more…confronted with [it] now…because…I live away from my parents. My parents are Pretoria and I'm here, so I have to do…all the cleaning, and stuff is more…in my face…now. [W]e were…lucky enough to have to…a domestic worker who would clean my room, eventually. But…now I'm…more in it. (Tanya, 19)

To manage their disorganisation, time blindness, and forgetfulness as young adults, participants described creating routines, structures, and systems. Although adhering to them is challenging, almost all participants rely on them to compensate for their executive dysfunction, particularly at university. They described creating daily routines, setting multiple alarms and reminders on their phones, and creating systems to manage their forgetfulness and disorganisation.

> I overcompensate with my time blindness by religiously setting alarms. I will regularly have two or three alarms set for if I have to leave the house to get somewhere at a specific time. (Amy, 22)

> [We use] a lot of…systems. [F]or example, my partner and I realised that we didn't take [our ADHD] meds when they were on the…bookshelf. So, we keep them in the car and…figuring out stuff like, [doing a] [s]ingle big weekly shop, [t]elling each other what we need to get done, [and] holding each other accountable. (Clare, 23)

> I use alarms to make sure I'm on time for pretty much everything or to remind me of important things I need to take care of, [like] my classes, the days I have work, making event updates for my society's social media that I'm in charge of et cetera. (Toni, 24)

Working Very Hard

Participants described 'working very hard' to compensate for their executive dysfunction and other ADHD-related difficulties. The considerable effort and long hours that they put into their studies are either to perform well academically or simply to pass. Participants learned to work hard in childhood, often to receive, as noted earlier, the validation and social acceptance that comes with achieving high marks. For some, however, working hard was a necessity.

> [S]chool was something that I would like hyper focus on. Like, I would…study…super intensely, and [I] was…so driven to…get good marks. [T]hat became something that [I] was…focusing super heavily on. (Amy, 22)

> [I worked]…way harder than I needed to, to try and get…average grades. I always felt like I had to…overcompensate to be average, [w]hich really sucked because I wanted to be perfect! (Jemma, 21)

> [I was in a] cycle of, you know, pushing myself. And…I can't believe it…now. Like, if I think about it. […] I don't know why I was pulling all-nighters for…technology in grade 8 and 9. […] That, that's so silly. […] But it seemed so important to me back then. And I was like, "Okay, well, I have this amount…of work to get done and I know I can get it done…if I don't sleep". (Nadia)

Almost all participants reported perfectionist tendencies or work behaviours, which result in them working very long hours. Perfectionism is widely considered to be a personality trait that involves setting excessively high standards and critically assessing one's own behaviour (Kamushadze et al., 2021). While it is possible that participants' perfectionism is informed by an underlying personality trait, they described their perfectionism as a strategy that enables them to manage their ADHD symptoms, present as neurotypical, and receive praise. In other words, perfectionism is a compensatory strategy. However, while perfectionism helps participants to produce work that meets neurotypical standards, they also reported that it often leads to procrastination or working very long hours.

> I definitely tend to overwork myself to ensure my work is up to my perfectionistic standards. I work long hours and I check my assignments many times. It even goes as far as once it's submitted, I will triple check that I have submitted it correctly. (Jemma, 21)

> I'm…a perfectionist but…it's…gotten out of hand now. I've gotten to a point where I procrastinate because I'm afraid…[my work]…won't be perfect. (Palesa, 23)

> [My perfectionism]…makes it very difficult to actually start on the work because I need to have like thought of every possible factor that would…inform my decision making. (Nadia, 22)

Although perfectionist behaviours help participants to compensate for their ADHD, it also has negative consequences, which adds to their exhaustion and workload. These consequences are not only procrastination and physical exhaustion but increased anxiety too. Studies have linked features of anxiety, such as pathological worrying and repeated negative thoughts, to perfectionism (Garratt-Reed et al., 2018; Handley et al., 2014). For instance, participants described that they frequently worry about the accuracy, quality, and creativity of their work as well as their ability to meet the academic standards and expectations of their tutors, lecturers, and supervisors.

Pretending

Some participants reported camouflaging their ADHD symptoms by 'pretending' to act in expected or desirable ways. As noted earlier, several participants described doodling, reading, knitting, or playing on their phones during lessons or lectures to manage their inattention, hyperactivity, or boredom. However, some reported pretending to work (by doodling or reading) or pretending to listen in classes and lectures when they struggled to concentrate, became bored, or finished their schoolwork early.

> I definitely doodled to help me pay attention, but sometimes I didn't have the mental energy to write down what I was listening, so I doodled to make it look like I was working but I was still listening. (Jemma, 21)

> I often read books secretly while the teacher spoke. In fact, if you looked at my notes throughout high school a lot would be covered in doodles and lyrics and random stuff about current hyper fixations. (Lena, 20)

> I'm good at…pretending to be more engaged than I am sometimes. Like, [a] two hour…[seminar] is long! I'll allow myself a few minutes in the middle to just…think about something completely different…and then I'll get back into it. (Amy, 22)

By pretending to work or listen, participants are able to 'blend in' and avoid unwanted attention and negative feedback from their peers and lecturers. These strategies also help them to appear to function well when, in fact, they continue to experience difficulties – an argument made by Hull, Petrides et al. (2017) in relation to autistic people who camouflage. No research exists on the use of doodling, or other stimming behaviours, to pretend to act in expected ways. However, a study on ADHD camouflaging by Mylett (2022, p. 38) found that participants "pretended to behave in ways and hold characteristics they perceived to be desirable", such as pretending to listen and pay attention. In the present study, participants similarly described pretending to listen during conversations to avoid people realising that they had lost focus or had become bored.

