

**The impact of Attention-Deficit/Hyperactivity Disorder on the well-being of adults
diagnosed with the disorder: A Systematic Review**

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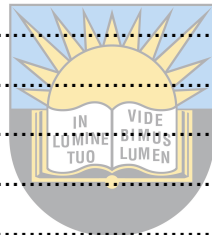
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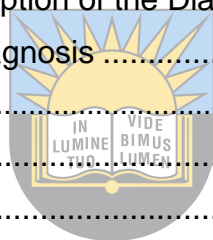
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List of Acronyms

CASP	Critical Appraisal Skills Programme
ADHD	Attention-Deficit/Hyperactivity Disorder
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PICO	Participant Intervention Comparison Outcome
GMRDC	Govan Mbeki Research and Development Centre



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Declaration

I, Lizmarie Spies Bezuidenhout, declare that this mini-dissertation is my own work. The material contained in this research has not previously been submitted to the University of Fort Hare or any other university in fulfilment of the requirement of another degree. All the sources used have been indicated through a complete reference in accordance with the University requirements.



Signature

Signed on: 20 July 2022

Lizmarie Spies Bezuidenhout

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Dedication

I would like to dedicate this research to my Lord and Saviour, Jesus Christ. It was my faith that got me through challenges in my life and assisted in coping with ADHD. It is my faith that made me believe in the possibility of being able to manage an ADHD life and inspired me to gain a passion for assisting other individuals diagnosed with ADHD.

The Lord the Shepherd of His People

Psalm 23

The Lord is my shepherd;
I shall not want.
He makes me to lie down in green pastures;
He leads me beside the still waters.
He restores my soul;
He leads me in the paths of righteousness
For His name's sake.



Yea, though I walk through the valley of the shadow of death,
I will fear no evil;
For You are with me;
Your rod and Your staff, they comfort me.

You prepare a table before me in the presence of my enemies;
You anoint my head with oil;
My cup runs over.
Surely goodness and mercy shall follow me
All the days of my life;
And I will dwell in the house of the Lord
Forever.

Abstract

Aims:

The aim of this research is to explore how adults who were diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) experience the impact that the disorder has on their well-being.

Methodology:

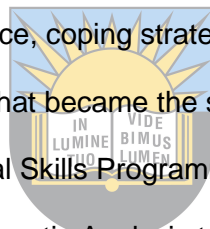
Since this research is an exploration of the human experience the qualitative paradigm was used to guide the research. The research design was a Systematic Review. Studies for this research were found in the Fort Hare University Databases. The search terms used included a combination of the following and/or their synonyms: Positive Psychology, well-being, life satisfaction, impact on life, life experience, coping strategies, and ADHD. There were 10 articles that met the selected inclusion criteria that became the sample. These articles were then further appraised by using the Critical Appraisal Skills Programme (CASP) appraisal tool. Data was extracted from the studies by using Thematic Analysis to provide the results.

Findings:

The themes for the research were identified as: the impact of an ADHD diagnosis, the impact ADHD has on identity, the impact ADHD has on performance and coping with ADHD. These themes best describe the data that was found in the sources.

Keywords:

Attention-Deficit/Hyperactivity Disorder (ADHD), Well-being, Coping strategies.



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Chapter 1: Introduction

““Eden,” Cyrus snapped bringing her back to the present. “I have a sword pointed at you. Will you please focus?”” (Young, 2011, p. 49).

Introduction

Attention-deficit/hyperactivity disorder (ADHD) is a disorder that is characterized by abnormal degrees of impulsivity, hyperactivity and inattention that is prevalent in different settings and persistent over time (World Health Organization [WHO], 2003). This neuropsychiatric condition affects pre-schoolers, children, adolescents, and adults around the world. The disorder has a prevalence rate of 5% in children and 2.5% in adults in most cultures (American Psychiatric Association [APA], 2013).

This chapter will briefly discuss the problem statement, rationale, objectives, theoretical framework, methodology, definitions, and outline of the research for this study.

Problem Statement and Rationale

Many studies have been conducted on the impact that ADHD has on a diagnosed child or their family. However, research on diagnosed adults is less prevalent. Schoeman and Liebenberg (2017) stated that only after 1990 did awareness of adult ADHD start to rise. As more studies were completed it became clear that symptoms persist into adulthood 60-70% of the time (Schoeman & De Klerk, 2017; Schoeman & Liebenberg, 2017). Therefore, there is a gap in the literature on adult ADHD. It would thus be beneficial to research what impact ADHD has on adults' lives.

There is a possibility that ADHD symptoms can decrease, however, most diagnosed individuals only experience a partial remission (Sadock et al., 2015). This means that most diagnosed adults will continue to experience the impact of this disorder throughout their lives.

Hence it would also be useful to research what strategies can be used to cope with the influence that ADHD has on adults' lives.

Aim and Objectives

This research is focused on identifying the impact that ADHD has on the well-being of diagnosed adults and what strategies these adults use to counteract the influence that the disorder has on their life.

The objectives of the study are to:

- Identify how adults with ADHD experience the impact that the disorder has on their well-being.
- Provide clarity on the positive and negative perspectives of how ADHD influences an adult's well-being.
- Identify coping strategies that diagnosed adults use and explore how beneficial the strategies are for the individual's functioning.



Theoretical Framework

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With the research focusing on well-being and coping strategies, this research leaned towards a Positive Psychology perspective. Positive Psychology is the study of optimal human functioning and flourishing in all phases of life (Oades & Mossman, 2017). One of the aims of the research was to identify how adults learn to cope with the symptoms of ADHD; therefore, I wanted to identify what strategies adults use to flourish in life with an ADHD diagnosis. Positive Psychology is about the strengths and the potential of a person, and this fitted the objective of the research.

I noticed that the existing literature mainly addressed the negative impact that ADHD has on a diagnosed individual, but research focusing on the positive impact of ADHD was less common. This led to the decision to look at the disorder from a different theoretical perspective.

Both the negative and positive impact on an adult were discussed in the research which provided a more balanced view. This conforms to Positive Psychology where well-being is still obtainable even amid challenges, which is associated with Eudaimonic wellbeing. Therefore, both the Eudemonic and Hedonic perspectives of well-being was taken into consideration for the research.

Overview of the Methodology

The research design for this study was a Qualitative Systematic Review. A Systematic Review aims to identify the best evidence-based research on topics and appraise the reliability as well as the validity of previously published work (Ham-Baloyi & Jordan, 2016). There are different perspectives, positive and negative, in literature on how ADHD impacts an adult's well-being. Hence it was beneficial to revisit past studies to bring clarity to the confusion of the different results. By doing a Systematic Review the quality of these previous studies was appraised which identified which data was reliable. This provides practitioners with more trustworthy knowledge that can be used in practice.

Another benefit of doing a Systematic Review is that it emphasizes gaps in literature that still needs to be researched. Therefore, this study assists in identifying what topics still need to be researched on Adult ADHD so that knowledge can continue to develop in this field and professionals can be better equipped to assist their clients in therapy.

To do a Systematic Review certain steps need to be conducted. These steps include guidelines on how to collect, analyse, and summarise data. A Systematic Review is a desk-top research which means that the population will be previously published literature. For this research, the data was collected from the Fort Hare University Databases. All the data that was found underwent a systematic process to identify the sample. Thematic Analysis was then used for the extraction and discussion of the findings.

Definition of Concepts

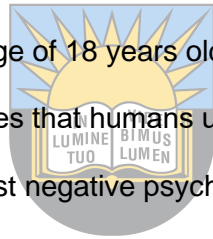
Hedonic well-being is a subjective well-being that consists of having a happy and satisfying life where more pleasant than negative emotions are experienced (Wissing et al., 2014).

Eudemonic well-being has to do with functioning well in terms of meaning, the realisation of potential, and perceived flourishing even in the face of life challenges (Wissing et al., 2014).

Attention Deficit Hyperactivity Disorder is classified as a neurodevelopmental disorder that presents with a persistent pattern of inattention and/or hyperactive-impulsivity that interferes with functioning or development (APA, 2013).

An adult is a person over the age of 18 years old (Faber & Janse van Vuren, 2009).

Coping is the efforts or resources that humans use to deal with stress to adapt to life's demands in a way that will buffer against negative psychological outcomes (Wissing et al., 2014).



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Adaptive coping strategies refer to behaviour that reduces stress in the short term and builds resources that can help the individual to cope in the long term (Wissing et al., 2014).

Systematic Review is a secondary research method where studies are identified that focuses on a certain topic to appraise the methodology, summarize the results, and identify reasons for differences between studies and limitations of current knowledge (Kapoor, 2016).

Outline of Chapters

Chapter two is a discussion of literature that was previously done concerning ADHD. The chapter broadly discussed the diagnosis, theories, societal perspective of the disorder, and treatment that is related to the disorder. The theoretical framework forms part of this chapter. The aim was to give context to the theoretical perspective of this research.

Chapter three is a discussion on the process of the research. The methods used throughout the Systematic Review are discussed in depth. This chapter gives insight into how and why the research was conducted in a particular way.

Chapter four is the analysis of the data. Here the themes and findings of the sample are discussed. The results are discussed in depth so that the reader can have a full understanding of what I found in the data.

Chapter five is the conclusion of the research. The final observations are discussed so that the reader can identify the key contribution of the study. The recommendations for future studies and the limitation of this study are also mentioned.



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Chapter 2: Literature Review

Introduction

The following chapter is an overview of current literature on ADHD. The purpose of the chapter is to highlight the current knowledge and gaps in literature concerning the impact of ADHD. Therefore, the differences between previous studies that were done, and this research will be highlighted. In turn the discussion of this chapter provides a better understanding of what gap the research aims to fill. The chapter provides an understanding of how individuals' well-being is impacted throughout their lives. In other words, it highlights the current state of knowledge in literature on how ADHD impacts well-being, which will indicate the difference between the current study and previous literature. Consequently, the chapter provides the background for the study that will only focus on how adults are influenced by ADHD.

Diagnosis

The first identification of ADHD-like symptoms was in 1798 (Lange et al., 2010). Sir Alexander Crichton described ADHD symptoms as mental restlessness (Schoeman & Liebenberg, 2017). Since then, the description of ADHD underwent changes in the official diagnostic nomenclature. The disorder only began to be recognized in the 2nd edition of the *Diagnostic and Statistical Manual of Mental Disorders* as a Hyperkinetic Reaction in children (Lange et al., 2010). In 1987 the 3rd revised edition of the DSM renamed the description to Attention-Deficit/Hyperactivity Disorder (Lange et al., 2010). It is this description that we know as ADHD today.

The DSM-5 identifies ADHD as a disorder with a persistent pattern of inattention or hyperactive-impulsivity that interferes with functioning or development (APA, 2013). For a person to be diagnosed, symptoms should be present before the age of 12 years and should be present in at least two settings (APA, 2013). Sadock et al. (2015) mentioned that there are three

specifiers that an individual can be identified in: combined presentation, predominantly inattentive presentation, and predominantly hyperactive/impulsive presentation. These specifiers can be identified as mild, moderate, or severe impairment (APA, 2013). This research did not focus on a specific specifier since the literature did not always provide which presentation was studied in the population. The term ADHD was thus used as a general indicator to refer to all of the presentations of ADHD.

Etiology of ADHD

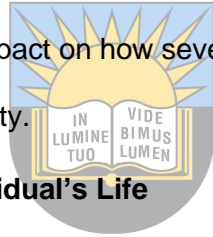
The etiology of ADHD is mainly genetic with substantial heritability of 70 - 80 % (Mahone & Denckla, 2017). Genetics, neurobiology, neurodevelopment, psychosocial, and environmental factors are all known to play a part in the development of this disorder (Sadock et al., 2015).

According to the Neurobiological etiology, ADHD symptoms are the product of complex interactions of neuroanatomical and neurochemical systems (Sadock et al., 2015). Many neurotransmitters, especially dopamine, are associated with ADHD symptoms (Sadock et al., 2015). In the brains of people with ADHD, there is a decrease in the prefrontal glucose metabolism, which causes lower activity in the prefrontal brain regions, thalamus, and cerebellum that plays a part in the presentation of ADHD symptoms (Sadock et al., 2015). By understanding the impact, the function of the brain has on this disorder it can be understood why factors that influence the neuro system will also be a risk factor.

Factors that can compromise the development of the nervous system before or after birth are complications in early development, such as pregnancy or birth complications (APA, 2013; Mash & Wolfe, 2006). Environmental factors can also influence neurodevelopmental processing are, for example, being exposed to lead, experiencing a deficiency in iron or zinc, and suffering a head injury (Fisher & Hawkrigde, 2013; Mash & Wolfe, 2006).

Although psychosocial factors cannot cause ADHD, they can contribute to the emergence of symptoms or increase the severity of the diagnosis and even increase the chance of co-morbid disorders (Mash & Wolfe, 2006). Examples of psychosocial factors that are associated with this disorder are low socio-economic status, overcrowding, poor parental management, family conflict, parental mental health, and rigid parenting (Flisher & Hawkrigde, 2013; Gomes, 2008).

People that are exposed to environmental or psychosocial risks stand a bigger chance, especially with a genetic risk, of exhibiting ADHD symptoms and developing other problems (Mash & Wolfe, 2016). None of these environmental or psychosocial factors can cause ADHD but regulating them can lower the negative impacts on the individual's life (Gomes, 2008). However, these factors can have an impact on how severe the presentation of the disorder is which will affect the person's functionality.



Impact of ADHD throughout an Individual's Life

The diagnosis of ADHD influences a person's life immensely and is known to be accompanied by many co-occurring challenges. Majority of diagnosed individuals, independent of age, can experience co-occurring difficulties. Features that are commonly found with an ADHD diagnosis are specific learning disabilities, speech or hearing deficits, memory deficits, perceptual-motor impairment, emotional liability, thinking deficits, and behavioural symptoms of aggression or defiance (Sadock et al., 2015). The likelihood of having few or no friends, underperforming at work, partaking in anti-social activities, speeding excessively while driving, and being involved in multiple car accidents, is also commonly found in people with ADHD (Venter, 2006).

The above illustrates that ADHD has a diverse impact on many different settings, functioning areas, and life stages. Brod et al. (2011) found that the stress of ADHD intensified existing life stressors.

The impact that ADHD has on the social, educational, occupational, emotional, behavioural, and overall health of an individual's life will be discussed under headings.

Education

School difficulties in both the areas of learning and behaviour are a common occurrence of this disorder (Sadock et al., 2015). Some of these difficulties are a decrease in school performance, schooling, academic attainment, attendance, and intellectual scores compared to peers (APA, 2013). De Oliveira and Dias (2017) identified that university students also find difficulties in education which include struggles with classmate relationships, study habits, time management, searching for knowledge on their own, concentration, and reasoning.

In the study of Cadenas et al. (2020) highly intelligent adolescents and children with ADHD performed at the same standard as an average intelligent control participant. In other words, the performance of the participants that were diagnosed with ADHD was affected. This can be seen throughout the individual's life: from having lower marks and failing to advance in school to dropping out of university or school (Mash & Wolfe, 2016; Halmøy et al., 2009). By underperforming in school and university the occupation of the adults is impacted.

Occupation

Lower educational achievement limits a diagnosed adult's employment options which can impact whether the individual will be full-time employed or not (Biederman & Faraone, 2006). It has been found that diagnosed individuals have a lower probability of employment, occupational attainment, vocational achievement, and occupational performance (APA, 2013). Adults with ADHD often experience problems in the workplace such as interpersonal difficulties

with colleagues, tardiness, absenteeism, excessive errors in work, and an inability to accomplish the expected workload (Harpin, 2005).

Productivity in the workforce is impacted not only by the adults with ADHD but also by the parents of an ADHD child (Manos et al., 2017). This is caused by having to take days of leave for doctors' appointments. By working fewer hours individuals with ADHD tend to have a lower average income regardless of academic achievement or personal characteristics (Biederman & Faraone, 2006). In a study of Halmøy et al. (2009) that was done in Norway, it was found that half of the ADHD participants were unable to work and were receiving a disability pension. By having a lower income, the family's ability to afford adequate treatment and support services is impacted (Callander et al., 2019). This adds even more emotional pressure to the family.

Emotion

Untreated ADHD individuals are inclined to experience higher emotional symptoms and lower quality of life (Quintero et al., 2019). Rüfenacht et al. (2019) further elaborated that ADHD individuals struggle to regulate their emotions which affects their global functioning, distress level, perception of themselves or others, quality of life, and prognosis.

Anxiety and depression are often found in conjunction with ADHD (Sadock et al., 2015). It can either be a symptom accompanying ADHD or a co-morbid disorder. Depression can occur due to persistent frustration with academic difficulties and impaired performance. This leads to low self-esteem which can further affect their occupational and social functioning (Sadock et al., 2015).

Michielsen et al. (2018) stated that poor self-belief is developed by negative experiences related to ADHD. Self-esteem in ADHD individuals varies with the type of ADHD presentation, accompanying disorders, and the area of performance that is impacted (Mash & Wolfe, 2016).



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Topos in Dialectic

Low self-esteem can lead to being uncomfortable around others, however, it can be improved with positive experiences and social support (Michielsen et al., 2018).

Social

ADHD is known to have a massive impact on social functioning. Miscommunications and conflict are frequent occurrences in the relationships of individuals with ADHD which makes them feel misunderstood (Mash & Wolfe, 2016; Michielsen et al., 2018). Moulin et al. (2018) reported that adults with ADHD experience higher levels of abortion, separation or divorce, probability of singleness, dissatisfaction with their love life, and parental relationship difficulties.

The struggle in social functioning does not affect the diagnosed individuals alone. Interaction between family members influences the whole family and family functioning (Moen et al., 2016). The functioning of these families is often marked by lower emotional connection, limited affection, and rigid parental bonding (Montejo et al., 2019).

Friendships are often disrupted by peer rejection, neglect, or teasing of the individual with ADHD (APA, 2013). This peer rejection can further lead to anxiety, victimization, affiliation with defiant peers, smoking, problems with relationships, and low involvement in activities (Mrug et al., 2012). Due to having few friends and lower social skills a child with ADHD will often be more vulnerable to bullies (Unnever & Cornell, 2003). The result of being bullied can lead to lower levels of happiness, social adaptation, and psychological well-being (Lung et al., 2019). Therefore, what happens to the diagnosed person during childhood can also have an impact on their well-being in adulthood.

Young (2005) stated that having perceived social support can have a stress-buffering effect on individuals. Araten-Bergman (2015) stated that by using psychosocial resources the effect ADHD symptoms has on subjective well-being can be mediated. This then provides a

buffer for the person against environmental impacts on their well-being leading them to be adaptive in different circumstances (Araten-Bergman, 2015).

Behaviour

Individuals with ADHD are more likely to have an unplanned pregnancy, accidental injuries, obesity, sexually transmitted infections, and perform self-harming activities (Fladhammer et al., 2016). Traffic accidents and violations also occur more frequently in drivers with ADHD (APA, 2013). These behavioural challenges can be seen throughout the life of an individual with ADHD. ADHD children can present with bullying behaviour which could lead to defiant or criminal conduct later in life (Unnever & Cornell, 2003).

Individuals that are diagnosed with ADHD are more likely to develop conduct disorder, antisocial personality disorder, or substance use disorders (APA,2013). These individuals are linked to earlier onset of cigarette smoking, substance use or abuse, and becoming more dependent on substances quicker (Kousha et al., 2012; Nehlin et al., 2015).

Brod et al. (2011) stated that the probable reason why people diagnosed with ADHD have problems with alcohol and illegal drugs is an attempt to self-medicate. Alcohol and drugs are used to minimize symptoms, normalising thoughts, emotions, and behaviour so that everyday activities can be performed. This normalization leads to a feeling of acceptance, belonging, and feeling socially capable (Nehlin et al., 2015).

Health

Diagnosed individuals have a reduction in quality of life and lower health overall (Peasgood et al., 2016). Health challenges that often occur with ADHD include Asthma, dental health, poor fitness, eating and sleeping problems (Mash & Wolfe, 2016). ADHD children who have social difficulties, behaviour difficulties, or co-morbid disorders are more likely to visit a health care provider or emergency room (Classi et al., 2012). Since these individuals have more

frequent medical appointments the medical costs for ADHD individuals and their family members are therefore higher (Harpin, 2005).

Life Stages

Michielsen et al. (2018) stated that the impact of ADHD symptoms declines with age. Mrug et al. (2012) continued by stating that negative effects do dissipate with time, but an overall global impairment remains. ADHD symptoms and the consequences it causes are still experienced later in life (Brod et al., 2011).

Older adults can potentially deal with new situations that are challenging that were not previously experienced such as having to be an informal caregiver (Michielsen et al., 2018). Other impacts that older adults can experience are a reduction in income or retirement funds due to impulsive spending, missed career opportunities, inability to manage debt, alienation from family or friends, and having to lead a more solitary life (Brod et al., 2011). People living with ADHD, independent of age, can experience the impact that ADHD has on their life.

Positive

Fortunately, not all aspects of ADHD are impairing. Some attributes can be seen as adaptive (Sedgwick et al., 2019). Wilmshurst et al. (2011) revealed that ADHD groups can be quite resilient. Adults can develop strengths or attributes that compensate for the disorder's impairment and sustain high functioning life (Sedgwick et al., 2019). This research seeks to identify what these strengths are and how adaptable is it for adults.

The participants in the Brod et al. (2011) study identified positive aspects of ADHD as: being more creative, enthusiastic, aware of multiplicity of things, able to be hyper-focused, and multi-task on interesting topics. Participants perceived ADHD as fun, interesting and challenging, but the hindrance to achieving a successful life was still concerning (Ghosh et al.,

2016). These studies identified positive attributes in ADHD individuals but did not explore coping strategies for the disorder.

One of the aims of the research was to identify adaptive coping strategies that would help adults to function better so that they can reach their full potential.

Coping Strategies

ADHD is not a disorder that can be cured or undergo a complete reduction in symptoms (Sadock et al., 2015). Hence patients need to learn how to cope and manage the symptoms to have a productive life (Schoeman & Liebenberg, 2017). Coping is defined as cognitive and behavioural attempts to manage external or internal difficulties on the person's resources in an attempt to restore stability in functioning (Lazarus & Folkman, 1984; Frydenberg & Lewis, 1993).

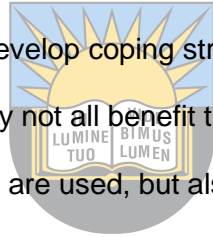
ADHD individuals can develop these coping skills before being diagnosed or receiving treatment to compensate for the disorder (Canela et al., 2017). Coping strategies can be classified as problem-focused, emotion-focused, proactive, and avoidance strategies (Wissing et al., 2014). However, not all coping strategies are adaptive.

The person's cognitive abilities, personality factors, and prosocial behaviour are related to how adaptive a coping strategy is (Young, 2005). Wissing et al. (2014) identified that coping strategies are adaptive when it decreases stress and is maladaptive when it increases perceived stress. Examples of adaptive coping strategies are self-control, social support, accepting responsibility, planned problem-solving and positive reappraisal (Young, 2005). In ADHD adults it is their cognitive abilities that determine how individuals interact with their environment and how to cope with stressful situations (Young, 2005).

Individuals that are diagnosed with ADHD have the ability to adapt to situations that helps them to cope with stressful circumstances and disadvantages caused by ADHD symptoms (Young, 2005). These individuals influence the environment so that the ADHD

symptom can be beneficial to them (Canela et al., 2017). Young (2005) expanded by stating that ADHD adults can positively reappraise stressful situations which acts as a protective factor. This positive reappraisal of situations means that they can reframe the problems that they are faced with, which leads to resilience to disappointments (Young, 2005). Which proves that ADHD individuals can assess, compensate, and adapt to difficult situations to help them cope in everyday life.

Young (2005) mentioned that the coping skills that an adult diagnosed with ADHD uses are more maladaptive strategies, for example, confrontative, distancing and escape-avoidance, compared to undiagnosed individuals. This means that the ADHD individual is more likely to respond by confronting a stressful situation aggressively or by avoiding it entirely (Young, 2005). Proving that even though individuals develop coping strategies to compensate for the disorder's symptoms, the strategies may not all benefit the person. Therefore, it is important to not only research coping strategies that are used, but also evaluate whether they are beneficial to the diagnosed adult.



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Treatment and Management

ADHD is a well-researched psychiatric disorder with strong evidence-based treatments (Sadock et al., 2015). Although there is no known cure for the disorder there is a variety of treatments available that can be used to assist with coping in life (Mash & Wolfe, 2006). The main goal of treatments is symptom relief, decreasing functional impairment, and improving quality of life (Schoeman & Liebenberg, 2017). The efficiency of these treatments is only held for the duration of therapy which means that maintaining the intervention is important to keep these effects long-term (Fredriksen et al., 2013; Mash & Wolfe, 2006).

The prognosis of ADHD is related to the degree of persistent comorbid disorders, social disability, severity of ADHD, intellect, and chaotic family factors (Sadock et al., 2015). When an

individual is diagnosed and received treatment at an early age it increased their quality of life later in life (Michielsen et al., 2018; Quintero et al., 2019). When the disorder is not detected it inhibits the individual to seek the assistance needed to live up to their full potential in academic and psychosocial settings (Quintero et al., 2019).

The treatment methods that can be of assistance to individuals are briefly discussed below.

Pharmacotherapy

Medication is considered the first line of treatment for this disorder and may be needed indefinitely (Sadock et al., 2015). It is the most popular, and widely accepted, treatment form in the medical profession (Wittstock, 2006).

Stimulant Medication. Stimulants are the most effective, most researched, and most used treatment form for ADHD (Mash & Wolfe, 2006). There is an immediate and dramatic improvement in behaviour with a 70 percent response rate (Schoeman & Liebenberg, 2017; Venter, 2006). The stimulant aims to help normalize structural abnormalities and functional connections in the brain (Mash & Wolfe, 2006). Stimulant effects are only temporary and can only occur while taking the medication (Mash & Wolfe, 2006). This means that continuous use is necessary to have effective results.

Stimulants can be short- or long-acting types (Mash & Wolfe, 2006). Short-term medications allow individuals to be flexible on where and when to use the medication (Strickland, 2002). Long-lasting stimulants have the benefit of reducing interruptions in one's day, lowering abuse potential, and decreasing rebound side effects when the medication wears off (Sadock et al., 2015; Schoeman & Liebenberg, 2017).

Stimulants do have side-effects but tend to be minor, mild and fleeting (Fredriksen et al., 2013; Schoeman & Liebenberg, 2017). The majority of side effects are benign and can often be

removed with a dose reduction (Mash & Wolfe, 2006). These adverse effects can even disappear since tolerance is developed to the medication (Venter, 2006).

Non-Stimulant Medication. Non-stimulant medication can be considered if there is a risk for abuse of medication or when the stimulants cannot be tolerated (Strawn et al., 2017). Non-stimulants lower symptom severity, promote predictability in family life, lessen family conflicts, and higher family functioning (Moen et al., 2016). Further, it can lead to higher educational level, occupational status, self-esteem, lower criminal activity, fewer accidents, and treat co-morbidities like anxiety (Venter, 2006; Fredriksen et al., 2013).

Monitoring Pharmacotherapy. Medication can have adverse effects on an individual that possibly can impact their health. Therefore, it is beneficial to establish a person's general health, intellectual and academic abilities before commencing treatment (Gomes, 2008). This can be done by completing assessments and physical examinations. If an incorrect diagnosis is given it can lead to ineffective or harmful treatment (Fisher & Hawkrigde, 2013). Therefore, after completing a wide range of assessments a practitioner should be certain of the diagnosis before commencing with a medicated treatment plan to ensure that the treatment is effective (Schoeman & Liebenberg, 2017).

Monitoring starts with the initiation of medication and should be regularly monitored. (Sadock et al., 2015). Monitoring an individual's reaction to medication helps to identify the correct medication. Optimal dosing is reached when the benefits outweigh the adverse effects (Manos et al., 2017). After finding the optimal dosing the treatment should then be maintained and the side effects managed (Manos et al., 2017).

Psychosocial Intervention

Psychosocial treatments can help to provide support, accept the diagnosis, treat comorbidities and residual symptoms (Schoeman & Liebenberg, 2017). Wittstock (2006) mentioned that psychosocial intervention includes relationship training, individual counselling, parent counselling, and modification of the school environment. Psychosocial intervention can further include psychoeducation, parent training, academic remediation, behaviour modification, cognitive behavioral therapy, social skills training, supportive coaching, and assistance with daily activities (Sadock et al., 2015; Schoeman & Liebenberg, 2017). Many of these interventions focus on teaching the individual skills to cope in life.

Canela et al. (2017) stated that teaching coping strategies and skills in psychotherapy can improve psychosocial functioning. This is important since most activities in our lives depend on the ability to interact and communicate with others (Strickland, 2002).

Multimodal

Combined interventions are the most beneficial to individuals who have co-occurring problems with ADHD (Mash & Wolfe, 2006). The combination of medication and behaviour therapy leads to greater outcomes in individuals with ADHD and co-morbid disorder (Sadock et al., 2015). Combined interventions aim to help clients achieve their full potential while minimizing opposing effects on themselves and their surroundings (Harpin, 2005). When medication is combined with a skill-based treatment the chances of remission of symptoms increase and the average dose of medication can be lowered (Sadock et al., 2015; Schoeman & Liebenberg, 2017).

Like all treatments, it is not without its disadvantages. The challenges for combined treatment are that it is costly, time-consuming, and can potentially influence a parent's career

participation (Callander et al., 2019). Although Pharmacotherapy alone is the most cost-effective, combined treatment will be more effective for treatment (Strickland, 2002).

Self-Management

There are also treatment options that individuals can manage and initiate themselves. These include diet, exercise, and mindfulness.

Free fatty acid supplementation and artificial food colouring can impact symptoms of ADHD, especially in individuals that are food sensitive (Schoeman & Liebenberg, 2017). A diet that avoids artificial additives, some natural salicylates, supplements with essential fatty acids, and reduces refined carbohydrate intake can therefore reduce ADHD symptoms (Wittstock, 2006).

Regular exercise is another aspect that is beneficial in managing ADHD symptoms and promoting cognitive health (Schoeman & Liebenberg, 2017). Exercise can help improve executive functioning, cognitive performance, planning, problem-solving, working memory, processing speed, attention, dopamine, and monoamine modulations. Both acute and longer-term activities have benefits on the neurophysiological function of ADHD (Schoeman & Liebenberg, 2017).

Mindfulness training is useful to patients who respond partially or not at all to medication (Schoeman & Liebenberg, 2017). The mindfulness-based intervention uses meditative techniques like body scan, sitting meditation, and mindful yoga that can promote nonjudgmentality, and awareness in the present moment (Poissant et al., 2019). These methods can improve ADHD symptomology, cognitive performance tasks, affect, quality of life, sustained attention, self-compassion, positive mental health, and mood regulation (Schoeman & Liebenberg, 2017).

There is a combination of interventions that an individual can use for treatment. Pharmacotherapy, psychosocial therapy, self-help methods, and multimodel therapy were briefly discussed. The important thing for a client to do is to commit to the therapy plan that works for them. Unfortunately, non-adherence to treatment does occur and is often caused by misconceptions about the disorder (Fredriksen et al., 2013).

Discrimination and Stigmatization

Stigma in ADHD impacts treatment adherence, the efficacy of treatment, symptom aggravation, life satisfaction, and the well-being of the diagnosed individual (Mueller et al., 2012). Partridge et al. (2014) asserted that the treatment process, what intervention is chosen, and whether people seek treatment are all influenced by perception.

Negative attitudes and reluctance to interact socially with individuals that are diagnosed with ADHD are evident throughout an adult's life span (Lebowitz, 2016). The diverse perception of ADHD in the public and health profession has a part to play in this stigmatisation (Mueller et al., 2012). The public uncertainty on the reliability of this disorder, the validity of the diagnostic criteria, and treatment influence stigmatization (Mueller et al., 2012). Lebowitz (2016) further stated that beliefs on viewing mental disorders as dangerous, preconceptions of disorders, and misinterpreting normal behaviour are all related to a higher desire to keep social distance from an ADHD individual. Unfortunately, the diagnosis of ADHD not only has an impact on how society views the client but also on how the individuals perceive themselves.

Hansson Halleröd et al. (2015) stated that individuals can value themselves more by understanding their behaviour better, however, a devaluation can also easily take hold since the sense of being normal is lost. The diagnosis can both give hope by realizing help is available, but also bring concern that possibilities will be limited. Both fear of discrimination and the knowledge that certain tasks are deemed harder for ADHD individuals limits the person from

taking certain opportunities (Hansson Halleröd et al., 2015). This highlights the need to find a way to function with the disorder and all the negative connotations attached to it.

ADHD in SA

There is not a definite number of the population diagnosed with ADHD nationally, but it has been found that South Africa has one of the highest prescription rates worldwide (Health24, 2000).

In South Africa, access to healthcare and treatment is a problem (Schoeman & Liebenberg, 2017). There is limited access to specialist resources and not all ADHD medications are available in South Africa. There is a service delivery and treatment gap of 75% (Schoeman & Liebenberg, 2017). Schoeman et al. (2017) stated that lack of knowledge on adult ADHD in the health care profession prevents patients from being recognized with this disorder. This leads to a continuation of living without treatment and thus the impact of this disorder has a big effect on their lives (Schoeman et al., 2017). Suggesting that there are many South Africans who do not receive proper treatment either due to cost or lack of finances. Therefore, it is important to discover adaptive coping strategies so that adults can function better despite these challenges.

Theoretical Framework

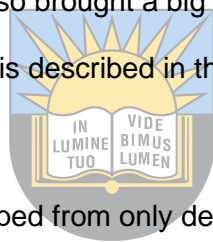
The research identified how an adult's well-being is influenced by ADHD. Since well-being is an integral part of Positive Psychology, it will be appropriate for the use of the study.

Development and History of the Theory

Positive Psychology is the scientific study of optimal human functioning and the various contributors to thriving in life for the self and others (Park et al., 2016). The theory developed as a corrective to traditional Psychology by focusing on human strength and potentialities instead of pathology (Wissing et al., 2014). The aim of Positive Psychology is to increase the quality

of human life by identifying and using individual or societal strengths to solve problems (Park et al., 2016).

Martin Seligman is seen as the founder and face of the theory of Positive Psychology (Wissing et al., 2014). However, many other people also contributed to the theory in a considerable way, including William James, Abraham Maslow, Mihaly Csikszentmihalyi, and Christopher Peterson (Wissing et al., 2014). It was in Maslow's book, *Motivation and Personality*, which was published in 1954, that the term Positive Psychology was first mentioned (Oades & Mossman, 2017). Other personality Psychology theories that also showed a focus on positive facets of human functioning were the theories of Rogers, Jahoda, or From. The World Health Organization and Antonovsky also brought a big change in the Positive Psychology field by bringing a change to the way health is described in that it was not merely an absence of disease (Wissing et al., 2014).



Positive Psychology has developed from only describing the dynamics of well-being to how well-being can be achieved and a broader perspective on the facets of well-being (Wissing et al., 2014). These facets changed from viewing well-being as solely an individual's happiness to including aspects of meaning in life (Wissing et al., 2014).

Theoretical Concepts

The two different perspectives on well-being are referred to as Hedonic wellbeing and Eudaimonic wellbeing. The Hedonic approach focuses on happiness in terms of pleasure attainment and pain avoidance (Ryan & Deci, 2001). This component known as subjective well-being focuses on having a satisfying life, experiencing pleasant emotions, and absence of negative emotions (Ryan & Deci, 2001). Individuals who face life challenges can still function well despite their difficulties which has to do with Eudemonic well-being (Wissing et al., 2014).

The Eudemonic approach focuses on meaning, self-realization, and the degrees to which a person is fully functioning (Ryan & Deci, 2001). Ryan and Deci (2001) further elaborated that it also consists of doing activities that are congruent with their values that lead to personal growth. For this study, both of these facets of well-being will be a focus of interest. When well-being is mentioned, it can be assumed that both of these aspects are in play unless it is mentioned otherwise.