> I often get bored in conversations. When I was younger, I used to interrupt people but got told off for doing it so stopped. Now I will entertain myself by trying to guess what the person will say next. I try to get as close as possible to what they actually say as a challenge to myself to make it more interesting. (Amy, 22)

> I try my best not to get distracted while people are talking, but that doesn't always work out, so I have a pretty good set of "uhuh", "yeah definitely", "right" sort of filler phrases [and] an okay sense of timing, so that they won't notice if I get [distracted]. I've [also] gotten quite good at pretending I'm thinking about a question I've been

> asked while spacing out when I'm actually just rewinding the conversation. This is again just so they don't get offended and so the pause is less awkward. (Charlie, 19)

These participants learned that staying engaged and focused during social engagements and conversations is expected and polite. As this is a challenge for them, they developed strategies to help them seem like they are actively listening, which allows them to be perceived as good conversation partners. Another description of pretending was provided by Lena (20), who reported pretending to have a similar grasp of her coursework as her classmates at university.

> I have a lot of anxiety regarding how I'm perceived…so I do try and…camouflage in that way. Like, I need to present myself as…functioning. Yesterday, I was…trying to present in [a] lecture that I understood what is happening, 'cause it's consolidation week. So, I was like, "I need this lecturer, and I need this class, to think that I know what's going on". (Lena, 20)

For this participant, pretending to understand is easier, and more beneficial, than showing or admitting to struggling or not understanding. This speaks to the neurotypical assumption that people who gain entry to university should be able to grasp and engage with the course work, and think, study, and behave accordingly.

Hiding

A few participants described not talking to or engaging with people in social situations to avoid judgement and rejection. Others 'hide' in social situations (by playing on their phone or avoiding eye contact) when they do not have the energy to camouflage, or because the value of the potential engagement is not high enough to justify the effort required to engage. Participants who avoid engaging out of fear of being judged or rejected received negative feedback in the past in response to saying things that were considered unusual or

inappropriate. By not speaking or talking, they protect themselves by 'hiding' and going unnoticed.

> [As a child] I…didn't talk. When I did talk, I would…say things that are outside the box or stuff that you wouldn't expect a kid to say, so then I just didn't speak. [Now], sometimes I…just don't talk [because] I don't want people to perceive…me as abnormal. (Anele, 18)

> [Sometimes I am quiet because]…I've always kind of felt like I don't always relate. Like, I don't want to put my foot in my mouth and…say something very weird…So, then I'll often be quiet. And I mean…small talk just doesn't work for me sometimes. So, then I'll be quiet and then it's kind of, at least…I'm not messing up that conversation. [Other times] I…shut myself off and use phone games to avoid talking to people. (Clare, 23)

Anika (31) reported avoiding people altogether at times. She described hiding from university colleagues and peers to avoid questions about her research, which she feels is not progressing adequately due to her ADHD. By not having to answer questions or talk about her research, she is able to avoid negative perceptions. In Mylett's (2022) study on ADHD camouflaging, participants also reported avoiding social situations. For them, 'hiding' from people meant they did not have to actively camouflage and thus avoided the stress associated with acting neurotypical.

Chapter Summary

This chapter provided an overview of research participants' demographic information and considered trends noted in the demographic data. The study's research findings were also discussed. PETs that were identified in the data were grouped together to make up three GETs, namely Experiences of Living with ADHD, Experiences of Camouflaging, and Camouflaging Strategies. The themes discussed provided insight into the lived experiences of

participants in terms of living with and camouflaging their ADHD in a neurotypical world. The next and concluding chapter provides a more detailed summary of the research findings, considers the study's significance and limitations, and makes recommendations regarding future research and practice.

CHAPTER 5: CONCLUSION

In recent decades, scholars have expressed concern over the failure of ADHD diagnostic criteria to account for the more subtle or internalised presentation of the disorder in AFAB people (Attoe & Climie, 2023; Lynch & Davison, 2022). This is related to DSM criteria mainly being based on studies of the disorder's manifestation in AMAB children and (to a lesser extent) adults (Barkley, 2002; Hinshaw, 2002).[12] The outcome of this gender bias is the underdiagnosis of especially inattentive type ADHD in AFAB people, as their symptoms either go unnoticed, appear unrelated to ADHD, or fail to meet the threshold for diagnosis. Undiagnosed ADHD has serious long-term implications, not only for those with the disorder, but for their families and society too. Young et al. (2020, p. 21) address these concerns in an expert consensus statement, stating: "Understanding the expression of ADHD in females is the first step towards improving detection, assessment, and treatment, and ultimately enhancing long-term outcomes for girls and women with ADHD".