Application of the Theory

The model of well-being that will be used for this research is Keyes's Mental Health Continuum Model. This model integrates dimensions of well-being in the emotional, social, and psychological domains (Westerhof & Keyes, 2010). The amount of exposure an individual experiences to these domains an individual experiences will have an impact on their well-being (Wissing et al., 2014). Well-being can have different levels that can be placed on a continuum. The different levels are languishing, moderate mental health, and flourishing (Wissing et al., 2014).

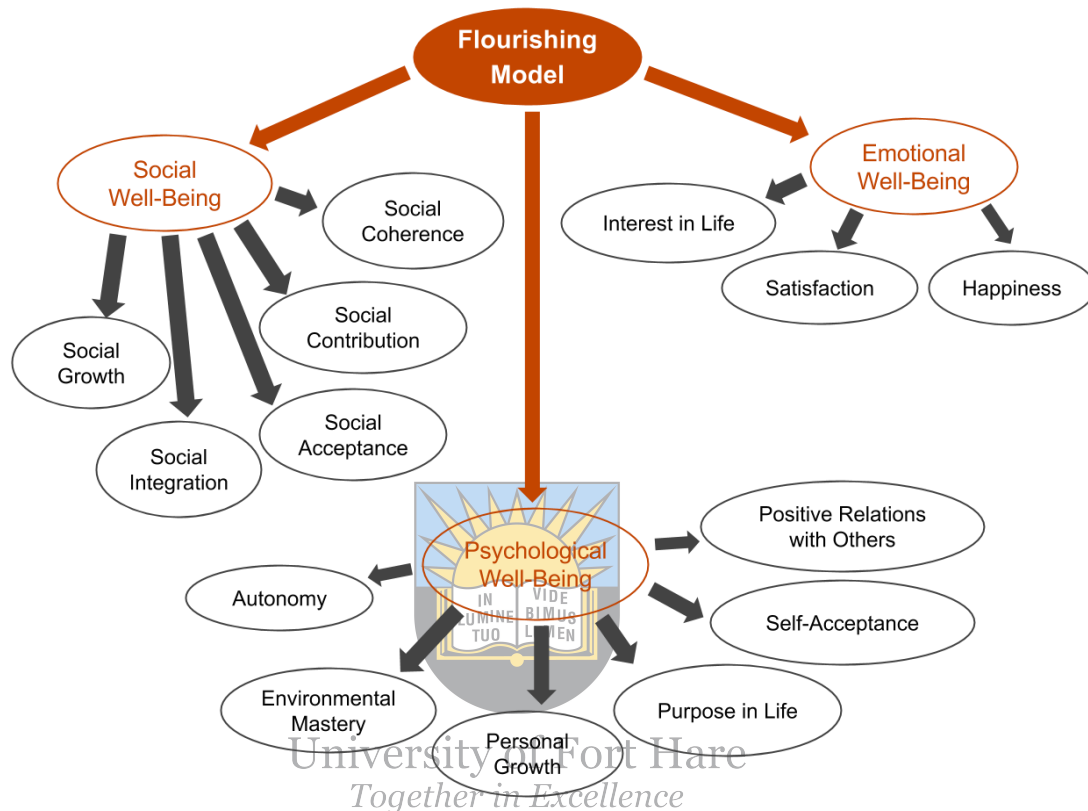


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The components that make up the emotional, psychological, and social domains are presented in the figure below.

Figure 2.1

Keyes Mental Health Continuum Model



Note. The citation is Mulhern (n.d.)

Wissing et al. (2014) stated that psychological and social well-being represents the Eudaimonic well-being component whereas the emotional well-being represents a component of Hedonic well-being. This model is appropriate since both components of well-being, which are focused on in the research, are taken into consideration in the theory.

Conclusion

In conclusion, ADHD affects all areas of functioning and can be experienced through all stages of life. Not only is the individual impacted, but the environment around them. The

environment then in turn impacts the individual's functioning and contributes to the severity of the diagnosis. To stop this cycle from becoming worse the individual needs to learn how to cope despite the difficulties this disorder holds.



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Chapter 3: Methodology

Introduction

The purpose of the chapter is to explain how the research was conducted and what steps were taken to ensure that the results were reliable as well as valid. The research design and approach that was used to answer the research question are discussed. The chapter also gives insight into the reasons for choosing this specific research design. The steps that were taken during the research are explained which will provide an understanding of what was done throughout the research process. The following chapter does not address a specific objective of the research, but rather explains the process of how the objectives were met.

Research Approach

In Henning et al. (2004) the authors stated that what a person is inquiring about in the research process will direct them to use certain methods, techniques, and tools. Thus, to start the research process, the theory about the nature of the world or paradigm has to be identified (Blanche & Durrheim, 2006).

Chilisa and Kawulich (2012) explained a paradigm as a way to describe a world view that is guided by philosophical assumptions about the nature of reality, truth, knowledge, and value systems. Therefore, the paradigm is the interpretation of social phenomena. Thus, what paradigm the research follows will determine what construct is studied, which in turn will lead to what questions need to be asked about a construct and how it will be answered (Blanche & Durrheim, 2006). I aimed to gain knowledge on how an adult's well-being is impacted by ADHD and the coping mechanisms they use to thrive in life. The word "impact" in this research is meant as a general indicator of how ADHD influences the adult's well-being. In other words, the word "impact" refers to the way adults experience the influence that ADHD has on their well-

being. Since this study is focused on the experience of individuals it is appropriate to use a qualitative study method.

Qualitative research is one of the approaches of inquiry that is based on a constructivist and naturalist approach (Smith, 2021). In qualitative research, the purpose is not only to find out the “what” in a phenomenon but also the how and why (Henning et al., 2004). The reality is subjective and constructed by the participants (Smith, 2021). The purpose of the approach is to gain a better understanding of the world and hopefully use the knowledge to bring about social change (Henning et al., 2004). Consequently, the reality and meaning of a construct are always viewed from the participant's perspective (Smith, 2021).

In the study of Ponterotto (2005), it was identified that in the Psychology field, literature has been dominated by quantitative research methods. As Counselling Psychology extends its scope of research to include qualitative approaches it will advance as a scientific field, grow in professional knowledge, and have a societal impact (Ponterotto, 2005).

Before conducting qualitative research, I had to ensure that the research design was suitable to the qualitative research approach.

Research Design

A research design is a strategic framework for the actions that take place between the research question and the execution of the research (Durrheim, 2006). The research design provides a plan for how the research will be executed so that a sound conclusion can be made to answer the research question. The research design that is chosen needs to logically suit the purpose of the research, the paradigm that informs the research, the research methods used to collect and analyse data (Durrheim, 2006). This specific study is a Qualitative Systematic Review.

The idea of doing critical summaries on studies was put forward by Archie Cochrane in 1979 (Hanley & Cutts, 2013). Since then, Systematic Reviews have become very influential in the health care profession and how services are provided. A Systematic Review is a method to critically appraise and summarise literature while minimising the potential for bias (Hanley & Cutts, 2013). Hence, the Systematic Review is a comprehensive review of literature that is systematic. During the process, all available sources are identified and assessed to answer a specific research question (Mallett et al., 2012). Generally, a Systematic Review includes predefined eligibility criteria, an assessment of the quality of the data, a reproducible methodology, a presentation of the characteristics of the included studies, and a synthesis of the results (Hanley & Cutts, 2013).

Advantages

Systematic Reviews are a reliable source of evidence that can be incorporated to make decisions in practice (Hemingway & Brereton, 2009). Systematic Reviews can also clarify health issues for both the public and health care professionals when there are contrasting results in the literature. This is done by synthesizing large amounts of studies to provide a clear answer on a certain topic. Therefore, a Systematic Review spares the reader time by only having to read the highlights of vital knowledge in studies instead of them needing to read the large amounts of the primary research themselves (Hemingway & Brereton, 2009).

Thus, the process of a Systematic Review helps to share light on the current knowledge in literature. Future research can then assess the potential for the knowledge contribution by measuring it to the Systematic Review (Clark, 2016; Mallett et al., 2012). This enables other researchers not to redo a study that was already done but to focus on the gaps in the literature.

Mallett et al. (2012) stated that with Systematic Reviews the research bias is less since the use of the search strategy forces the researcher to search for literature beyond their subject

fields. This leads to a more objective answer to the research question. By using Systematic Review, the researchers are encouraged to engage with studies more critically and to be consistent with prioritising empirical evidence over preconceived ideas (Mallett et al., 2012).

Disadvantages

Although Systematic Review has many benefits, it also has challenges while practically following the process. These practical difficulties are in the searching, screening, and synthesis steps.

Firstly, Systematic Reviews require access to a wide range of databases which can be problematic and expensive (Mallett et al., 2012). This research had access to the databases of Fort Hare University. However, this means that I did not have access to websites that were not located in the university database. Excluding relevant websites in a Systematic Review means that potential studies are excluded from the research which undermines the objectivity of the research and introduces bias to the process (Mallett et al., 2012). I tried to minimize the bias by using a wide variety of databases and open databases that are available to Fort Hare University students. The research also included Google Scholar, which is accessible to the public. The problem came in when articles had to be purchased before viewing. Unfortunately, due to time and limited resources, I did not buy any articles.

Another disadvantage of Systematic Reviews is that there is still an element of subjectivity involved when researchers screen sources to decide whether it will be included in the study or not (Garg et al., 2008). Liberati et al. (2009) further stated that it is more ideal to have two researchers deciding on whether a source should be included or not since the possibility of excluding relevant sources are reduced. Unfortunately, there was only one researcher in this study who performed the screening process. Hence the final sample was sent for approval from the supervisor to increase objectivity of the findings.

Optimally the review should be backed up with correspondence to the authors of the included studies and reproduce their results to assess the reliability of the data which is often not possible (Mallett et al., 2012). This research was limited by time and resources which made it not possible to contact the original authors. This research took the results of other studies as being valid and reliable. The final synthesis of the Systematic Review was also not checked with the original authors; however, the final results were checked by the research supervisor.

These facets indicate that the Systematic Review is a very resource-intensive, demanding, and time-consuming process (Mallett et al., 2012). This research is only a mini-dissertation and so the full requirements to prevent all objectivity were not followed to save time and money. However, I did take precautions as much as possible to prevent bias and promote trustworthy findings. By taking the advantages and disadvantages into account it becomes clear that performing a Systematic Review can still be beneficial.

Clark (2016) pointed out that although there has been a rise in the amount of Qualitative Systematic Reviews done, there is still a need for more. With a Qualitative Systematic Review, the research has the chance to identify the life experience of a population while being more focused on certain phenomena or populations by using the systematic steps. As qualitative studies increase in number the need to perform a Qualitative Systematic Review on these studies is increased (Clark, 2016).

ADHD is a topic that has often been researched in literature and thus there was also a need to conduct a Systematic Review. While searching the Catplus database on the Fort Hare University website I identified that there has not been a Systematic Review done on adults with ADHD. Systematic Reviews have previously been done on adolescents' experience of living with ADHD and the perceptions of ADHD in diagnosed children and their parents, but not on adults.

Conducting a Systematic Review

Throughout the research process, the research must be conducted with an objective approach to minimise bias and ensure replicability (Mallett et al., 2012). Replicability and transparency are achieved by following a process that consists of a fixed set of steps. These steps are to construct a review question, search for literature, critically appraise the literature, extract, and synthesize the data (Ham-Baloyi & Jordan, 2016).

The *review question*, which is the first step in Systematic Review, is a question that helps to guide the Systematic Review. Constructing a review question helps to identify the *search words* that will be used to find appropriate studies. Searching the literature involves formulating a search strategy. This *search strategy* includes keywords, sources of evidence, documentation of the search, the *inclusion and exclusion criteria* (Ham-Baloyi & Jordan, 2016).

Once possible studies have been identified, the third step of the Systematic Review takes place, which is to critically appraise the studies that have been found based on relevancy, the strength of the study, and whether the study meets the inclusion criteria. This step evaluates each study to distinguish whether it will be included in the research or not (Ham-Baloyi & Jordan, 2016).

After the appraisal, the information from the included study results become extracted. The findings from this step will then be synthesized to produce the results of the Systematic Review (Ham-Baloyi & Jordan, 2016).

PRISMA

PRISMA is the preferred reporting guideline for Systematic Reviews and Meta-analyses (Liberati et al., 2009). PRISMA consists of a 27-item checklist and a four-phase *flow diagram* to improve reporting of Systematic Reviews so that it can be of higher value to clinicians and users

(Liberati et al., 2009). These reporting guidelines were used to guide this Systematic Review research.

Data Collection

Data collection took place on the University of Fort Hare databases. These databases are mentioned in the “Sources of evidence” section on page 44. Keywords were inserted into all the databases to reveal the possible sources that could be included in the research. These articles were then appraised to identify the sample from which data was extracted. This data collection process will be explained in depth under the following headings:

Review Question

The review question of Systematic Review paths the way for the search strategy of data collection. The research question is constructed by considering the population, intervention, outcome, and comparison group for the research (Mallett et al., 2012). In other words, the review question is constructed by using the PICO components to make the questions that are asked clearer. The review question for this study was:

Does the well-being of adults who are diagnosed with ADHD improve when using coping strategies?

Population/Participants: The population for this study is adults who were diagnosed with ADHD.

Intervention: The coping strategies that adults use to counteract the impact of ADHD.

Comparisons: Adults that are diagnosed with ADHD who do not make use of coping strategies.

Main outcome: The impact that an ADHD diagnosis has on an adults' well-being and quality of life.

It was from this question that the search strategy was developed.

Search Strategy

The search strategy includes keywords, sources of evidence, documentation of the search, the inclusion and exclusion criteria (Ham-Baloyi & Jordan, 2016). This is the plan and structure that is set up to identify the sample for the research.

Search Words. Firstly, I identified keywords to search for articles by inspecting the Review question. Words that stood out from the Review question were ADHD, adult, coping strategies, and well-being. Similarities for the search terms were used to create a broader search field. The search words or keywords that were used for this study were used in each database to identify all possible articles. The following keywords were used:

- Positive Psychology and ADHD
- ADHD and well-being or ADHD and subjective well-being
- ADHD and life satisfaction
- ADHD and happiness
- ADHD and quality of life
- ADHD and functioning well
- ADHD and impact on life
- ADHD and experience or ADHD and life experience
- ADHD and coping mechanisms or ADHD and coping strategies



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Sources of Evidence. Articles were searched in the following databases that are accessible to Fort Hare University students: JSTOR, EBSCOhost, Cambridge Core Journals, Cochrane Library, SA ePublications, SAGE Journals, ScienceDirect, SpringerLink, and Taylor & Francis. Articles were also searched in the open access journals that are also located on the Fort Hare University library website. Lastly, Google Scholar was also used since it is accessible

to the public. I wanted to get data from a wide variety of sources so that a true understanding of this topic in the current literature can be identified.

The keywords, as mentioned in the previous paragraph, were inserted into all of these databases to identify all possible articles that can be suitable for the research. I scanned the titles of the search results to identify the relevant studies for the research. Only studies that appeared to be relevant were downloaded. When only an abstract was available for a study, and I could not locate the full study for the possible source it was not downloaded.

Databases were searched for relevant articles from March 2020 until February 2022. This helped to ensure that any new relevant sources could be included in the study. Before the analysis process started a quick search was redone to identify whether there had been any new articles, but none were found. I also searched for articles in the referencing lists of the sample articles. The complete result for this data collection process are provided in appendix 5. The appendix shows the number of results that was found for each keyword and the number of sources that was downloaded in every database. An example is also provided for the search strategy in one of the databases (Appendix 2).

Inclusion and Exclusion Criteria. The next step was when all the retrieved studies were screened on the relevance of title, abstract and full text, by using predefined inclusion and exclusion criteria (Mallett et al., 2012). The downloaded articles were first scanned by abstract to identify whether it was relevant or not. All duplicate sources were removed before the entire article was assessed. If the article was not deemed relevant in the abstract the article was excluded. The full text of articles was only read if the abstract appeared to be relevant to the research.

The full text of the remaining articles was then weighed against the inclusion and exclusion criteria to identify whether it was relevant. Only articles that met the inclusion criteria

were deemed relevant for the study and were included in the research. If the inclusion criteria were not met the article was not included in the sample. Therefore, the criteria identified whether a study was included or excluded in the research. Only the articles that met the inclusion criteria were used to collect the data for the findings. The following paragraphs explain the criteria and the rationale for the criteria.

The research is focused on how ADHD impacts adults' well-being and how they can cope with the symptoms of the disorder. Therefore, the article has to mention how the well-being of an adult diagnosed with ADHD is impacted and how to cope with the impact. The coping strategies that are focused on in this research are methods that the adults use to assist themselves. Hence if sources mainly focused on pharmacotherapy or psychosocial interventions they were not included in the sample. Treatment was, however, still mentioned in the articles where different coping strategies were discussed in the articles and was thus briefly mentioned in the findings.

ADHD has many co-morbidities, but this research focused on adults who are only diagnosed with ADHD. This exclusion ensured that the findings of how well-being is impacted are only because of ADHD and no other disorders. The research focused specifically on adult ADHD because there was a gap in literature concerning adults diagnosed with ADHD. Participants of the included sources needed to be adults. This is a Qualitative Systematic Review which means that only qualitative studies were included. Many of the participants in previous studies had only been self-diagnosed which is not a reliable diagnosis. This is the reason why the included studies for this research needed to mention that the participants had been professionally diagnosed.

I aimed to identify the most recent standpoint in the literature on this topic hence the period only included the last ten years of studies. I am proficient in Afrikaans and English. If

studies could not be translated into these languages, they were excluded. Finally, the included sources were appraised using the CASP tool to ensure that the results were trustworthy. If the count was too low, the source was not deemed reliable and was not included in the research. The table below demonstrates what has been discussed in the paragraphs concerning the inclusion and exclusion criteria.

Table 3.1*Inclusion and Exclusion Criteria*

Inclusion	Exclusion
Mention a person's wellbeing or impact on life	No indication of how ADHD impacts the participants' life
Primarily ADHD diagnosis	Co-morbidities
Adult	Children and adolescents
No older than 10 years	The full text cannot be found
Qualitative research	Mixed method or Quantitative research
Professionally diagnosed	Self-diagnosis or the participant is not diagnosed
Coping methods	No identification of how the participants can cope
English or Afrikaans studies	No translation has been found
Articles with a high CASP count	The appraisal count is too low, and the research is therefore not valid

Documentation of the Search. The flow diagram (Figure 3.1) shows the process of how relevant sources were identified for the sample. The diagram starts by the number of sources that was downloaded from the databases and ends with the number of sources that is included in the sample. The whole process of how sources were excluded, from reading the abstracts to comparing the full text to the inclusion criteria, is demonstrated.