By exploring how AFAB university students with ADHD navigate and adapt to neurotypical standards and expectations, the study aimed to contribute to a better understanding of how ADHD manifests in AFAB people. The objectives of the study were to explore the experiences of camouflaging by AFAB university students with ADHD, the camouflaging strategies that they recognise themselves using, and the circumstances under which they use them. The study's findings are summarised in this chapter, followed by discussions of the study's limitations and significance, as well as recommendations for future research and practice.

Summary of Findings

[12] For example, ADHD diagnostic criteria in the DSM-IV and DSM-5 were based on field studies whose samples consisted of majority male children and adults (see Lahey et al. (1994) and Clarke et al. (2013)).

Three GETs were identified in the data obtained from participants, namely Experiences of Living with ADHD, Experiences of Camouflaging, and Camouflaging Strategies. The first GET emerged through participants' reflections on camouflaging and provides context for why they hide their ADHD symptoms. The theme is comprised of two PETs: 'the world is neurotypical' and 'ADHD is bad'. Participants reported experiencing the world as made by and for neurotypical people, which they described in terms of expectations to conform to accepted cognitive, social, and gender norms. At university, they feel they are expected to be 'ideal' students who are motivated, prepared, and organised. Participants further experience the expectation to adhere to and cope with accepted assessment criteria despite their ADHD-related challenges. If they do not conform to these standards and expectations at university, they risk failing. Intertwined with expectations to be cognitively neurotypical, participants also described experiencing pressure to conform to established social and gender norms while growing up. The consequences of not adhering to these norms taught them that they had to change, adapt, and hide their behaviour to be accepted and function successfully in a neurotypical world.

'ADHD is bad' describes the feedback, messages, and treatment participants received from their parents, teachers, and peers regarding their ADHD-related symptoms and behaviours. They learned that in a neurotypical world, AFAB children are required to be compliant, accommodating, and well-mannered. In this context, participants' ADHD-related behaviours were seen as disruptive, inconsiderate, and disrespectful; thus, as 'bad', and the result of a personal flaw or failure that they had to manage or change. Growing up, participants experienced being perceived negatively due to their behaviours and challenges. In response they developed camouflaging strategies to avoid negative perceptions and treatment, which they continue to implement to avoid being perceived negatively by their lecturers,

tutors, and peers. However, the inverse of appearing neurotypical is that some participants' struggles and requests for accommodations are dismissed.

The second GET, Experiences of Camouflaging, was made up of three PETs: 'acting neurotypical to be accepted', 'camouflaging causes inner conflict', and 'camouflaging is exhausting'. The biggest motivator for participants to camouflage their ADHD is to fit in and be accepted socially. This is based on past experiences and understandings that neurotypical behaviour is a requirement for social connection – something that is particularly important for participants. Being accepted by university lecturers and peers, and receiving validation, also motivates them to act like students who are capable, committed, and motivated.

Another experience shared by several participants was that camouflaging has become internalised due to the ever-present expectation (and resultant pressure) to act neurotypically. Hiding their ADHD, and finding ways to compensate and cope, became a necessary part of how they live in and present themselves to the world. However, some participants experience internal conflict as a result. They worry about being disingenuous when they present themselves as 'different' from who they really are. Others are concerned about the consequences of camouflaging, such as being misunderstood and failing to keep up appearances.

The most common theme expressed by participants was that 'camouflaging is exhausting'. Acting neurotypically in social situations requires intense concentration, self-control, and management of discomfort. Due to the effort camouflaging requires, and the cognitive demands this makes on them, participants expressed feeling drained after social interactions. Another factor that contributes to their exhaustion is working long hours. Because participants tend to procrastinate, they rely on the anxiety of an approaching deadline to begin working. However, to meet their deadlines, they are often required to work through the night, which is cognitively and physically exhausting. Furthermore, participants also put

significant effort into their studies to compensate for ADHD-related challenges such as concentration and attention difficulties.

The third GET, Camouflaging Strategies, comprises six PETs that detail the strategies that participants use to hide their ADHD and compensate for their difficulties. While they employ similar strategies to autistic people, the data revealed that some strategies are informed by challenges more specific to ADHD. The PETs are ‘masking’, ‘mimicry’, ‘accommodation’, ‘compensation’, ‘pretending’, and ‘hiding’. ‘Masking’ refers to suppressing behaviours that are deemed socially unacceptable and increasing those considered desirable or ‘normal’. Participants described increasing eye contact, so that they are considered good communication partners and are included, not only socially, but economically too. In terms of suppressing behaviours, many reported suppressing their verbal expressiveness, especially talking over people. Participants further described hiding their physical overactivity and stimming behaviours or channeling them into more acceptable and less disruptive fidgets and movements. The goal of these strategies is to fit into accepted norms and in turn be accepted by those around them.