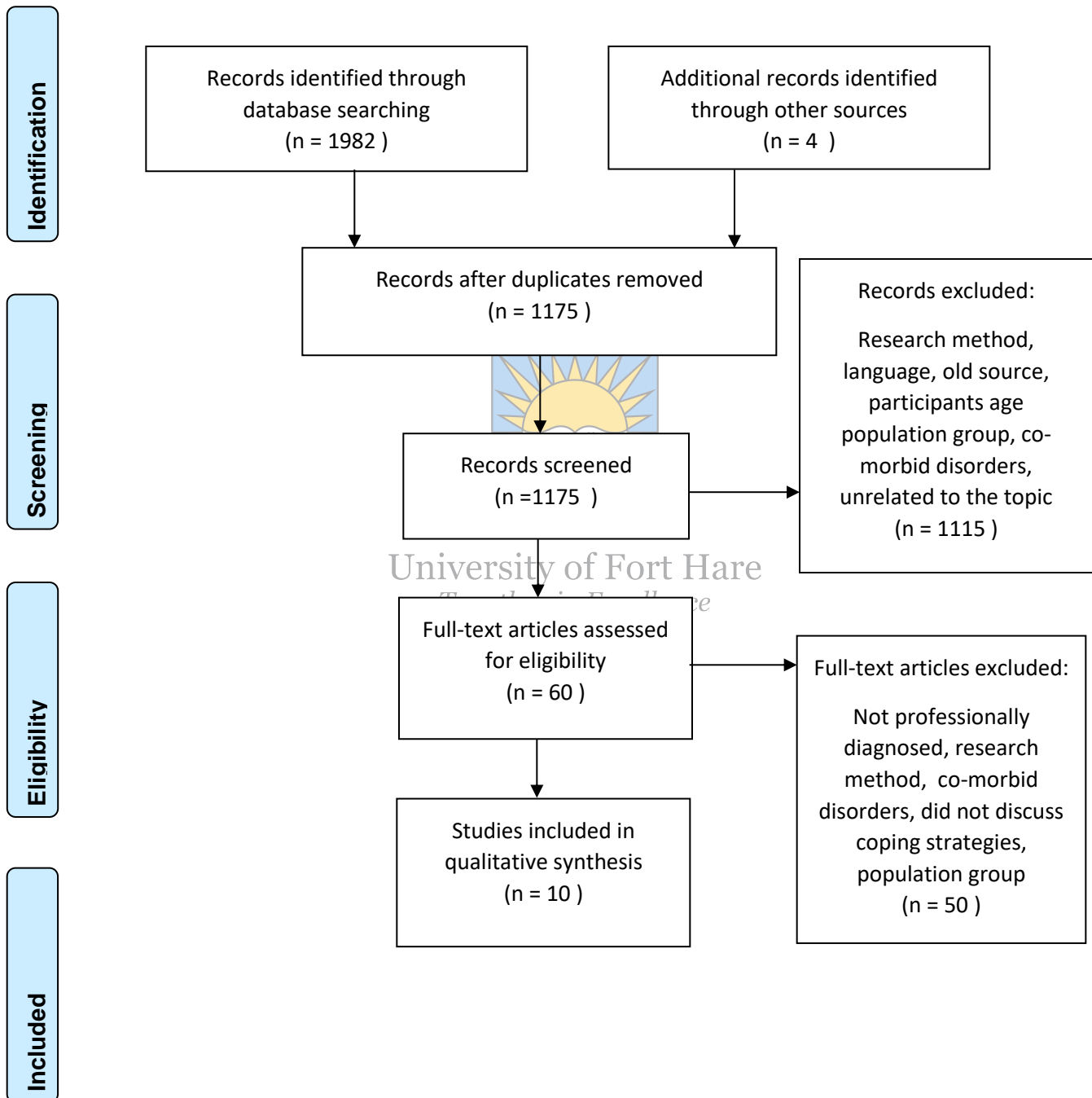
The information of the included sources was documented in an excel logbook. This logbook is called the *data extraction form* and can be found in the appendices (Appendix 3). The reasons why sources were excluded after comparing full-text of the source to the inclusion criteria is also provided in the appendices (Appendix 4).



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Figure 3.1

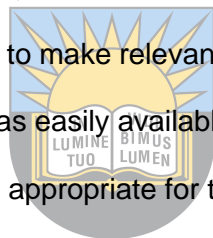
Flow Diagram of the Data Collection Process



Sampling

Sampling is the process of selecting research participants from a population and involves the decision on what needs to be observed (Durrheim, 2006). Sampling aims to select a sample that will appropriately represent the population group on which the conclusions will be drawn so that the findings can be transferable to understand other contexts or groups (Durrheim, 2006).

The Sample. The research was based on non-probability convenience sampling where the target population is easily accessible (Etikan et al., 2016). The reason for using this sampling method was so that a broad number of articles could be collected because, as the process of Systematic Review continued, the list of these articles was reduced. I wanted to ensure that there were enough sources to make relevant conclusions from. Since a broad spectrum of articles was needed that was easily available, the convenient sampling method is appropriate. This sampling method was appropriate for the search strategy since the articles were searched on available databases.



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A Systematic Review does not need a specific number of articles that has to be included in the research. The Systematic Review can start with a large number of sources that are reduced as the steps are followed. All possible studies that were collected will undergo data reduction, as was explained in the inclusion and exclusion criteria. Only once all the sources were appraised and the sample identified will data saturation take place. Hence the Systematic Review can have a small sample even when the process started with a large number of sources.

According to Statistics Solutions (2020), 5-25 participants are sufficient for a qualitative study. Fugard and Potts (2015) state that a sample size ranging from 2 to 400 is sufficient for

Thematic Analysis. Therefore, the information gathered from the data will be reliable as long as the sources are more than five.

Appraisal of the Included Studies

Once the sample is identified the quality of the included studies needs to be appraised. The CASP checklist is used to appraise the included studies. The CASP, Critical Appraisal Skills Programme, is a list of questions focused on the results of a study, the validity of the results, and how applicable the results are (Critical Appraisal Skills Program [CASP], 2018). Each included study was appraised individually. The results of the sample that was appraised can be found in the appendices (Appendix 1).

Data Analysis

After the sample is identified the data analysis process can begin. Systematic Review contains certain steps which include the extraction and synthesis of data (Ham-Baloyi & Jordan, 2016). These steps guide the data analysis process. Since these steps form part of the process for Systematic Review it will be appropriate to apply them for data analysis.

Data analysis aims to transform data so that the research question can be answered (Durrheim, 2006). The data analysis needs to be suitable for the type of data that is gathered, the objective of the research, and the paradigm in order for the research to be coherent (Durrheim, 2006).

The Center for Reviews and Dissemination [CRD] (2009) defined data extraction as the process by which researchers obtain relevant information about aspects and findings of the studies included in the research. This process identifies what data will be extracted and how to present it. Since this is a Qualitative Systematic Review, data will be extracted thematically. Thematic Analysis will be used in conjunction with the Systematic Review steps to extract all the relevant data. Once the relevant data has been identified it will be summarised to form the

outcome of the Systematic Review (Ham-Baloyi & Jordan, 2016). It is these themes that become the results.

Thematic Analysis

In Miller (2020) Thematic Analysis is described as a method used in qualitative research to identify patterns in the set of data that has been collected. Thematic Analysis has a set of structured steps that allows the approach to be consistent in how data is assessed (Miller, 2020). These six steps are the following: familiarisation with data, coding, searching for themes, reviewing themes, defining themes, and writing up (Clarke & Braun, 2013).

The first step is when the researcher must read the data so that they are familiar with the entire data set (Maguire & Delahunt, 2017). I read through all the sources while comparing the articles to the inclusion criteria. Once the sample was identified I re-read all the sources. Once the researcher is familiar with the content, they can begin to take notes on questions, links between data items, initial observations, and any other ideas the researcher has while working through the data (Kiger & Varpio, 2020). This is the start of the second step.

Coding is when labels are generated for important features in the data that is relevant to the research question and objectives (Clarke & Braun, 2013). I started the process by writing preliminary thoughts down that they had while re-reading the sources. The sources were coded by highlighting relevant information and adding a label to the highlighted section. At the end of the coding phase all the codes were organised in order to be coded into themes (Clarke & Braun, 2013).

A theme is a pattern that captures something meaningful about the data that is relevant to the research question (Maguire & Delahunt, 2017). The themes are constructed by examining codes and organised data extracts to identify similarities in the data (Kiger & Varpio, 2020). Clarke and Braun (2013) described the process as coding the codes. I read through all the

codes that were written in the sources. Codes that were similar were grouped together and written down on sheets of paper.

I then reviewed the themes. Reviewing themes entails the process of reviewing and modifying the themes to ensure that it portrays the data set correctly (Maguire & Delahunt, 2017). All the themes were suitable to the codes and the full data-set. I then organised and re-arranged the themes to form four main themes.

While I was organising the themes I became aware of what each theme represented. It was this distinction that was made of each theme that I kept in mind while naming the themes. Defining and naming themes requires the researcher to establish the essence of each theme in order to construct a concise name that theme (Clarke & Braun, 2013).

The last step involves writing up the analysis and descriptions of the findings to tell the reader a coherent story about the data (Kiger & Varpio, 2020). The analysis is combined with extracts from the data and contextualised in relation to existing literature (Clarke & Braun, 2013). The data that is written down is the findings and discussion chapter.

Advantages. The Thematic Analysis does not adhere to any particular theory or explanatory framework (Clarke & Braun, 2013). This means that it can be applied to a range of theoretical frameworks and paradigms (Miller, 2020). It also means that Thematic Analysis has the advantage to be used in a wide range of studies that consists of different interests, research questions, sample size, and types of data (Clarke & Braun, 2013), therefore Thematic Analysis can be used in conjunction with the Systematic Review steps.

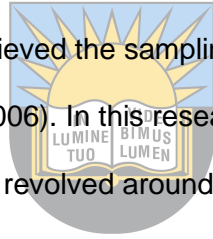
Thematic Analysis is one of the simpler approaches to learning and executing (Miller, 2020). Since the approach is not complicated to perform it was easier for me to execute the process.

Disadvantages. Even though Thematic Analysis has much strength, it still has a downside. Scarce parameters regarding Thematic Analysis can easily make the research subjective which can lead to unintentional bias (Miller, 2020). The themes were supervised by the research supervisor to prevent the themes from being unreliable.

Unit of Analysis

The unit of analysis is the who or what the research is focused on for which the analysis is done (Durrheim, 2006; Kumar, 2018). The unit of analysis for this research is the social artifacts. Social artifacts are the products of human action and forms of social interaction (Durrheim, 2006). The unit of analysis for this research was the studies and articles. These previous studies were analysed and synthesized.

For design coherence to be achieved the sampling and data collection strategies need to match the unit of analysis (Durrheim, 2006). In this research the sampling and data collection methods were similar. The whole study revolved around previous studies done and therefore the unit of analysis fits with the rest of the methodology.



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Trustworthiness

To draw valid conclusions from a research study, it is vital that the data is sound to analyse and interpret (Durrheim, 2006). In qualitative research the measure that ensures this is called "trustworthiness". Lincoln and Guba's criteria for trustworthiness was used in this research. The constructs are credibility, transferability, dependability, and confirmation.

Credibility

Credibility is known as internal validity in quantitative research and ensures that confidence can be placed in the findings (Korstjens & Moser, 2018). This is the concept that ensures that the findings are congruent with reality and that the research studies the phenomena that it intended to do (Shenton, 2004). The research demonstrates a true picture of

the phenomena being studied by using established research and data analysis methods (Shenton, 2004). This dissertation is a Systematic Review that used the Thematic Analysis method to analyse data commonly used in research.

For readers to judge the credibility of the findings the research process was described step-by-step in this chapter. The credibility of this study is also further ensured by providing past research findings that are congruent with the conclusions of this study.

Transferability

This is the degree to which the findings of one study can be applied to other situations (Nowell et al., 2017). Qualitative studies are specific to a certain population and practitioners should use their judgment to decide whether qualitative research is similar to their situation (Shenton, 2004). For this reason, it is the researcher's responsibility to ensure that sufficient information about the context, participants and research process is provided so that a reader can decide whether the findings can be applied to their situation (Korstjens & Moser, 2018). The results of the study have to be understood within its context and it is important to share this information.



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This research provided enough background information about each article in the data extraction forms, which are provided in appendix 3, so that readers can judge how the findings can be transferred to their settings. The provision of the exclusion list also enables readers to judge whether the information will apply to them. Lastly, the research includes sources from different contexts in the sample which increases the transferability of this research since the information is more generalized.

Dependability

In quantitative research, this would be the reliability of results so that when the research is re-conducted similar results will be found (Shenton, 2004). To achieve dependability, the

researcher must ensure that the research process is logical, traceable, and clearly documented (Nowell et al., 2017).

This chapter provides a detailed account of how the research and analysis process was done to increase the consistency of this research. The research further includes an example of the search strategy in the appendices so that readers can know how sources were found (Appendix 2). All the databases and search words are provided in this chapter for readers to know how data collection was done. All these processes are provided in order to make it possible that the research may be re-conducted.

Confirmability

This is similar to objectivity in quantitative research where the researcher ensures that the findings emerge from the data (Shenton, 2004). Confirmability is concerned with establishing that the findings derive from the data rather than the researcher's predispositions (Nowell et al., 2017).

I was also diagnosed with ADHD and hence there was more attention given to presenting data accurately. One of the precautions that I took to minimize bias in the results was to inform my supervisor of my diagnosis. This meant that extra care could be taken to prevent findings from being based on predispositions. I included quotes of the findings to verify the interpretations and to show that the themes present the data of the samples correctly. Lastly, I also provided quotes from previous studies to prove that the findings were not based on my preconceptions.

Ethical Considerations

The ethical considerations for this study were to keep the information confidential. Passwords on my laptop were used. I was honest with the data that was found and did not falsify any information. Special care was taken so that no plagiarism was committed. This

included reporting all references appropriately. At all times, I conducted myself in a professional manner that is compliant to the HPCSA and UFH code of ethics.

This research had received ethical approval from the Govan Mbeki Research and Development Centre at the University of Fort Hare. The ethical clearance is attached at the end of the dissertation after the appendices.

Data Storage and Management

Since the information is already in the public domain, taking special care in securing and disposing of data was not necessary. I still took precautions in how the research was conducted. All possible articles were downloaded and saved in a folder on my laptop. This data will be kept for a minimum period of five years. Data was secured and stored on Mendeley. The backup of the research was stored on Google Drive. Five years after completion, the articles will be removed from Google Drive and Mendeley.

Conclusion

This chapter discussed the process that was taken while the research was being completed. What a Systematic Review is and the steps that form part of the process were discussed in detail. The whole process from how data was collected to how it was analysed was discussed. Steps taken to ensure that the results of the study are trustworthy were also mentioned. This chapter enables a reader to understand what was done so that they can decide for themselves whether the findings can be trusted.

Chapter 4: Analysis and Findings

Introduction

The analysis was done by doing a Thematic Analysis. Therefore, the findings are discussed under themes that were identified within the studies. The articles in the sample presented a clear picture of how adults' lives are impacted by their ADHD diagnosis. Affected domains that are impacted in the adults' lives were self-esteem, career, academic studies, performance in life, social and emotional functioning. The sample painted a picture of how adults experience life from before being diagnosed, to receiving the diagnosis, functioning in life after the diagnosis, and factors that influence adult life throughout these different stages. The different domains that are impacted by ADHD and the adult's functioning in the different stages of diagnosis are discussed throughout the themes. The main themes and sub-themes that was identified to impact a diagnosed adult's life is mentioned in the table below.



Table 4.1

Themes and Sub-Themes

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Main themes	Subthemes
The impact of an ADHD diagnosis	Factors that influence the perception of the diagnosis Experience of receiving the diagnosis (Experience of life before the diagnosis, positive impact, and negative impact)
The impact ADHD has on identity	Negative self-esteem Process of re-defining the self

	Positive self-esteem
The impact ADHD has on performance	Impact on daily functioning
	Impact on employment functioning
Coping with ADHD	Treatment
	Adaptations
	Strategies to counteract the impact of ADHD
	(Social support, Structure, Hobbies, Self-adjustment, online network, and work habits)

The Impact of an ADHD Diagnosis

The theme of how an ADHD diagnosis impacted an adult's life was very prominent in the articles. This research is focused on how ADHD impacts the diagnosed adult's well-being. Since this is the main aim of the study it is fitting to discuss how receiving the diagnosis and perceptions of the diagnosis impacted the adult's life first.

Factors that Influence the Perception of the Diagnosis

Throughout the articles, it became clear that the adults that were diagnosed with ADHD had different perspectives, positive and negative, on how their lives were impacted by the disorder. Holthe and Langvik (2017) elaborated that the adults' view of how ADHD influences their life is related to how they conceptualize the disorder either as a gift or a curse and feel capable of controlling their symptoms. This means that if adults experience their diagnosis as a gift and feel they can control their symptoms their perception of how the diagnosis impacts their well-being will be more positive. Factors that were identified that impacted how the adults perceived their diagnosis were culture, parents, stereotypes, and stigma.

The degree of acculturation into a more westernized culture proved to impact parental understanding of mental illness (Young, 2012). In Young (2012) the Chinese American students noticed that when parents were more traditional, they had less understanding of the concept of ADHD and its consequences. The difference between the parents' and children's acculturation to mental illness could lead to family relations being strained (Young, 2012).

Parents' perception of mental illness can further also influence the diagnosed adults' belief about their ADHD diagnosis (Young, 2012). This can lead to diagnosed individuals doubting their disorder. A variety of reasons were identified for doubting the disorder in the articles. The disorder was questioned both as the phenomenon itself and the accuracy of the diagnosis for the individual (Hansson Halleröd et al., 2015).