Mimicry in autism literature is defined as the coping of neurotypical facial expressions and gestures as well as rehearsing conversations. Mimicry enables autistic people to compensate for their verbal and non-verbal communication difficulties. For participants, however, ‘mimicry’ involves observing people in social situations to get a sense of them. In other words, they attempt to discern what will be required of them in the situation to engage successfully and be accepted. Similar to autistic people, participants also reported rehearsing conversations before they occur. This serves to prepare them for the demands and uncertainties of discussions and interactions and to appear more eloquent, fluent, and confident than they perceive themselves to be. Again, communicating confidently and

competently (by practicing or preparing beforehand) allows participants to be accepted and included.

'Accommodation' refers to strategies that make ADHD behaviours and traits more acceptable or tolerable to others. Participants reported adapting their communication style to make it easier and more comfortable for their communication partners to engage with them. For instance, one participant reported watching people's mouths to ensure she does not mishear what is being said. She also refrains from speaking about herself too much in case she starts to dominate the conversation. Others explained that they focus on not getting distracted during conversations or 'bringing themselves back' when they do. These participants also employ verbal and non-verbal strategies to appear engaged despite losing focus. Being 'normal' in conversations makes it easier for neurotypical people to talk to, understand, and tolerate participants, which means they are much more likely to be accepted.

Compensation in autism literature refers to different cognitive pathways to attain typical neurological behaviours such as developing rules around how to understand and react to certain behaviours or situations. However, in the present study, participants reported using strategies to 'compensate' for executive dysfunction difficulties, such as forgetfulness, time blindness, and disorganisation. The most common strategies used by them are 'self-monitoring', 'creating routines, structures, and systems', and 'working very hard'.

Participants described monitoring themselves by reciting a physical or mental to-do list, constantly checking their diaries and to-do lists, and using a mental checklist to keep track of their possessions. The aim of self-monitoring is to 'remember to remember', which is driven by, among other things, the fear of forgetting. Participants also reported creating routines, structures, and systems. They recognise that in childhood, external structure assisted them to manage their ADHD symptoms. As young adults, they create and follow daily routines and set multiple alarms and reminders on their phones to remember tasks and

appointments. Another compensatory strategy is working very hard. Participants learned to work hard in childhood, often to receive the validation and social acceptance that comes with achieving high marks. For others, however, working very hard was a necessity to pass. Participants also described using perfectionism as a strategy to compensate for their difficulties. By rechecking their work, presenting work of a high quality, and being thorough, they can obtain good marks and make good impressions. However, this also results in participants having to work long hours.

'Pretending' refers to pretending to act in expected or desirable ways. For example, participants reported pretending to work (by doodling or reading) or pretending to listen in class when struggled to concentrate, became bored, or finished their schoolwork early. While many doodle, read, knit, or play on their phones during lectures to manage their inattention, hyperactivity, or boredom, some use these strategies to seem like they are listening or paying attention. This allows participants to 'blend in' and avoid unwanted attention and negative feedback from their peers and lecturers. Pretending also helps them to appear like competent students despite their struggles.

'Hiding' is the final camouflaging strategy that was identified in the data. A few participants described not talking to or engaging with people in social situations to avoid judgement and rejection. Others 'hide' in social situations (by playing on their phone or avoiding eye contact) when they do not have the energy to camouflage, or because the value of the potential engagement is not high enough to justify the effort required to engage. Another participant explained that she avoids people altogether at times. This is especially the case with her university colleagues and peers to avoid having to answer questions about her research.

Limitations

The current study has some limitations. Despite the importance of focusing on university students with ADHD, one of the study's shortcomings is the sample population. Research has shown a correlation between high cognitive functioning and successful masking of ADHD symptoms (Milioni et al., 2014). As university students, it is accepted that at least some of the participants are of above average cognitive, or intellectual, functioning. Furthermore, by virtue of being university students, they have greater access to resources, including care, than the average South Africa who must rely on public health services. The study's results may therefore not be representative of the experiences of camouflaging by some AFAB people with ADHD who do not attend (or never attended) university. Nevertheless, the vulnerabilities encountered by university students in relation to mental health make this an important population to focus on. Furthermore, due to the academic, social, and psychological demands placed on university students, there is significant pressure on those with ADHD to act neurotypically. This population group can therefore provide unique insights on camouflaging and the impact thereof on their physical and psychological wellbeing.

Another limitation, which was noted in Chapter 4, is that most participants have combined type ADHD. The study set out to explore the role of camouflaging in the more internalised presentation of ADHD in AFAB people. Although combined type ADHD in this population group has been shown to be less externalised than in AMAB people (Young et al., 2020), most participants reported symptoms that have an externalised presentation, such as struggling to sit still, being fidgety, and speaking out of turn. Although valuable insights were gained from these participants, inattentive type ADHD in AFAB people needs to be foregrounded more and ways to reach this underrepresented group should be prioritised.

Finally, although there is no ideal, or prescribed, sample size for IPA studies, Smith et al. (2009) suggests six to 10 participants. Due to the overwhelming response received from

students to participate in the current study, and because I collaborated with another Master's student, we decided to recruit 12 participants. The workload in terms of conducting and transcribing interviews was shared between Reitumetse and I, which made it more manageable. However, I found that I was more familiar with the transcripts of interviews I conducted. Our in-person contact, and my transcription of the interviews, aided my meaning-making of these participants' experiences. While transcribing the interviews, I was 'transported' back to the interview and recalled participants' body language, inflection, and emotions while describing their experiences. Although I listened to the recordings of the interviews conducted by Reitumetse several times, I did find myself occasionally doubting my interpretation of what these participants described because I did not conduct the interview myself. This may have influenced my meaning-making of some experiences.