This doubt in the accuracy of the disorder was not only questioned by the individuals themselves but also by other people because they have a stereotypical idea of what ADHD looks like that can differ from the diagnosed adults' presentation (Hansson Halleröd et al., 2015). Stereotyping the ADHD disorder can encourage society to make preconceived ideas about what settings and opportunities are appropriate for adults (Sedgwick et al., 2019). When adults do not resemble the expected presentation of ADHD, especially in instances when the adult is high-functioning, even professionals can be reluctant to diagnose the adult (Young, 2012).

Articles that are published with incorrect information can enhance this stereotypical image of ADHD which hinders helpful information from being shared (Holthe & Langvik, 2017). Misrepresentation in the press also led to a feeling of being stigmatized. Stigma was mentioned in many articles as influencing the adult's life negatively.

Stigma can be experienced when the importance of the disorder is lowered, and the validity of the disorder or medical treatment is questioned (Holthe & Langvik, 2017). When

adults feel stigmatized it can lead to avoidance of disclosure of their ADHD, reluctance to pursue a diagnosis, hesitancy to continue treatment, desire to social isolate, and experience of a lower quality of life and self-confidence (Holthe & Langvik, 2017). This topic of reluctance to disclose their diagnosis was found to impact many of the participants in the studies. If the adults decided to disclose their diagnosis it was done with careful consideration of who would be the selected few people who would be informed (Hansson Halleröd et al., 2015; Holthe & Langvik, 2017; Redshaw & McCormack, 2022; Young, 2012). Fleischmann and Fleischmann (2012) further stated that adults can have a desire to conceal their difficulties with how they perform and complete tasks to avoid being stigmatized. This avoidance of making other people aware of their struggles can hinder the adult from discovering other individuals who are diagnosed and learning about effective treatment (Young, 2012).

This theme describes how the perception of the disorder influences the well-being, social functioning, treatment process, and self-confidence of the adult that is diagnosed with ADHD.

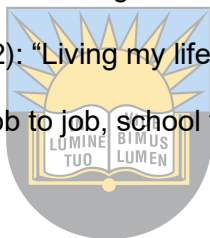
Experience of Receiving the Diagnosis

Many of the adults in the articles were only diagnosed once the adult's compensation strategies were not able to meet the demands of the struggles they were facing in life (Schreuer & Dorot, 2017). The diagnostic process had a different outcome in each adult's life and well-being. The reactions to receiving the diagnosis differed between a positive and negative reactions. In Hansson Halleröd et al. (2015) there were even differences found in reactions to the diagnosis in the same participant. The same adult described for instance how the diagnosis had both positive and negative impacts on their self-esteem (Hansson Halleröd et al., 2015).

Experience of Life Before the Diagnosis. Before being diagnosed the adults experienced difficulties in coping with functional impairments (Fleischmann & Fleischmann, 2012). The reason for this is that the individuals were confused about the reason for their

behaviour (Fleischmann & Fleischmann, 2012; Fleischmann & Miller, 2013; Holthe & Langvik, 2017). The confusion of the adults made them doubt their ability to manage their struggles, hindered them from acquiring appropriate help, and they lost the opportunity to learn the skills that are required for managing their difficulties (Fleischmann & Fleischmann, 2012; Fleischmann & Miller, 2013; Holthe & Langvik, 2017). By not being able to comprehend the reason for their behaviour the adults would often become frustrated and blame the reason for their failures on poor character (Fleischmann & Fleischmann, 2012; Holthe & Langvik, 2017). This would contribute to a negative self-image that often remained with the individual for an extended time (Holthe & Langvik, 2017).

The impact that being unaware of the diagnosis has on an adult is well stated in a quote by Fleischmann and Fleischmann (2012): "Living my life in a fog and not really being able to figure it I just went from thing to thing, job to job, school to school. Connect the dots? I didn't even know there were dots" (p.1489).



Positive Impact. When people are diagnosed it can have a drastic change on the adult's life, especially if they are only diagnosed in adulthood (Fleischmann & Miller, 2013). Hansson Halleröd et al. (2015) elaborated that being diagnosed has more positive consequences for adults compared to remaining undiagnosed. These positive changes that the adult experiences during the diagnostic process will be discussed in this theme.

Positive changes all started with gaining the knowledge of having ADHD. It was reported that the adults experienced a turning point in their lives when they could identify the disorder as the cause of their recurring struggles, shortcomings, and failures (Fleischmann & Miller, 2013; Hansson Halleröd et al., 2015). This new insight helped the adults to understand the course of their lives, their lives moving forward, and gain self-understanding (Fleischmann & Fleischmann, 2012; Hansson Halleröd et al., 2015; Young, 2012). The diagnosis provided an explanation and

a new meaning to why these adults experience their world so differently from society (Hansson Halleröd et al., 2015; Holthe & Langvik, 2017). Hence the diagnosis provided validation and confirmation for their struggles (Holthe & Langvik, 2017).

By having a diagnosis the adults have a legitimate reason for their undesirable behaviour which changes their view of themselves and how the public views them (Hansson Halleröd et al., 2015). The adults found that other people were more understanding, considerate and lenient towards the diagnosed adults (Hansson Halleröd et al., 2015). These adults felt that they received better treatment from society as demands were reduced (Hansson Halleröd et al., 2015). Even family relations were improved since family members had a better understanding of the cause of the adults' behaviour (Fleischmann & Miller, 2013). This legitimization of their struggles made it easier for the adults to communicate their needs to others (Hansson Halleröd et al., 2015) and they no longer felt the need to make excuses for failures (Rowe et al., 2021).

It was noted that the diagnostic process not only changed the way others treated the adults but also the way the adults treated themselves. When the adults realised that their failures were not caused by a personality flaw, they felt less responsible and guilty for these faults (Hansson Halleröd et al., 2015). Hence the diagnosis made it possible for the adults to be liberated from self-blame, shame, and harsh feelings towards themselves (Fleischmann & Fleischmann, 2012; Fleischmann & Miller, 2013; Hansson Halleröd et al., 2015; Holthe & Langvik, 2017). This assisted the adults to be able to accept their limitations (Fleischmann & Fleischmann, 2012; Hansson Halleröd et al., 2015) and forgive themselves (Fleischmann & Fleischmann, 2012; Fleischmann & Miller, 2013). The liberation from guilt also helped to transform the adults' self-perception from negative to positive (Fleischmann & Fleischmann, 2012; Fleischmann & Miller, 2013).

In Fleischmann and Fleischmann (2012) an adult compared this transformation in identity to feel “as though a new me has been born with my adult ADD diagnosis” (p. 1492). The adults felt like just having the diagnosis can be seen as a protective factor to the adult's self-esteem because the labels that the adults had been given throughout their lives were more harmful than having a disorder (Hansson Halleröd et al., 2015). Some adults felt that by knowing the reason for their behaviour they felt more normal (Fleischmann & Fleischmann, 2012; Hansson Halleröd et al., 2015; Redshaw & McCormack, 2022).

This change in perception can also empower adults by realising that their lives can be improved (Fleischmann & Fleischmann, 2012). This encouraged the adults to view their future more positively and increased their confidence to plan for their future which provided the adults with a sense of direction (Fleischmann & Fleischmann, 2012; Fleischmann & Miller, 2013). This new understanding of their problems motivated the adults to change their lives by searching for ways that can help them cope which led to an improvement in possibilities and functioning (Fleischmann & Miller, 2013; Hansson Halleröd et al., 2015).

This theme identified how receiving the diagnosis can be the first step to success in life (Fleischmann & Fleischmann, 2012). Due to all the benefits of receiving a diagnosis an adult can feel relieved (Fleischmann & Miller, 2013; Hansson Halleröd et al., 2015; Holthe & Langvik, 2017) and comforted (Young, 2012). Fleischmann and Fleischmann (2012) described the change as “the lifting of a burden: a weight has been lifted from my shoulders” (p.1491)

Negative Impact. The adults did not only experience benefits, but they also experienced negative consequences of being diagnosed. The main negative impact of receiving an ADHD diagnosis was the experience of devaluation and fear of limited possibilities in adults' life (Hansson Halleröd et al., 2015). The adults felt that shame, low status, being judged,

disrespected, and being less admired for their opinions as before were associated with the diagnosis (Hansson Halleröd et al., 2015).

The adults were concerned that possibilities in their life would be impacted by society or by a lowered self-confidence (Hansson Halleröd et al., 2015). The participants were also concerned that being aware of the obstacles that ADHD individuals usually face could result in a loss of courage to try possibilities (Hansson Halleröd et al., 2015). Another concern was that participants could experience a decrease in motivation to change since the behaviour could be excused by the diagnosis (Hansson Halleröd et al., 2015).

Adults could also experience a sense of hopelessness when getting the diagnosis when they realised there was no cure for their difficulties (Hansson Halleröd et al., 2015; Holthe & Langvik, 2017). The sense of permanency settled in when the adults realised their difficulties were symptoms of a lifelong disorder (Hansson Halleröd et al., 2015). One adult described the diagnosis as a handicap that they had to live with (Hansson Halleröd et al., 2015).

This sense of permanency, insecurity, and obstacles in life can influence the adult's well-being negatively. However, when the adults were asked if they regretted going through the evaluation, all the participants stated that they would go through the process all over again (Hansson Halleröd et al., 2015). The adults even described their desire for an earlier diagnosis since they believed that it could have lowered suffering in life and increased the possibility of a better life (Hansson Halleröd et al., 2015; Holthe & Langvik, 2017).

The Impact ADHD has on Identity

This topic has briefly been mentioned in the previous theme and will continue to be mentioned throughout the findings. This was a recurring theme in all the articles and it is important to discuss it in depth. The adults in the sources described how they went through a journey of rediscovering their sense of self. The adults described how they had a low self-

esteem from a young age and the process they underwent to improve their confidence to eventually discover positive attributes in themselves.

Negative Self-esteem

ADHD can impact an individual's sense of self, which can start in childhood and stay with the individual till adulthood (Redshaw & McCormack, 2022). Even high-functioning adults struggle with feelings of low self-worth (Fleischmann & Fleischmann, 2012). Adults living with ADHD can see themselves as failures and be burdened by the thought that they are letting other people down (Fleischmann & Fleischmann, 2012). This was confirmed by Holthe and Langvik (2017) who stated that the adults' self-image suffered under the repeated experiences of failures, inadequacy, and lack of control in their behaviour. These ongoing failures induced a feeling of stress and helplessness as challenges did not get resolved (Fleischmann & Miller, 2013).

Together with this sense of low self-esteem, the adults also experienced a sense of feeling different from the norm from a young age (Redshaw & McCormack, 2022). The adults felt that their functioning (Redshaw & McCormack, 2022), worth, and work (Hansson Halleröd et al., 2015) were of a lower quality compared to other people. This made them feel like outsiders to the rest of society (Hansson Halleröd et al., 2015; Sedgwick et al., 2019).

When the adults started to compare themselves to others it lowered their self-esteem even more and left a desire to be like the rest of society (Hansson Halleröd et al., 2015). This desire can lead to a strong sense of performance (Holthe & Langvik, 2017) to prove their worth and ability to do the same work as an undiagnosed person (Ek & Isaksson, 2013). This sense of performance can cause the adult to be very hard on themselves when their own expectations are not met (Holthe & Langvik, 2017). The adult can then end up living with a fear of breaking the norms or expectations of society (Holthe & Langvik, 2017).

Other people can also contribute to the lowered sense of self that adults with ADHD often struggle with. Holthe and Langvik (2017) stated that self-esteem can be impacted by negative feedback and efforts being questioned by other people. Since the people in the individuals' life did not understand their behaviour, before the diagnosis, the behaviour was explained as a personality trait that led to hurtful labels and reprimands (Fleischmann & Fleischmann, 2012). The participants in the studies mentioned how they started to believe and internalize what other people were saying about them (Fleischmann & Fleischmann, 2012; Young, 2012). These remarks of other people resulted in adults being convinced that it was not possible to change which made them reluctant in trying to overcome the expectations and demands of others (Fleischmann & Fleischmann, 2012).

The negative view of themselves started to change when they received their diagnosis. However, the adults continued to remember and carried the scars of their past (Fleischmann & Fleischmann, 2012; Redshaw & McCormack, 2022).

Process of Re-Defining the Self

Hansson Halleröd et al. (2015) stated that when adults are assigned the ADHD diagnosis their value starts to improve and their self-concept becomes more positive. This improvement in self-esteem is not always easy. Adults need to learn to love, forgive and accept themselves which is many times gained only by great effort (Holthe & Langvik, 2017; Redshaw & McCormack, 2022). Fleischmann and Fleischmann (2012) pointed out this difficulty in one adult's statement "I'm still fighting every day to tell myself that I'm worth it, to accept the compliments that I receive" (p.1488). This struggle is caused by all the years of negative comments by other people that leave a long-lasting impact on the adults' self-belief (Redshaw & McCormack, 2022).

This change in self-worth is not the only adjustment an adult need to make in their identity when they receive the ADHD diagnosis. Many of the adults in the study went through a stage of needing to re-define themselves. When the adults received the diagnoses they raised concerns about whether they will remain the same person and how to maintain their individuality (Hansson Halleröd et al., 2015). This was further questioned in wanting to understand what of their behaviour was themselves and what was the diagnosis (Hansson Halleröd et al., 2015). The same questioning took place with adults that were being treated through pharmacotherapy who felt that they were not being true to themselves while medicated (Redshaw & McCormack, 2022). With time the adults were able to reconcile these two seemingly different parts of themselves (Redshaw & McCormack, 2022). Each adult integrated these parts differently where some saw ADHD as part of their personality and others as separate from the self (Hansson Halleröd et al., 2015).

In this journey of self-discovery, the individuals found that when they became adults it helped them to understand their diagnosis better, challenged their negative beliefs about themselves and began to value their differences (Redshaw & McCormack, 2022). This change in perception led some adults to view ADHD as just another challenge to overcome rather than a disorder (Schreuer & Dorot, 2017). Other adults were not only able to accept the disorder but realized that they did not want to be without it (Hansson Halleröd et al., 2015; Redshaw & McCormack, 2022). By going through a process of changing how they view themselves they were not only able to come to terms with the disorder, but also saw it in a different light concerning their identity and how they perceived the diagnosis. These changes in perception contributed to a better well-being in the adults' lives. Positive perceptions and attributes are discussed in the following sub-theme.

Positive Self-Esteem

As already discussed, the impact of receiving a diagnosis has huge consequences on the adult's life and well-being. This theme discusses how adult continues to develop their sense of self to a more positive perspective.

After the adult received their diagnosis a change in perception happened. Initially, the adults started to believe in their ability to manage their lives and overcome challenges to achieve success (Fleischmann & Fleischmann, 2012). After a while, additional development in the adults' sense of self emerged where the adults believed that ADHD can improve their lives (Fleischmann & Fleischmann, 2012) and personalities (Hansson Halleröd et al., 2015). This development made the adults view their diagnosis as an advantage that can contribute to success in their life (Fleischmann & Fleischmann, 2012; Redshaw & McCormack, 2022). Once adults learned how to use their ADHD symptoms as an asset to their lives, their ability to manage and cope in life improved (Fleischmann & Fleischmann, 2012; Redshaw & McCormack, 2022). Examples of these traits that can be used as an asset were humour (Fleischmann & Fleischmann, 2012; Hansson Halleröd et al., 2015; Sedgwick et al., 2019), reserves of energy (Fleischmann & Fleischmann, 2012; Fleischmann & Miller, 2013; Holthe & Langvik, 2017; Redshaw & McCormack, 2022; Sedgwick et al., 2019) and the ability to manage multiple tasks (Fleischmann & Fleischmann, 2012; Fleischmann & Miller, 2013).

The trait of having a lot of energy was discussed numerous times in the articles. Sedgwick et al. (2019) stated how adults experience this energy as a capacity for action that they can learn to use for higher productivity. This reserve of energy assisted in achieving more success, feeling more energised than peers, and having the ability to participate in various activities (Sedgwick et al., 2019).

Hyper-focus is also associated with higher productivity since it gave the adults the ability to continue working on a task for extended periods of time, even longer than undiagnosed adults (Holthe & Langvik, 2017; Redshaw & McCormack, 2022; Sedgwick et al., 2019). This means that ADHD can provide the diagnosed adult with capabilities that the rest of society does not necessarily possess (Fleischmann & Fleischmann, 2012). The adults' cognitive functioning is an example of such capability.

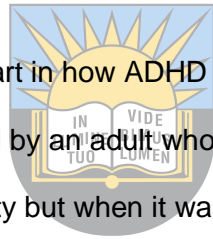
The number of thoughts that an ADHD adult is able to think at a time is more than most people (Fleischmann & Fleischmann, 2012). Quick-thinking (Fleischmann & Fleischmann, 2012), new thought patterns (Hansson Halleröd et al., 2015), creative thinking (Holthe & Langvik, 2017), divergent thinking (Sedgwick et al., 2019), original problem-solving ability and making connections between abstract concepts (Redshaw & McCormack, 2022) were all words that were associated with how ADHD adults find unique solutions to overcome obstacles in their lives.

The adults who participated in the studies also believed that their lives were more interesting and exciting than the rest of society (Fleischmann & Fleischmann, 2012; Hansson Halleröd et al., 2015). The reason the adults had this perception was due to a strong sense of adventure, eagerness to take on risks, being easily fascinated by the world, and utilizing their hours in a day (Fleischmann & Miller, 2013; Holthe & Langvik, 2017; Redshaw & McCormack, 2022). Sedgwick et al. (2019) further identified that bravery was associated with spontaneity, thrill-seeking, and adventure. This courage assisted the adults in confronting their fears or uncertainties, overcoming the urge for recognition, and continuing to develop their own identities (Sedgwick et al., 2019). The following quote from Sedgwick et al. (2019) describes this experience of a fuller life:

I can list in my life having done white water rafting, bungee jumping, hand-glider pilot,

riding a rocket ship, motorcycle at the age of 60, which I really ought not to be now.... travelling to far flung places....so just adventure, novelty seeking, thrill-seeking.....I have done a lot in my life and achieved a lot and experienced a lot..... I would see a lot of that as being quite positive and a lot of that is ADHD drive. (p. 245)

Some of the positive attributes that were mentioned by the adults are normally seen as disadvantages (Fleischmann & Fleischmann, 2012). Sedgwick et al. (2019) described how the adults often felt like outsiders, however other people viewed them as nonconformists. Another adult commented on how they perceived their mood fluctuations as a positive attribute because they were able to experience immense pleasure when something good happened (Sedgwick et al., 2019).