Significance

Increasingly, camouflaging is accepted to be an important part of how autistic people navigate and cope with neurotypical demands. However, like Mylett's (2022) and van der Putten's (2024) research, the study showed that people with ADHD also camouflage their symptoms. While there is an overlap in the strategies used by autistic people and people with ADHD, there also seems to be strategies that are more specific to the latter group's experiences (for instance, the compensation strategies identified in the study). However, many autistic people also have ADHD (Rong et al., 2021) and the study's findings may very well be applicable to those individuals too. It is therefore critical that more research is conducted on ADHD camouflaging, so that our understanding of ADHD experiences and presentations is expanded and deepened.

Few studies focus on the lived experiences of AFAB people with ADHD. Due to the disorder's more internalised presentation in this population group, it is critical to gain insight into how AFAB children and adults experience and manage (whether consciously or

unconsciously) their symptoms and difficulties. This study contributed to this knowledge gap by detailing the experiences and perceptions of camouflaging by AFAB university students with ADHD. The study showed that AFAB people camouflage their ADHD, and that social expectations and sanctions motivate them to act neurotypically. The study also contributed to a greater understanding of AFAB university students' experiences and the pressures they face to adhere to neurotypical standards and expectations.

Finally, the study contributed to research on ADHD in South Africa, which has neglected the experiences of AFAB children and adults with the disorder. ADHD research in South Africa has mainly focused on prevalence rates, comorbid conditions, functional impairments, and the experiences of families and teachers of children with ADHD. The present study showed that ADHD has a significant impact on AFAB people, which often goes unnoticed in childhood because of the disorder's presentation. The overwhelming response received to my and Reitumetse's for participation in our studies (over 70 emails in less than 24 hours) also indicates a real need by AFAB people with ADHD to share lived experiences. The study gave a voice, not only to the struggles of participants, but to their resilience, determination, and creativity too.

Recommendations

This study shows that AFAB university students with ADHD camouflage their symptoms to appear neurotypical. More research on ADHD camouflaging, particularly by AFAB children and adults, should be conducted to increase both researchers and clinicians' knowledge of how the disorder manifests in these population groups and the factors that contribute to its presentation. It is recommended that these studies should reflect the broad range of AFAB people's experiences of camouflaging by widening the scope of attention; for instance, research that focuses on the experiences of AFAB people in childhood and adolescence, which are particularly vulnerable periods of development.

Research should also be conducted on the cognitive, psychological, and physical impact of camouflaging on people with ADHD. Studies on autistic camouflaging have shown that acting neurotypically is associated with exhaustion as well as increased symptoms of generalised anxiety, social anxiety and depression and increased suicidality. The current study demonstrated that participants experience camouflaging as physically exhausting and demoralising. There are also indications that acting neurotypically contributes to and maintains anxiety. Better understanding the negative outcomes of camouflaging can assist clinicians to better support especially AFAB people with ADHD.

Drawing on one of Mylett's (2022) recommendations in her study on ADHD camouflaging, further research on the differences in camouflaging between neurodiverse populations should be conducted. As noted earlier, the current study showed an overlap between the camouflaging strategies employed by autistic people and people with ADHD. However, a strategy such as compensation takes on a different meaning for people with ADHD when compared to autistic people. Research on the similarities and differences between ADHD and autistic camouflaging will enhance our understanding of camouflaging by neurodiverse people and the social pressures and expectations that give rise to it.

Clinicians are encouraged to probe clients who have ADHD, especially if they are AFAB, about the ways in which they cope, compensate, and blend into neurotypical society to evaluate the extent of their camouflaging and the extent of its impact on their physical and psychological wellbeing. Subclinical presentations of ADHD in AFAB people should also be considered in light of potential camouflaging as it could influence the disorder's presentation. To draw on another of Mylett's (2022) recommendations, clinicians should also consider whether the techniques and strategies they use when working with people who have ADHD may encourage or strengthen camouflaging. For instance, social skills training may encourage and reinforce masking in social situations.

Concluding Thoughts

This study was born out of my own experience of having ADHD and only being diagnosed in my early 20s. I was curious to explore whether other AFAB people, like me, found ways to camouflage their ADHD, and compensate for their difficulties, which likely lead to them being diagnosed later in life. Most participants were diagnosed with the disorder in young adulthood, and from the themes identified in the data, it is evident that they camouflaged their symptoms in childhood (and continue to do so). Participants described using a variety of strategies to avoid negative perceptions and feedback and to cope with neurotypical standards and expectations. By appearing neurotypical, however, their struggles are overlooked or dismissed, which was likely the case in childhood too. The study shows that for people with ADHD, camouflaging is a necessity for social connection.

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APPENDICES

Appendix A: Interview Schedule

1. Can you tell me more about your ADHD diagnosis?

   Probes

   a. When were you diagnosed?

   b. What led to the diagnosis?

   c. Who diagnosed you?

2. Have you ever been diagnosed with another mental health condition?

   Probes

   a. Is this a current diagnosis?

   b. Any (prior) incorrect diagnoses?

3. If you know, what type of ADHD do you have (i.e., inattentive, hyperactive-impulsive, or combined-type)?

4. What do you know about your diagnosis?

   Probe

   a. What are your main symptoms / what do you understand are your main symptoms?

5. Are you receiving, or have you ever received, any psychological or psychiatric treatment for ADHD?

   Probe

   a. If so, how have you experienced treatment?

6. Do you have family members or loved ones with the diagnosis or any other mental health diagnosis?

   Probe

   a. If yes, tell me more about who and what condition they have.

7. How often do you disclose your diagnosis to others and how readily do you do so to strangers?

   Probe

   a. (If participant doesn't disclose) Can you tell me more about why you do not disclose your diagnosis?

8. How do you think having ADHD might have affected you on an emotional level?

   Probes

   a. Do you have feelings of shame regarding your symptoms? (tell me more)
   b. Has ADHD affected your self-esteem? (tell me more)
   c. Do you feel sensitive to rejection? (tell me more)
   d. Do you perceive yourself to be short-tempered? (tell me more)
   e. Do you have feelings of anxiety or social anxiety? (tell me more)

9. Can you tell me about your ADHD symptoms growing up (during childhood)?

   Probes

   a. How did your symptoms manifest at home?
   b. How did your symptoms manifest at school?
   c. How did your symptoms manifest with friends/socially?

10. Can you tell me about your symptoms now?

    Probe

    a. Use an example of a symptom they mentioned in the previous question and ask if the symptom is still as severe, or if manifestation has changed.

11. To what extent do you think ADHD has impacted your relationships?

    Probes

a. Have ADHD symptoms ever become a source of tension? (directly or indirectly – an example of the latter: academic performance causing tension with parents).
b. Have you ever been celebrated for some of your ADHD traits? (tell me more)

12. How much support and understanding do you receive from loved ones or others in your life?

Probes

a. Please tell more about who your support structures are (online communities/friends with ADHD, family and friends, mental health communities, support groups etc.)?
b. How do they support you?
c. If limited/no support, what do you think might be different about your life if you had more support? Please expand.
d. Has there been resentment built to those who didn't understand/support you?

13. Can you tell me more about your romantic life?

Probes

a. Current relationship status? Dating history?
b. Refer to previous answers about others in their life and ask if the same applies to romantic partners.

14. How much do you perceive the people in your life to have understood your diagnosis?

Probes

a. Have you ever felt misunderstood? (tell me more)
b. Have you ever experienced any negative treatment because of your diagnosis? (tell me more)

c. Have you felt that you are treated differently than people without ADHD? If so, who (e.g., siblings, peers at school etc.)? (tell me more)

d. Have you ever felt yourself being compared to others or have you compared yourself to others (without ADHD)? (tell me more)

15. How do you perceive people in your community/ environment to understand ADHD?

16. Have you heard of the term camouflaging in relation to ADHD? If so, how do you understand this term?

Probe

a. (If they say no, explain). (Behaviours and strategies that people with ADHD use to compensate cognitively and socially. Give examples.)

17. In what ways do you think you camouflaged your ADHD as a child?

Probes

a. Why do you think you camouflaged your ADHD?

b. What do you think would have happened if you did not camouflage your ADHD?

c. When you think of your symptoms, did you only camouflage some of them, or all of them?

d. Did the context you were in influence whether you would camouflage or not, i.e., at school, home, social situations etc.?

18. In what ways do you camouflage your ADHD now (as a young adult)?

Probes

a. (If they mentioned a difference in their symptoms between childhood and now, ask them): In what ways do you think your symptoms presenting differently now has to do with camouflaging?

b. Have the strategies you use changed over time / as you have gotten older?

19. Why do you think you continue to camouflage your ADHD?

    Probes

    a. What do you think would happen if you stopped camouflaging your ADHD?

    b. Do you feel you are expected to act neurotypical, or “normal”? (tell me more)

20. Tell me about the cognitive, emotional and physical impact of camouflaging.

21. Tell me about the advantages of camouflaging.

22. Is there anything else that you would like to share about how having ADHD has shaped you as a person / your life?

Appendix B: Approval Letters

UNIVERSITY OF CAPE TOWN

Department of Psychology

University of Cape Town Rondebosch 7701 South Africa
Telephone (021) 650 3417
Fax No. (021) 650 4104

11 April 2023

Estelle Prinsloo
Department of Psychology
University of Cape Town
Rondebosch 7701

Dear Estelle

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *Experiences of camouflaging among female university students with ADHD in South Africa*. The reference number is PSY2023-005.

I wish you all the best for your study.