The context could also play a part in how ADHD was interpreted (Redshaw & McCormack, 2022). This was explained by an adult who noticed that if they said something appropriate it was viewed as spontaneity but when it was inappropriate it was seen as impulsivity even though the adult felt the traits were similar (Sedgwick et al., 2019).

Other strengths developed from the challenges the adults faced (Holthe & Langvik, 2017). The adults developed a personal strength in them to be able to deal with problems they faced throughout life (Fleischmann & Fleischmann, 2012; Fleischmann & Miller, 2013; Schreuer & Dorot, 2017). Throughout the articles, it was mentioned how resilient the diagnosed adults are (Sedgwick et al., 2019) and how they had learned to be determined in reaching their goals (Holthe & Langvik, 2017).

Through the difficulties these adults faced they also developed an awareness of the needs and feelings of other people (Fleischmann & Fleischmann, 2012). These adults understood the pain of being misunderstood which made them more sensitive and able to empathize with other people (Fleischmann & Fleischmann, 2012; Fleischmann & Miller, 2013;

Sedgwick et al., 2019). Sedgwick et al. (2019) explained it as having an “over developed sense to identify with other people’s emotions” (p. 247). The adults with ADHD could also easily initiate a social conversation (Sedgwick et al., 2019). These adults naturally drew people to them since they were optimistic and had strong communication skills (Fleischmann & Fleischmann, 2012; Redshaw & McCormack, 2022; Sedgwick et al., 2019).

Lastly, it was found that the adults living with ADHD became passionate and committed to the topic of the disorder itself (Hansson Halleröd et al., 2015; Holthe & Langvik, 2017). This was seen in the number of adults who chose to share their life stories to inspire, educate and help other ADHD adults (Fleischmann & Fleischmann, 2012). Some adults chose to become activists for ADHD and others chose careers to assist people with ADHD (Fleischmann & Fleischmann, 2012). All these experiences gave the adults more meaning and purpose in life (Fleischmann & Fleischmann, 2012).

This theme highlights the diversity of ADHD. Literature is filled with the negative impact ADHD has on a person’s life. This theme shows that there is an upside to the disorder as well (Fleischmann & Fleischmann, 2012). It discussed the positive traits that are related to ADHD that can be used as a resource (Hansson Halleröd et al., 2015; Holthe & Langvik, 2017) or strategy that can sustain high functioning and even flourishing in adults life (Sedgwick et al., 2019). Some adults could experience attributes and impairments in the same functioning domain. For instance, social functioning is normally negatively influenced, but this theme identified how attributes to the disorder can also benefit social relations. This shows how adults can learn to use their strengths to mitigate and compensate for the disorders' deficits (Redshaw & McCormack, 2022; Sedgwick et al., 2019).

The Impact ADHD has on Performance

This theme focuses on how ADHD impacts the adult's performance in their daily life and occupations which in turn influences the adult's well-being.

Impact on Daily Functioning

The adults in the articles noted that they experienced inconsistent performances throughout their lives. Adults with ADHD typically found disparities between their "intelligence and functioning, prodigious efforts and mediocre results, and between success in tasks that intrigued them and failures in tasks they found boring" (Fleischmann & Fleischmann, 2012, p. 1489). Ek and Isaksson (2013) found that when ADHD adults are interested in a task it will be easier to accomplish the task. Activities that have value to other people, are fundamental to daily life, are enjoyable, and provide the opportunity to learn or develop skills that are easier to maintain focus on (Ek & Isaksson, 2013). Nevertheless, not all activities that adults have to do daily is enjoyable and that was when adults who were diagnosed started to experience challenges in their performance.

When activities were not enjoyable the adults struggled to maintain their engagement since it required more concentration to perform the task (Ek & Isaksson, 2013). To perform uninspiring activities the adults had to prepare themselves for the task at hand (Ek & Isaksson, 2013). The mere thought of performing a mundane task could result in a negative mood (Holthe & Langvik, 2017). Therefore the adults would often try to avoid these routine activities by searching for a more interesting task to do (Fleischmann & Fleischmann, 2012). Hence procrastination was mentioned as a hindrance that many adults had to deal with since childhood (Holthe & Langvik, 2017).

When tasks were uninteresting (Fleischmann & Fleischmann, 2012), required a lot of concentration, or were experienced as intricate, were all factors that led to procrastination

(Holthe & Langvik, 2017). This shows that ADHD adults extended tasks that made them feel overwhelmed, however it ended up being counterproductive since it caused more stress by having to complete tasks last minute and they ended up berating themselves (Holthe & Langvik, 2017). Procrastination also hindered the adult from utilizing the full potential of their skills (Holthe & Langvik, 2017). This coping strategy is therefore more maladaptive since it hinders the adult's performance. The next sub-theme is about factors in the work field that can either benefit or cause more difficulties to the adult's performance.

Impact on Employment Functioning

Employment was seen as an important contribution to the adults' lives. The adults spoke of how their careers were important to them since it made their lives more interesting, increased chances for self-development, provided support and social interactions (Schreuer & Dorot, 2017). Further, it also provided structure to their lives, made them feel like their lives had value and that they were appreciated which was important to their functioning (Ek & Isaksson, 2013). The workplace could also be a corrective experience for their identity by creating a new identity as successful employees when they can master the demands of the job (Schreuer & Dorot, 2017). The adults even became encouraged to perform more challenging tasks by working with other people in the workplace (Ek & Isaksson, 2013). This shows that the employment field is important to the adults' well-being, however, it is not without its challenges (Schreuer & Dorot, 2017).

The first factor that can be a hindrance to performance in the workplace is the number of interruptions adults with ADHD is exposed to. Work environments typically have a lot of distractions that make it difficult for the ADHD adult to focus and complete tasks (Rowe et al., 2021; Schreuer & Dorot, 2017). This experience of being unable to filter out diversions is a daily struggle for working adults (Rowe et al., 2021). These multiple disturbances can easily

overwhelm adults which can make them feel distressed, irritated, unsettled, and dissatisfied (Rowe et al., 2021). Over-sensitivities to stimuli can lead to conflicts with co-workers and even lead to emotional outbursts (Schreuer & Dorot, 2017). This shows that the stress of being unable to focus influences the adult's emotional regulation skills (Holthe & Langvik, 2017).

A factor that causes difficulty in employment that is closely related to distractions is stimuli. As already discussed, adults function well with tasks that intrigue them (Ek & Isaksson, 2013) which can often lead to a tendency to become over-involved in their work (Fleischmann & Fleischmann, 2012; Schreuer & Dorot, 2017). Adults who were diagnosed would also accept extra tasks to increase their sense of self-worth or to compensate for the guilt of letting other people down (Fleischmann & Fleischmann, 2012). The problem with taking on numerous responsibilities was that the adults eventually lost interest which made the activities feel like a burden (Fleischmann & Fleischmann, 2012) and reinforced self-criticism (Rowe et al., 2021).

Diagnosed adults still require stimulation in their work. If their work lacked stimulation the diagnosed adults tended to feel frustrated (Schreuer & Dorot, 2017) and they perceived their lives as boring (Fleischmann & Fleischmann, 2012). In some cases, the adults would even quit or switch jobs several times due to a lack of stimulation (Schreuer & Dorot, 2017). Therefore it is vital to have a balance between too little stimulation and over-arousal in adult employment (Sedgwick et al., 2019).

Other workplace characteristics that aid in the productivity of an adult living with ADHD is structure, clarity on expectations as well as clear rules and boundaries for activities that have to be performed (Ek & Isaksson, 2013). When tasks are open-ended it can be difficult to complete “due to high distractibility and poor self-structuring skills, while interesting and externally organized and structured tasks accompanied by short-term pressure (i.e., immediate reward) promote motivation and productivity” (Holthe & Langvik, 2017, p.6). Holthe and Langvik (2017)

elaborated that pressure caused by deadlines or busy days helped the adults to be more productive in the task that they had to complete. It was noticed that even employers could help to increase productivity by providing clear direction for tasks and confirmation when it was understood correctly (Schreuer & Dorot, 2017). The adults in Schreuer and Dorot (2017), however, commented that this need for routine was contradicted by the need to have employers trust them and allow for enough flexibility to do tasks their way. This would create an organizational culture where the adults felt appreciated in their occupation (Schreuer & Dorot, 2017). The quality of relationships in the workplace can contribute to a pleasant culture.

It was found that relationships are the main impact on occupational identity, performance, and participation (Rowe et al., 2021). ADHD adults typically have low self-esteem that can co-occur with assumptions about how other colleagues perceive them (Rowe et al., 2021). This in turn led to a child-parent dynamic instead of perceiving their colleagues as equal which can then further lead to acceptance-seeking behaviour (Rowe et al., 2021). The relationship the adults had with their colleagues could further be influenced by predetermined negative self-esteem, feedback from colleagues, and how employers reacted to the disclosure of the diagnosis (Rowe et al., 2021).

The way boundaries were presented impacted how the adult diagnosed with ADHD would react (Schreuer & Dorot, 2017). Rowe et al. (2021) confirmed this by stating that an adult could feel accepted and capable depending on whether an adult would receive praise or criticism from colleagues. Even the type of demands that an employer expected from adults who were diagnosed could influence the adults' functioning, especially if the employer was ignorant about ADHD (Schreuer & Dorot, 2017). In the articles, it was observed that this ignorance was caused by either adults choosing not to disclose their diagnosis to their employers or in other cases the employers being misinformed about the needs of an adult with ADHD.

Hence the manager's response to disclosure was vitally important (Rowe et al., 2021). If the manager's attitude was negative the trust in the working relationship was reduced while managers who generated understanding increased the adults feeling of safety (Rowe et al., 2021). This affirming relationship helped to reduce anxiety, promote confidence, feelings of capability, positive work experiences, and seeing their work as fulfilling (Rowe et al., 2021). As opposed to these positive relationships, adults who felt less supported were left with a feeling of constantly wanting to move on which contributed to an unstable career history (Rowe et al., 2021).

This theme identified the obstacles that ADHD can create in the working environment and completion of daily activities. The positive attributes of ADHD that were discussed earlier can also be an advantage to the adult's success in employment (Schreuer & Dorot, 2017). The theme identified how ADHD impacted the experience of the workplace and relationships in the office (Rowe et al., 2021). It was identified how the environment of the office can influence the adults functioning (Rowe et al., 2021). This theme identifies that there are certain factors in the employment field that can either benefit or create more difficulties for ADHD adult functioning. For adults living with ADHD their performance in the workplace will depend on how conducive the environment is to their symptoms. Therefore, these factors that are mentioned in the theme will also influence the adult's well-being in their occupation.

Coping with ADHD

This theme discusses the different methods that diagnosed adults used to cope in life. Coping strategies like pharmacological, cognitive, physical, and organisational strategies are examples of methods that adults used to manage their difficulties (Rowe et al., 2021). This change in manageability happens gradually over time (Fleischmann & Fleischmann, 2012).

The first step to being able to cope and manage ADHD is to make life comprehensible by recognizing whether one has the disorder (Fleischmann & Miller, 2013). By being diagnosed the adults become motivated to develop their own strategies and use their resources to change their behaviour to increase their well-being (Hansson Halleröd et al., 2015; Holthe & Langvik, 2017). The diagnosis gave adults the chance to take action by trying to manage the disorder themselves or alternatively seek professional assistance (Hansson Halleröd et al., 2015). These treatments and strategies that the adults used simplified the burden of managing their lives (Fleischmann & Fleischmann, 2012). In order to cope appropriately the adult's needed to be aware that they have ADHD and be willing to use strategies to manage the disorder (Fleischmann & Miller, 2013).

The strategies that will be discussed in this theme are treatments available to the adult, adaptations to the environment, and coping strategies that the adult developed.

Treatment

Once an adult was diagnosed they gained access to treatment strategies by becoming aware that their difficulties can be treated (Holthe & Langvik, 2017). The adults discussed how they would incorporate treatment with their own strategies or perceive the treatment as a coping strategy in itself. Although the focus of this study was not aimed at psychosocial or pharmacological treatments, it still needs to be discussed since it was a prominent theme in the sample. To accurately portray the findings in the articles this sub-theme needs to be mentioned.

Treatment improved the functioning of the adults' life, heightened the chance for success, and increased the adults' self-confidence (Fleischmann & Miller, 2013). The adults sought treatment by psychologists, psychiatrists, or coaches (Fleischmann & Fleischmann, 2012). The adults learned to defeat unhealthy habits, improve their organizational skills, have

better time management, acquire techniques that improve memory and relaxation while attending these interventions (Fleischmann & Miller, 2013; Holthe & Langvik, 2017).

Using medication as a method of coping was often mentioned in the articles. Redshaw and McCormack (2022) explained how the adults agreed that medication assisted them to “manage in a neurotypical world” (p.25). The medication assisted the adults by improving self-esteem, lowering anxiety, functioning better at work, controlling symptoms, processing information, focussing thoughts, being more aware of their behaviour, and being able to contemplate their reactions before acting (Fleischmann & Fleischmann, 2012; Hansson Halleröd et al., 2015; Holthe & Langvik, 2017; Redshaw & McCormack, 2022; Rowe et al., 2021; Schreuer & Dorot, 2017; Young, 2012). One adult described their change in functioning as doors being opened in their life as they were able to do activities that they desired to do but were previously unable to do (Hansson Halleröd et al., 2015).

Even with all these benefits, there were still adults who were ambivalent about taking the medication (Schreuer & Dorot, 2017). These objections to medication made some adults contemplate discontinuing or lowering the frequency of taking medication (Young, 2012). This led to the question if these difficulties can be prevented with adequate therapy and psycho-education. The adults in the study of Hansson Halleröd et al. (2015) voiced their agreement with this thought by stating that they desired to receive treatment after being diagnosed that takes their life situation and self-perception into consideration. These adults mentioned that they were disappointed by the lack of a follow-up session, professional advice, and therapy (Hansson Halleröd et al., 2015). This shows that medication does not solve all the adults' problems, it merely makes life easier (Redshaw & McCormack, 2022). Hence diagnosed adults needed a more integrated form of treatment that could address all their needs.

Adaptations

This theme discusses how the adults in the studies used additional assistance in the form of having activities and environments adjusted as a method to improve functioning (Ek & Isaksson, 2013). The adults in the sample used adaptations like helpful devices and assistance from other people to function better.

When environments were adapted the adults found that they were able to perform a task more independently (Ek & Isaksson, 2013). Adjusting requirements to meet the adults' capacity assisted them to be more engaged when doing tasks (Ek & Isaksson, 2013). Adapting the hours that the adults had to work or allow extra time to complete tasks or exams were examples of accommodations that assisted the adults to improve their career and academic performances (Ek & Isaksson, 2013; Young, 2012).

Adults who were diagnosed with ADHD also have the opportunity to receive assistance from people in their lives and from institutions in society (Hansson Halleröd et al., 2015). This support included help in organizing housekeeping, organizing their lives, encouraging the adults to start and continue performing tasks (Ek & Isaksson, 2013). Some adults even hired workers to assist them such as supporting staff at their complex or community care workers (Ek & Isaksson, 2013).

Technological devices were also used to make daily life easier for adults. The adults made use of time aids to remind them when to start a task and handheld computers were used to remind them of their schedule for the day so that they could perform the plans that they set out for the day (Ek & Isaksson, 2013). Other technological aids that the adults used were scheduling applications, audio recordings, and alarm reminders (Schreuer & Dorot, 2017).

These adaptations that the adults used were not without their challenges. Adults sometimes struggled to acknowledge the need for support since they wanted to be seen as

normal (Rowe et al., 2021). Some adults wondered whether these adaptations were fair (Young, 2012). Hansson Halleröd et al. (2015) elaborated that when adults received special treatment it may be experienced as stigmatising since the adults observed that they could not manage tasks as other people do. Ironically, it is because of this difference that the adults had access to accommodations to bridge the gap between ADHD and the rest of society's functioning.

Strategies to Counteract the Impact of ADHD

Some of the adults identified issues with using medication which resulted in seeking more psychosocial coping strategies (Schreuer & Dorot, 2017). The strategies that are mentioned in this theme are methods that the adults used throughout their lives that were helpful to them. These coping strategies were the use of social support, implementing structures, taking part in activities, regulating themselves, gaining assistance from online networks, and developing methods to cope in their occupations.

Social Support. Social support was one of the prominent methods that diagnosed adults used for coping (Young, 2012). Support came from friends, family, and other ADHD adults (Holthe & Langvik, 2017). Adults relied on these support structures to aid in managing daily struggles (Young, 2012).

When these support structures expressed acceptance of their diagnosis they felt supported and validated (Young, 2012). This in turn would provide a source of comfort for these adults (Young, 2012). Young (2012) further stated that parents influenced how diagnosed adults regarded their identity and performance ability. Therefore social support may impact the performance of activities (Ek & Isaksson, 2013).

When adults feel accepted by their support systems it allowed them to be free to advance in education and careers at their own pace (Fleischmann & Miller, 2013). Young (2012) confirmed this finding by stating that college students found it helpful when their parents

understood their struggles and recognized the effort they put into their studies (Young, 2012). These support structures also assisted the adults by reminding them of tasks that needed to be completed (Ek & Isaksson, 2013). Diagnosed adults would also make use of social support in their workplace by identifying a colleague who provided guidance about aspects of the job and who they could turn to when facing difficulties (Schreuer & Dorot, 2017). This assistance would help the adult to meet their job requirements which in turn would boost their self-confidence to complete tasks (Ek & Isaksson, 2013).

When adults received their diagnosis they developed a sense of kinship with other ADHD individuals (Holthe & Langvik, 2017). Young (2012) identified that the adults found it helpful to discuss their diagnosis with an acquaintance who was also diagnosed with ADHD. These discussions assisted in improving their understanding of ADHD and its management (Young, 2012).

In some cases, the adults were exposed to less supportive social structures which would worsen their social maladjustment (Fleischmann & Fleischmann, 2012). The adults felt less supported when they experienced pressure from their parents due to high expectations for success (Young, 2012). These demands added stress to the diagnosed adults' life and this type of parental support would not be seen as helpful (Young, 2012). Instead, these adults had to work through these struggles with their families on top of managing their ADHD (Young, 2012).