Yours sincerely

Signed by candidate

Lauren Wild (PhD)
Associate Professor
Chair: Ethics Review Committee

Humanities Postgraduate and Research Office
University of Cape Town
Humanities Faculty Ethics in Research Committee

Room 115, Level 1, Beattie Building
Private Bag X3 Rondebosch 7701
Tel: +27 (0)21 406 6365
E-mail: zandile.tennyso@uct.ac.za

08 May 2023

Ref. NO: HUMREC202305-08

Dear Ms Prinsloo

RE: Ethical Clearance for Research Project

I am pleased to inform you that ethical clearance has been granted by an Ethics Review Committee of the Faculty of Humanities for your Masters project entitled: *Experiences of camouflaging among female university students with ADHD in South Africa*

I wish you all the best with your study.

Yours sincerely,

Signed by candidate

Associate Professor Christopher Ouma

Chair, Humanities Faculty Research Ethics Committee

RESEARCH ACCESS TO STUDENTS — DSA100

NOTES
1. This form must be FULLY completed by all applicants who want to access UCT's students for the purpose of research or surveys.
2. Return the fully completed (a) DSA 100 application form by email, in the same word format, together with your: (b) research proposal inclusive of your survey, (c) copy of your ethics approval letter / proof (d) informed consent letter to: [redacted] You application will be attended to by the Executive Director, Department of Student Affairs (DSA), UCT.
3. The turnaround time for a reply is approximately 10 working days.
4. NB: It is the responsibility of the researcher/s to apply for and to obtain ethics approval and to comply with amendments that may be requested; as well as to obtain approval to access UCT's staff and/or UCT's students, from the following, at UCT, respectively:
   (a) Ethics: Chairperson, Faculty Research Ethics Committee' (FREC) for ethics approval, (b) Staff access: Executive Director: HR for approval to access UCT's staff, and (c) Student access: Executive Director: Student Affairs for approval to access UCT's students.
5. Note: UCT Senate Research Protocols requires compliance to the above, even if prior approval has been obtained from any other institution/agency. UCT's research protocol requirements applies to *all* persons, institutions and agencies from UCT and external to UCT who want to conduct research on human subjects for academic, marketing or service related reasons at UCT.
6. Should approval be granted to access UCT students for this research study, such approval is effective for a period of one year from the date of approval (as stated in Section D of this form), and the approval expires automatically on the last day.
7. The approving authority reserves the right to revoke an approval based on reasonable grounds and/or new information.

SECTION A: RESEARCH APPLICANT/S DETAILS

Position	Staff / Student No	Title and Full Name	Contact Details (Email & Cell / Land line)
A.1 Student Number	PRNEST002	Ms Estelle Prinsloo	[redacted]
A.2 Academic / PASS Staff No.			
A.3 Visitor/ Researcher ID No.			
A.4 University at which a student or employee	University of Cape Town	Address if *not* UCT:	
A.5 Faculty & Department/School	Faculty of Humanities, Department of Psychology		
A.6 APPLICANTS DETAILS if different from above	Title and Name	Tel.	Email

SECTION B: RESEARCHER/S SUPERVISOR/S DETAILS

Position	Title and Name	Tel.	Email
B.1 Supervisor	Dr Maxine Spedding	[redacted]	[redacted]
B.2 Co-Supervisor/s			

SECTION C: APPLICANT'S RESEARCH STUDY FIELD AND APPROVAL STATUS

C.1 Degree – if applicable	Masters in Clinical Psychology
C.2 Research Project Title	Experiences of camouflaging among female university students with ADHD in South Africa
C.3 Research Proposal	Attached: Yes [■] No [ ]
C.4 Target population	University students at UCT who have ADHD and who were assigned female at birth (AFAB) (AFAB refers to participants' assigned sex at birth.)
C.5 Lead Researcher details	If different from applicant:
C6. Will use research assistant/s	Yes [ ] No [■] If yes-provide a list of names, contact details :
C.7 Research Methodology and Informed consent	Research methodology: A qualitative phenomenological framework will be used. Semi-structured one-on-one interviews will be used to gather data and an interpretive phenomenological analysis (IPA) approach will be employed to analyse the data. Informed consent: This will be obtained from participants (as advised in Appendix B of the proposal for the informed consent forms)
C.8 Ethics clearance status from UCT's Faculty Ethics in Research Committee /Chair (ERC)	Approved by the UCT ERC: Yes [■] With amendments: Yes [■] No [ ] (a) Attach copy of your UCT ethics approval. Attached: Yes [■] No [ ] (b) State date / Ref. No / Faculty of your UCT ethics approval: 11/04/2023 Ref. / Faculty: PSY2023-005

SECTION D: APPLICANT/S APPROVAL STATUS FOR ACCESS TO STUDENTS FOR RESEARCH PURPOSE

(To be completed by the ED, DSA or NOMINEE)

	Approved / With Terms / Not	*Conditional approval with terms	Applicant's Ref. No.:
D.1 APPROVAL STATUS	(I) Approved [■] ~~(II) With terms~~ ~~(III) Not approved~~	a) Access to students for this research study must only be undertaken after written ethics approval has been obtained. b) In event any ethics conditions are attached, these must be complied with before access to students.	PRNEST002 / Ms Estelle Prinsloo