Parents also played a part in whether treatment services and pharmacological treatment were accessed (Young, 2012). Parents could even cause college students to discontinue pharmacological interventions, resulting in undermining the adults' efforts to manage their disorder (Young, 2012). Therefore Young (2012) identified those supportive family members that regarded mental health treatment as important contributors to adaptive coping strategies.

Young (2012) stated college students found that friendships could also be less supportive by dismissing their need for accommodations and medication. One participant in Young (2012) suspected that their roommates were pilfering their medication which made them feel like they were being taken advantage of. The college students' friends also added pressure to share the medication which made the students feel torn between giving priority to their diagnosis or friendships (Young, 2012). This pressure may make the adults feel like strengthening their bond by taking part in activities like drinking alcohol together (Young, 2012).

Structure. The implementation of a structured routine helped to preserve the tranquillity of the adults' minds (Schreuer & Dorot, 2017). Structures helped to prevent confusion, adjustment challenges, overwhelming stimulation, and having no control over their symptoms (Schreuer & Dorot, 2017). The stress that distractibility and disorganization causes the adult can be prevented by these structures so that the adults could regulate themselves better (Holthe & Langvik, 2017; Schreuer & Dorot, 2017).

The adults created more structure in their lives by following routines and schedules (Ek & Isaksson, 2013). Schedules were set up by making mental lists (Young, 2012) or writing a list to keep track of the tasks they had to perform (Ek & Isaksson, 2013). Other adults kept a journal to organize their time more efficiently (Fleischmann & Fleischmann, 2012). The adults also learned that by performing activities in a certain order and manner they were able to stay engaged in the task for longer (Ek & Isaksson, 2013). This in turn would increase the number of tasks they were able to do daily (Ek & Isaksson, 2013).

Hobbies. A topic that was often mentioned in the articles was how adults would use activities to help them function in life. These activities were meaningful to the adults since it added energy and joy to their lives (Ek & Isaksson, 2013). Leisure activities were also a form of compensating for a lack of stimuli and interest in their job (Schreuer & Dorot, 2017).

Physical exercise was a common activity that helped adults to improve their sleep quality, concentration, mood, and well-being (Holthe & Langvik, 2017). Dancing was one of the forms of exercise that impacted adults' life to a great extent (Ek & Isaksson, 2013). When adults were unable to perform these exercises it harmed their well-being (Ek & Isaksson, 2013). The exercises made life easier for the adults to the extent of seeing activities as a survival method (Ek & Isaksson, 2013).

Activities that expose adults to external stimuli can be used to control internal chaos (Redshaw & McCormack, 2022). The adults had a preference for activities that provided strong stimuli since it made them feel calm (Redshaw & McCormack, 2022). One participant in Redshaw and McCormack (2022) described their desire for stimuli as a “need to exhaust me because that gives me a sense of relief” (p. 25).

These activities also assisted the adult to be able to process their own thoughts (Redshaw & McCormack, 2022). By playing the drums, listening to loud familiar music, and performing repetitive activities like knitting the adults were able to engage in uninterrupted thought processing (Redshaw & McCormack, 2022). One adult described how they settled their mind by playing “drums specifically for my ADHD” (Redshaw & McCormack, 2022, p. 24).

Self-Adjustment. This sub-theme consists of techniques that the adults used to control their behaviours. The adults would avoid situations that held more limitations related to their ADHD, and compensated for or defied their impulses (Hansson Halleröd et al., 2015; Sedgwick et al., 2019). All these strategies required conscious attempts to manage their behaviour (Sedgwick et al., 2019).

The strategies were all used for different purposes. Examples of these various strategies were prompts to aid memory (Rowe et al., 2021), writing down feelings to prevent from revealing their inner thoughts in conversation (Schreuer & Dorot, 2017), preparing themselves

before facing difficult situations (Hansson Halleröd et al., 2015), breathing and relaxation exercises (Sedgwick et al., 2019). Some of the strategies the adults learned through therapeutic interventions like executive function training that assisted the adults in their concentration and emotional freedom technique to deal with their emotions (Sedgwick et al., 2019). The strategies that were mentioned the most in the samples were mindfulness, methods to stay focused on the task at hand, and methods to change their undesirable behaviour.

Mindfulness was mentioned as a helpful technique to challenge negative thinking patterns and to be aware of their actions as they perform them (Rowe et al., 2021). Sedgwick et al. (2019) described this awareness by stating that “an ADHD brain wants to go on and mindfulness actually wants to do quite the opposite” (p.248). Mindfulness helped to monitor or be aware of task progress and when the adult would deviate from the activity they are performing (Redshaw & McCormack, 2022). However this awareness of task progression “requires a continuous, conscious effort that is emotionally and physically exhausting and can only be maintained for short periods of time” (Redshaw & McCormack, 2022, p. 24).

Other methods that helped the adults stay on task were using inner conversation (Schreuer & Dorot, 2017) and multitasking skills to stay focused on an activity (Ek & Isaksson, 2013; Redshaw & McCormack, 2022). Performing several tasks simultaneously helped the adults to avoid distraction and boredom (Ek & Isaksson, 2013; Redshaw & McCormack, 2022). Redshaw and McCormack (2022) described multitasking as a way to assist with persevering in tasks since it diverted the adults' desire to escape from uninteresting tasks. Multitasking also helped adults to process information (Redshaw & McCormack, 2022).

Lastly, the adults mentioned how they would try to change by critically re-assessing their behaviours and identifying what the symptoms were (Hansson Halleröd et al., 2015). When adults received their diagnosis they realised that some behaviour patterns were related to the

diagnosis which encouraged them to try to change it (Hansson Halleröd et al., 2015). The adults would enhance their motivation for this change by celebrating victories when they were able to control their conduct (Holthe & Langvik, 2017).

Self-regulation is a strength (Sedgwick et al., 2019), but it can be difficult and tiring to constantly try to master their symptoms (Rowe et al., 2021).

Online Network. After the adults were diagnosed with ADHD they desired to gain knowledge about the disorder (Fleischmann & Fleischmann, 2012). This resulted in adults searching for information in books, the internet, and websites (Fleischmann & Fleischmann, 2012). The internet simplified the search for information and was helpful for coping (Fleischmann & Fleischmann, 2012).

The internet helped to get access to information that provides guidance on managing challenges ADHD individuals may face throughout their lives (Fleischmann & Miller, 2013). Information on referrals to treatment, therapy, consultations, and evaluations could also easily be obtained (Fleischmann & Miller, 2013). The web was also used as a form of communication where adults could express their opinions and connect with people (Fleischmann & Miller, 2013).

The adults could compensate for meeting people in person by making new connections online (Ek & Isaksson, 2013). Social interactions were made by playing online games and talking to friends on their phones or social media (Ek & Isaksson, 2013). These activities could satisfy their need for doing activities together, feeling engaged and mitigating loneliness (Ek & Isaksson, 2013; Fleischmann & Miller, 2013). These activities could, however, take up a lot of the adults' time (Ek & Isaksson, 2013).

The internet also provided an opportunity to find other people who can understand them by joining a support group online (Fleischmann & Miller, 2013). These support groups could

help the adults to learn helpful strategies and increase their ability to cope (Schreuer & Dorot, 2017). An alternative method of attaining new knowledge and support online was to read autobiographical stories of other ADHD individuals (Fleischmann & Fleischmann, 2012).

These life stories impacted the adults' lives tremendously (Fleischmann & Miller, 2013). The stories would recount challenges the narrators faced and methods they used to cope with ADHD (Fleischmann & Miller, 2013). When the diagnosed adults read these stories they would develop the belief that it was possible to cope with their challenges related to ADHD as well (Fleischmann & Fleischmann, 2012). In this way, the internet was a source of inspiration and empowerment for diagnosed adults (Fleischmann & Miller, 2013).

Work Habit. The adults used a variety of methods to assist in coping and improving performances in their careers. A common method was to seek a career that accommodated the adults' needs and where ADHD characteristics could be admired (Fleischmann & Miller, 2013; Redshaw & McCormack, 2022; Schreuer & Dorot, 2017). Features of these optimal work environments are careers that provide support, flexible work hours, variety, and changeability in tasks (Rowe et al., 2021; Schreuer & Dorot, 2017). Occupations that include these characteristics contributed to a reduction in difficulties experienced at work and increased the adults' motivation to cope with these work challenges (Schreuer & Dorot, 2017). This increased the adults functioning at work to such an extent that their need for daily medication was decreased (Schreuer & Dorot, 2017).

For adults to find a suitable job that can make use of their strengths (Redshaw & McCormack, 2022) adults first need to develop self-awareness about their needs, strengths, and weaknesses to factor them into the choice of employment (Schreuer & Dorot, 2017). The difficulty with this coping method is that the adults were not guaranteed to be hired for suitable jobs when searching for work (Schreuer & Dorot, 2017). Alternatively, the adults would become

self-employed to have control over working hours (Schreuer & Dorot, 2017). However, this solution also had difficulties regarding administrative duties (Schreuer & Dorot, 2017).

The diagnosed adults in the sample learned how to make their tasks more manageable so that it would be easier to perform (Holthe & Langvik, 2017). Activities were easier to perform when the adults set a goal for themselves or added a competitive component to the task by challenging themselves (Ek & Isaksson, 2013). Sometimes the adults would reward themselves after completing a goal to enhance motivation for better performance in their workplace (Ek & Isaksson, 2013). The adults would also seek external support or learn new skills to ease the difficulty of performing activities (Schreuer & Dorot, 2017).

Preparing for a task beforehand was another strategy to make activities more manageable so that the working day could be less chaotic (Schreuer & Dorot, 2017). The adults would prepare their environment, prioritise, organise their timetable and make use of to-do lists that were set out in order of tasks that had to be completed to improve their time management (Rowe et al., 2021; Schreuer & Dorot, 2017). Another method was to record meetings so that tasks can be completed at home in their own time (Schreuer & Dorot, 2017). This shows how much extra effort the adults were prepared to do to be more productive in their careers.

The strategy that was used the most frequently in Schreuer and Dorot (2017) was adults working extra time even beyond defined hours so that they could accomplish their obligations. The adults would often bring work home to complete their tasks (Schreuer & Dorot, 2017). Young (2012) stated that ADHD adults were “competing with something else that other people don’t have to deal with” (p. 99) which was the reason why they had to put in more effort with tasks. A participant in Holthe and Langvik (2017) stated that their hard work “got me a lot further than I could have come”(p. 5). Unfortunately, this effort would often drain their resources which would worsen stress and burnout (Fleischmann & Fleischmann, 2012). Achieving

success could be quite burdensome for the diagnosed adult (Fleischmann & Fleischmann, 2012).

This burden was also seen in college students who spent a lot of time studying (Young, 2012). By compensating for the adults' ADHD with the amount of time they studied, college students often had to limit the number of extracurricular activities they participated in (Young, 2012). Another strategy to ensure success in academics was to cram for tests and projects when tasks were left for the last minute (Young, 2012).

Other adults used methods to adapt to the occupation's environment. The adults made use of acoustic isolation by moving their workspace to a quiet area at work, using noise-canceling headsets, working at home, listening to certain music (Schreuer & Dorot, 2017), and using earplugs to minimise distraction to enhance their focus (Fleischmann & Fleischmann, 2012). Young (2012) also created a suitable study environment by avoiding having the television on or lyrical music playing. Distractibility was also managed by isolation from co-workers or withdrawing from the situation when they become overwhelmed (Rowe et al., 2021). Lastly, the adults would also take regular breaks so that they could move or rest from cognitive effort (Schreuer & Dorot, 2017). These strategies could however create difficulties with their supervisors and completing tasks on time (Schreuer & Dorot, 2017).

Discussion

The themes in this chapter consisted of how the diagnosis of ADHD impacted an adult's well-being, how the adults' functioning domains changed after being diagnosed, and how the adults coped throughout their lives. The findings identified the importance of being diagnosed by discussing the positive change in self-perception, performance, and overall functioning the adults went through once they received their diagnosis. This improvement in functioning left many adults with a wish of being diagnosed sooner. Quintero et al. (2019) confirmed that

diagnosis increased the quality of life, especially when the individual was diagnosed at an early age.

Throughout the findings, the negative impact of being unaware of their diagnosis was seen in their self-confidence, employment, relationships, well-being, and coping. The negative impact of ADHD on the adult has been extensively discussed in previous research as seen in Venter (2006) and other citations in the Literature Review. Once adults were diagnosed their lives transformed as they received a new perspective on their lives. This new perspective made the adults see their lives as more manageable and, over time as they learned to adjust to the disorder, they started to see an advantage to being diagnosed.

This positive change could be seen in their self-esteem, social functioning, employment, and well-being. Even though functioning improved in these domains, adults continued to experience difficulties. The adult could manage their lives better, but they would never be without challenges. Wissing et al., (2014) identified that as long as a person experienced a ratio of three times the positive affect to negative affect the person could still experience flourishing in life. This shows that the adult can still experience well-being even while facing difficulties. Adults will experience positive and negative experiences of ADHD throughout their lives.

The impact of positive and negative experiences of the adults can be explained by using the mental health continuum. Before diagnosis, the adult's well-being is categorized in the languishing category. Languishing is the state where low levels of subjective well-being are combined with low levels of psychological and social wellbeing (Westerhof & Keyes, 2010). This was seen in how low the adults regarded themselves and the lack of positive emotions they experienced. After the diagnosis, the adults experienced higher well-being. This was seen in an increase in their experience of support, belonging, satisfaction with life, and positive relationships. After the adults were diagnosed they were able to experience their well-being as

flourishing since it consisted of optimal levels of emotional, social, and psychological well-being (Westerhof & Keyes, 2010).

This theory explains how the adults' functioning was at first more on the languishing category and as they received their diagnosis their perspectives of their lives changed, giving them the chance to improve their well-being. The adults continued to experience struggles in their lives, but it can be balanced out by learning how to cope with their difficulties. When adults were going through a difficult time at work, for example, their well-being would lean more to the languishing category, and when they started to adapt to these challenges, their well-being would improve, which made their lives lean more toward the flourishing category. In this way, the adults continued to move between the categories of well-being in the mental health continuum model throughout their lives.

The Mental Health Continuum Model incorporates the different perspectives of well-being in Positive Psychology. The adults first experienced low hedonic well-being since their experiences were not described as pleasurable before receiving their diagnosis. Education and employment also had a part to play in subjective well-being (Wissing et al., 2014). When adults experienced struggles in these areas their hedonic well-being tended to be lower, but when they experienced success, it increased their experience of hedonic well-being. The adults' Eudaimonic well-being tended to come into play after they were diagnosed. After receiving the diagnosis the adults experienced an increase in their coping capability, underwent personal growth, and received a new purpose in life which all has to do with Eudaimonic well-being (Wissing et al., 2014).

The adults used coping strategies in an attempt to improve their well-being. They used a variety of strategies, some more adaptive than others. The strategies that were more focused on compensating for the symptoms were generally more maladaptive. Examples of these

strategies were when the adults put in extra effort to hide their disorder from society or feeling like they had to make up for disappointing other people by taking on more responsibilities.

These coping strategies were more maladaptive in nature because they added more struggles to the adults' life (Wissing et al., 2014).

The study identified that adults who were diagnosed with ADHD also used maladaptive coping strategies like avoidance to cope with stressful situations which correlated with previous literature (Young, 2005). Avoidance was shown in how adults avoided distracting environments even if it created hindrances in their social functioning.

Other strategies could either be adaptive or maladaptive depending on the qualities of the coping method. These strategies were social support and treatment methods. Treatment was seen as more adaptive when the pharmacotherapy had fewer side effects on the adult. The adaptability of the social support depended on how friends and family members perceived mental illness. The more accepting the support system was of ADHD and its treatment methods the more supported the adults would feel. This support system could however be maladaptive and cause more anxiety to the adult when ADHD is not recognized as a mental disorder. Hence it is important for professionals to psychoeducate the family on the disorder when an adult is diagnosed.

Lastly, the findings also identified strategies that were more adaptive to the adult's well-being and assisted in making their lives flourish. These adaptive strategies could be categorized as self-control, planned problem-solving and positive reappraisal methods that is also mentioned in previous literature (Young, 2005). Once the adults received their diagnosis, they were able to re-assess their lives and apply helpful methods to change their behaviours. The adults implemented structure in their lives, used helpful methods in their workplace, and took part in activities to solve problems they were facing in their daily lives.

In other words, the findings identified that adults used a variety of strategies to cope with their lives where some methods were more beneficial to the adult than others. The knowledge of these different coping strategies may therefore provide insight for professionals on what strategies adults with ADHD tend to use. This would make it easier to identify maladaptive methods that could be altered to enhance the client's well-being. Hence professionals can be of assistance in the process of discovering coping strategies by providing guidance on what strategies are more adaptive.

Conclusion

This chapter discussed the factors that influenced diagnosed adults' well-being and the processes they incorporated to cope with difficulties to function better in life. It was proved that diagnosed adults can still flourish in life when their ADHD needs and challenges are addressed (Fleischmann & Fleischmann, 2012; Holthe & Langvik, 2017; Sedgwick et al., 2019). This is made possible by raising awareness of their strengths and weaknesses so that the adults can use their resources to overcome their limitations (Fleischmann & Fleischmann, 2012; Sedgwick et al., 2019). Even when diagnosed adults attain success, they still continue to face challenges throughout their lives (Fleischmann & Fleischmann, 2012; Fleischmann & Miller, 2013). This means that the impact ADHD has on a diagnosed adult can be placed on a spectrum. Adults experience negative and positive impacts on their well-being throughout their lives. Hence ADHD needs to be perceived in a more holistic sense by taking into consideration the positive and negative experiences a diagnosed adult faces when diagnosed with ADHD.

Chapter 5: Conclusion

Introduction

The main aim of the research was to discover how ADHD impacts the well-being of adults that are diagnosed with the disorder and to identify coping strategies that these adults use to manage the impact that ADHD has on their lives. This objective was answered by doing a Systematic Review with a sample of 10 studies.

Summary of the Thesis

The thesis identified that there is a wide variety of functioning domains that are impacted by ADHD. These domains impacted the adults' lives long before they received their diagnosis. When individuals did not have an explanation for their behaviour, they blamed the reason for their failures on personality flaws.