	Designation	Name	Signature	Date of Approval
D.2 PREPARED BY:	Personal Assistant	*Nadierah Prenaar*	Signed by candidate	20/04/2023
D.3 APPROVED BY:	Executive Director Department of Student Affairs	*Mr Pura Mgolombane*	Signed by candidate	20/04/2023

Appendix C: Research Participant Informed Consent Form

UNIVERSITY OF CAPE TOWN

DEPARTMENT OF PSYCHOLOGY

CONSENT FORM TO PARTICIPATE IN RESEARCH STUDIES

Study Titles:

ADHD and Interpersonal Relationships: Exploring the Lived Experiences of AFAB University Students in South Africa

and

Experiences of Camouflaging by AFAB University Students with ADHD in South Africa

RESEARCHERS: Reitumetse Malefane and Estelle Prinsloo

SUPERVISOR: Dr Maxine Spedding

Dear _____

You are being invited to participate in research studies being led by a team of researchers from the Department of Psychology at the University of Cape Town (UCT). The purpose of the studies is to understand more about the lived experiences of university students assigned female at birth (AFAB) in South Africa who have been diagnosed with Attention-Deficit/Hyperactivity

Disorder (ADHD). The reason we want to know more about this topic is because it is a severely under-researched area, especially locally, and the knowledge gained can lead to positive developments in ADHD literature and diagnosis. Participating in these studies is entirely voluntary. You are under no obligation to participate and there will be no consequences if you decide to discontinue your participation.

Why are you being asked to participate?

You are being asked to participate because it is believed that your lived experiences as an AFAB person who has been diagnosed with ADHD will provide the information needed to answer the research questions.

What does participation involve?

Should you agree to take part in the studies, you will participate in an individual interview with one of the researchers in the research team (i.e., either Estelle or Reitumetse). The interview will include questions related to your lived experiences and will last approximately 45 to 60 minutes. Once initial data analysis has been completed, the researchers will contact you via email to check if they have adequately conveyed what you said in the interview. Here, you are free to comment on the accuracy of these findings and make corrections if necessary (referred to as member-checking).

What will it cost to participate?

While there are no direct costs associated with participating in the studies, participation will take approximately 60 to 90 minutes of your time, including travel time. If you opt for an in-person interview, this will be held on UCT's campus, accessible to students for free via the Jammie Shuttle Service. Alternatively, interviews will be conducted online, and you may incur costs related to data or wi-fi.

What will you get in return?

In exchange for your participation, you will receive SRPP points in affiliation with the UCT Psychology Department. These points are often a DP prerequisite for courses within the department. You will receive 2 SRPP points after completing the first interview. If you participate in the member-checking process, you will further receive another SRPP point (i.e., 3 in total).

What are the risks associated with participating?

While most people enjoy interviews like these, some participants may find that talking about their experience of ADHD is distressing. You are free to choose not to answer a particular question if you prefer not to, or you can stop the interview at any time. Again, there will be no consequences for you in these instances. If you do find that participating in these studies has made you feel uncomfortable or has brought up difficult or painful feelings, please let us know so that we can talk about what kind of support you might need. In any event, we will provide you with a list of possible resources that you can contact if you would like to.

Are there any benefits to participating?

While there are no guaranteed direct benefits to you as a participant, we hope that the information gathered in these studies will help us understand more about the experiences of adult AFAB people living with ADHD.

How will your identity and information be protected?

The interview will be audio-recorded and transcribed. This is to ensure that we are able to provide as accurate a representation as possible of what you tell us. The recording will be stored in a secure folder in One Drive that only the researchers have access to until it has been

transcribed. After transcription, the recording will be permanently destroyed. All of your identifying data will be removed from the transcription, and you will be assigned a pseudonym.

The information that you provide us in the interviews will be used to write master's theses and may be published in an academic journal. From time-to-time, the popular media also takes an interest in the research that we produce. However, all of your identifying information, including your name and any other information that makes you identifiable to someone else, will **not** appear in this research report or in any publications.

What happens if you change your mind about participating?

Participation in the studies is entirely voluntary, which means that you are welcome to change your mind and there will be no consequences for you. If you decide to participate in the research projects, you can decide to stop at any time and you will not need to provide any explanation for why you would like to stop.

If you have questions about the studies, please feel free to contact the following people:

Reitumetse Malefane (Researcher): [redacted]

Estelle Prinsloo (Researcher): [redacted]

Dr Maxine Spedding (Supervisor): [redacted]

If you have any questions, comments or complaints about your rights as a study participant, please contact Ms Rosalind Adams at the Department of Psychology, University of Cape Town: [redacted]

I _____ (name) have read the information contained in the consent form and I am satisfied with my understanding of the studies, the possible benefits, risks and alternatives. My questions about the studies have been answered to my satisfaction. I hereby

voluntarily consent to participate in the research studies as described. I have been offered copies of this consent form.

Signature of Participant: _____ Date: _____

Signature of Researcher: _____ Date: _____

I give permission for my interview to be recorded with an audio recorder to assist the interviewer with remembering the information.

Name of Participant (Printed): _____

Signature of Participant: _____ Date: _____