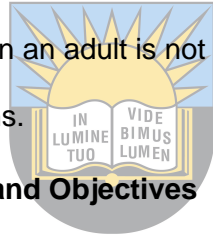
Fortunately, the adults' lives improved significantly after they received their diagnosis. Here the power of knowledge was emphasised in that the adults knew what caused their difficulties which changed their perspectives on themselves and their future. The administering of a diagnosis was proved to be vital for adaptive coping strategies and to improve the well-being of adults' lives.

The study presented different factors of well-being that are influenced by ADHD and the admission of the disorder. Both the adult's self-esteem and manageability of their lives changed after receiving the diagnosis of ADHD. These changes increased their well-being and some adults even started to flourish in life.

The coping strategies that the adults used could either increase or decrease their well-being depending on how adaptive the strategy was. ADHD individuals tend to use more maladaptive strategies to cope, and, in this research, the main maladaptive strategy was avoidance. The adults in this study mostly made use of more adaptive strategies. Even

beneficial coping strategies can be maladaptive depending on the qualities of the method. This is seen in how a social support structure can be either supportive or harmful to the adult depending on how they perceive mental health.

It is important to note that this population group will continue to live with struggles even when they learn to cope better in life. This means that adults will continually move between the well-being categories on the mental health continuum. When the adults face new challenges and have not adapted to the situation their well-being will be lower. Once the adults have had time to adapt to the new challenge, they can explore new coping strategies that will help them to improve their well-being. This is the process that the diagnosed adult goes through throughout their life that proves that the impact that ADHD has on an individual can be placed on a spectrum. The impact that ADHD has on an adult is not only positive or negative but is instead a balance between benefits and limitations.



Accomplishment of Research Aims and Objectives

The aims and objectives of this research were fulfilled and fully discussed in the findings. This is a summary of the answers that were found in the sources.

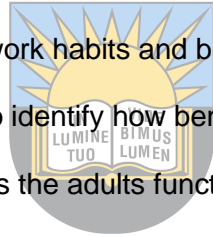
Firstly, the adults discussed how their lives were impacted by ADHD long before they even received the diagnosis. The adult's well-being was negatively impacted at this stage in their lives since they did not have an explanation for their behaviour. Once they were diagnosed their well-being improved significantly. Even though the diagnosed adults continued to face difficulties in their lives, their well-being is still better compared to those being undiagnosed.

There were different factors identified that are associated with an ADHD life that can influence adults' well-being. The main factors are the adult's sense of self, how they function in their occupations, treatment, accommodations, and coping strategies. These factors discussed how they can either increase or decrease adults' well-being depending on how beneficial it is to

the person. These factors could therefore change how the adult perceives their diagnosis either as an advantage or a disadvantage.

This in turn leads to addressing the aim of the research about clarifying the perspectives of how ADHD influences an adult's well-being. ADHD cannot be seen as just impacting adults' well-being negatively or just positively. The impact that ADHD has on a diagnosed adult's well-being can therefore be placed on a spectrum.

The coping strategy was a particular point of focus in the findings since it is one of the research objectives. The research thoroughly discussed the different strategies that were identified in the sources. The main strategies were identified as making use of treatment, accommodations, social support, online networks, hobbies, and structure. The adults also managed their lives by changing their work habits and behaviour through self-regulation. These strategies were then further analysed to identify how beneficial it is for the adults functioning. It was identified that if a strategy improves the adults functioning while lowering the adults' stress, then the strategy is more adaptive.



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Key Contributions of the Study *Together in Excellence*

Previous research mostly focused on the negative impact that ADHD has on a person's life whereas this study brought a more holistic perspective to the literature. The diagnosed adults will always experience struggles while living with this disorder. However, adults also have unique attributes connected to this disorder that helps them to function better in life. In this regard, the research addressed both the positive and negative aspects of this disorder which brings a more balanced view to the knowledge in literature. Therefore, this research elaborated on the knowledge of how ADHD impacts an adult's well-being.

To my knowledge, no previous studies have explained the impact that ADHD has on adults' well-being by using Keyes's Mental Health Continuum Model that incorporates both

Eudaimonic and Hedonic perspectives on well-being. Hence the research did not only focus on hedonic well-being, like most studies, where the focus is mainly on how the individual's happiness is impacted. This study elaborated on well-being by including the Eudaimonic perspective on well-being. This perspective states that adults are still able to experience well-being even while facing challenges. The adults experienced a sense of well-being by doing activities that made them experience vitality, personal growth, and purpose in life. When adults were able to regulate, monitor, control, adjust and cope with their behaviour they also experienced Eudaimonic well-being.

The coping strategies mentioned in this research extended over broad domains of functions. These strategies provide a variety of options for diagnosed adults to choose from when deciding on methods to manage their lives. Some strategies were more adaptive than others as the adult tried to manage their lives' difficulties. This research painted a more in-depth picture of what coping strategies adults use in different settings and the impact these strategies have on the adults functioning. This then leads to a better understanding of how adults experience their lives as diagnosed adults from before to after diagnosis. The knowledge of this experience can assist in lowering the stigma in society.

The importance of receiving a diagnosis was clearly stated in this research and is an important contribution to the profession. When professionals understand that the diagnosis can be the first step to adaptive coping in the adult's life more attention will be given to it. The adults in the studies desired to be diagnosed sooner since they believed it could have avoided disappointments in their lives and taught them how to manage their symptoms from a young age.

I wondered whether stigma and unsupportive structures would still have such a negative influence on adult well-being if more attention is given to psychoeducation. The adults went

through stages of doubting their disorder, having questions about their identity, and struggling to accept the limitations of ADHD which could possibly have been avoided if professionals took a more active role in the adults' treatment. This is identified as an area where the Psychology field can undergo development to accommodate this population group more.

Therapy needs to take on a more multi-disciplinary approach when diagnosing adults with ADHD. Firstly, it was found that these adults had many questions concerning their diagnosis that could influence their adherence to pharmacotherapy and coping in life. Hence the adults had a need to undergo psycho-education after they were diagnosed and given prescriptions. Adults also struggled to let go of the pain of the past which could indicate a need for therapy. Therapy may also help find a balance between what effort the adults needed to put in to cope and accepting limitations so that the adults did not put too many expectations on themselves. In this regard, this Systematic Review identified a need for growth in the professional field of Psychology when treating ADHD adults.

Strengths

This Systematic Review performed data collection over a long time. I intended to find all the possible sources that could be of assistance to the research. Therefore, I searched through a variety of accessible databases to minimise the possibility of not discovering appropriate sources. therefore this research accurately portrays current knowledge and gaps in the literature that was available to me on this topic.

This search led to a sample of 10 sources which is sufficient for a qualitative study (Statistics solutions, 2020). This sample size is, therefore, suitable to make the findings more trustworthy. This larger sample size also assisted in including sources with a wider variety of results. The findings will therefore be more comprehensive since it covers both positive and negative impacts on the adult's well-being.

Since this study is a Systematic Review, the sample includes articles of diagnosed adults from different backgrounds. The adults in the various articles came from different countries and cultures. Yet there were still similarities between the findings of the different sources. Even though the adults came from different backgrounds the findings were similar in the different sources. This variety in the population of the articles assists in making the research more transferable to other primarily high-functioning ADHD-diagnosed adults.

Limitations

As previously explained the data collection was done in databases that were available to me. When a database or article was not available it was not included in the study. There is a possibility that there could be other appropriate sources that may change or elaborate on the findings.

Another restricting aspect of the research findings is the fact that the population in the sources were all high-functioning adults who attained success in their lives. Although I aimed to include as many sources as possible, articles with low-functioning adults that fit the inclusion criteria were not found. This may make the research findings a bit more biased and one-sided.

As was mentioned previously I worked alone on the study and therefore I could not discuss the suitability of the included studies with another researcher. However, all findings were discussed with the supervisor.

Recommendations

While completing the study I realised that there are still areas where literature can expand concerning the topic of how adults' well-being is impacted by ADHD. These areas are gaps in the literature that still need to be studied. These identified areas are suggestions for topics of future research.

The first literature gap was already mentioned in the limitations. This study could only identify high-functioning ADHD adults. It would therefore be beneficial to research how well-being and coping strategies are influenced by ADHD in adults whose functioning is lower. This can help to determine what causes lower functioning in diagnosed adults and whether the state of functioning influences the adaptability of their coping strategies. This knowledge can then possibly inform the profession on how to increase these diagnosed adults functioning.

An additional important topic that needs to be researched to increase knowledge in the profession is how the well-being of ADHD adults is impacted by co-morbid disorders. This study focused on adults who were primarily diagnosed with ADHD. This means that adults diagnosed with co-morbid disorders were excluded from the sample. Therefore, this can be a topic for future research to focus on. It will also be interesting to determine if different co-morbid disorders impact the well-being and coping strategies of the diagnosed adult differently.

Future studies on this topic can also focus on doing a Systematic Review that uses a different research approach. This study was a Qualitative Systematic Review. All articles that had a quantitative methodology were therefore excluded. During the data collection, I noticed that several sources that had useful information were based on a quantitative research approach. This indicates the need to do a Systematic Review that focuses on quantitative sources so that professionals have access to knowledge that was not included in this research.

Lastly, I identified that there is a gap in the literature concerning this topic in South Africa. This research identified how society's perspective on mental health could impact the diagnosed adult's well-being. It would thus be important to research how diagnosed adults' well-being is impacted by ADHD from an African perspective.

These research topics are all suggestions to broaden the knowledge on the well-being of adults diagnosed with ADHD. This research filled a gap in the literature, but there is still a lot

more to learn on this topic. Knowledge around this population group needs to continue to develop for professionals to be up to date on the most effective treatment methods for ADHD adults.

Conclusion

This study was a Systematic Review that focused on how adults' well-being is impacted by ADHD. The findings indicated that ADHD adults' function better after receiving a diagnosis. The diagnosis positively impacts the self-esteem, productivity, and manageability of the adults' lives. Diagnosed adults use various coping strategies to manage their difficulties and gain success in their lives. Some of these strategies are more harmful to the adult than beneficial. The more beneficial a coping method is to the adult, the better their functioning will be. These diagnosed adults still experience struggles in their lives, but by receiving a diagnosis and using adaptive coping mechanisms they can experience higher well-being in their lives.



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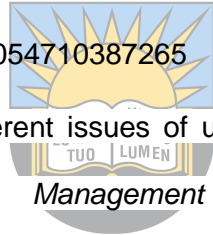
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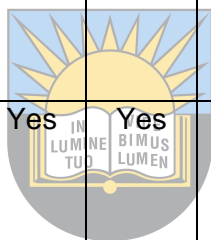
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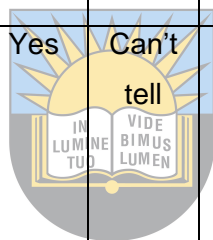
Appendix 1: Critical Appraisal Skills Programme tool

CASP checklist for the research sample											
		Questions on the CASP checklist									
		Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9	Question 10
Titles of the research samples	Experiences of employed women with attention deficit hyperactive disorder: A phenomenological study	Yes	Yes	Yes	Yes	Yes	No	Can't tell	Yes	Yes	Yes
	Advantages of an ADHD Diagnosis in Adulthood: Evidence From Online Narratives	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
	Online Narratives by Adults With ADHD Who Were Diagnosed in Adulthood	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
	Experienced consequences of being diagnosed with ADHD as an adult – a qualitative study	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes



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The Strives, Struggles, and Successes of Women Diagnosed With ADHD as Adults	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes	Yes
How adults with ADHD get engaged in and perform everyday activities	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
"Being ADHD": a Qualitative Study	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
The positive aspects of attention deficit hyperactivity disorder: a qualitative investigation of successful adults with ADHD	Yes	Yes	Yes	Can't tell	Yes	No	Can't tell	Yes	Yes	Yes
A phenomenological inquiry into the lived experience of Adults diagnosed With Attention Deficit Hyperactivity	Yes	Yes	Yes	Yes	Yes	No	Yes	Can't tell	Yes	Yes



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Disorder (ADHD) Employed by the NHS.											
Understanding the Psycho-social and cultural factors that influence the experience of Attention- Deficit/Hyperactivit y Disorder (ADHD) in Chinese American college students: A systems approach	Yes	Yes	Yes	Yes	Yes	No	Yes	Can't tell	Yes	Yes	



The following questions corresponds to the number linked to a CASP question:

1. Was there a clear statement of the aims of the research?
2. Is a qualitative methodology appropriate?
3. Was the research design appropriate to address the aims of the research?
4. Was the recruitment strategy appropriate to the aims of the research?
5. Was the data collected in a way that addressed the research issue?
6. Has the relationship between researcher and participants been adequately considered?
7. Have ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?
10. How valuable is the research?

Appendix 2: Search Strategy for EBSCOhost

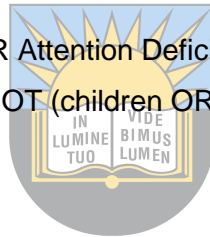
1. Positive Psychology AND (ADHD OR Attention Deficit Hyperactivity Disorder OR Attention Deficit-Hyperactivity Disorder) NOT (children OR adolescents OR youth OR child OR teenager)

Limits: Publication date from 2012 to 2022

2. (Wellbeing OR Well-being OR Well being OR Wellness OR Subjective Well-being) AND (ADHD OR Attention Deficit Hyperactivity Disorder OR Attention Deficit-Hyperactivity Disorder) NOT (children OR adolescents OR youth OR child OR teenager)

Limits: Publication date from 2012 to 2022

3. Life satisfaction AND (ADHD OR Attention Deficit Hyperactivity Disorder OR Attention Deficit-Hyperactivity Disorder) NOT (children OR adolescents OR youth OR child OR teenager)



Limits: Publication date from 2012 to 2022

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4. Happiness AND (ADHD OR Attention Deficit Hyperactivity Disorder OR Attention Deficit-Hyperactivity Disorder) NOT (children OR adolescents OR youth OR child OR teenager)

Limits: Publication date from 2012 to 2022

5. (Quality of life OR life quality) AND (ADHD OR Attention Deficit Hyperactivity Disorder OR Attention Deficit-Hyperactivity Disorder) NOT (children OR adolescents OR youth OR child OR teenager)

Limits: Publication date from 2012 to 2022

6. Functioning well AND (ADHD OR Attention Deficit Hyperactivity Disorder OR Attention Deficit-Hyperactivity Disorder) NOT (children OR adolescents OR youth OR child OR teenager)

Limits: Publication date from 2012 to 2022

7. Impact on life AND (ADHD OR Attention Deficit Hyperactivity Disorder OR Attention Deficit-Hyperactivity Disorder) NOT (children OR adolescents OR youth OR child OR teenager)

Limits: Publication date from 2012 to 2022

8. (Experience OR Life experience) AND (ADHD OR Attention Deficit Hyperactivity Disorder OR Attention Deficit-Hyperactivity Disorder) NOT (children OR adolescents OR youth OR child OR teenager)



Limits: Publication date from 2012 to 2022

9. (Coping mechanisms OR coping strategies OR coping skills OR coping OR cope) AND (ADHD OR Attention Deficit Hyperactivity Disorder OR Attention Deficit-Hyperactivity Disorder) NOT (children OR adolescents OR youth OR child OR teenager)

Limits: Publication date from 2012 to 2022

Appendix 3: Data Extraction Forms for the Sample

DATA EXTRACTION FORM	
Characteristics of study number 1	
	Descriptions
Title	How adults with ADHD get engaged in and perform everyday activities.
Author	Anna Ek & Gunilla Isaksson
Date of publication	2013
Setting of the study	Sweden
Classification of the source	A Article
Research design and Research method	Qualitative approach
Theoretical framework	Not specified
Aim of the research	Understand the experiences of engagement in, and describe how adults with ADHD performed everyday activities.
Research question	Is feeling engaged in an activity enough to encourage adults with ADHD to perform it, or are there other factors involved? How do adults with ADHD take initiative in an activity? Do they perceive differences among various activities? How would they carry out and complete an activity?
Population	People with ADHD between the ages of 21 and 38 (6 men, 6 women)
Sample size	12
Data collection method	Semi-structured interview guide.
Analysis process	Qualitative content analysis.
Conclusion	Adults with ADHD can find strategies to become more independent in their performance of everyday activities. Furthermore, this study suggests how occupational therapists can increase opportunities for adults with ADHD to engage in different activities, make choices, and find meaning in everyday activities.

DATA EXTRACTION FORM	
Characteristics of study number 2	
	Descriptions
Title	The Strives, Struggles, and Successes of Women Diagnosed with ADHD as Adults.
Author	Mira Elise Glaser Holthe and Eva Langvik
Date of publication	2017
Setting of the study	Norway
Classification of the source	Article
Research design and Research method	Qualitative study.
Theoretical framework	Not mentioned.
Aim of the research	Obtain an in-depth understanding of the complex ways in which ADHD might affect the everyday lives of adult women, through exploring and illustrating how both clinical symptoms and encounters with stigma shape and translate into live experiences.
Research question	How do five women diagnosed with ADHD in adulthood perceive and describe the impact of their ADHD diagnosis on their everyday life? How do they describe their experiences of being diagnosed as adults? What are these women's experiences with the stigma of ADHD, and with the public assumptions regarding their diagnosis?
Population	Women aged 32 to 50 years, were all diagnosed with ADHD as adults.
Sample size	5
Data collection method	Semi-structured in-depth interviews.
Analysis process	Thematic analysis.
Conclusion	The findings highlight the importance of recognizing and targeting ADHD as a serious disorder that yields continuing, and even increasing, impairment in multiple areas into adulthood. Gender-specific issues of ADHD need to be examined further, particularly challenges associated with motherhood. Stigma and the conflict between ADHD symptoms and gender norms complicate women's experiences of living with ADHD and should be essential areas of focus in research, educational settings, and the media.

DATA EXTRACTION FORM	
Characteristics of study number 3	
	Descriptions
Title	Advantages of an ADHD diagnosis in adulthood: evidence from online narratives.
Author	Amos Fleischmann and Rafael Haim Fleischmann
Date of publication	2012
Setting of the study	Israel
Classification of the source	Article
Research design and Research method	grounded theory
Theoretical framework	Not specified
Aim of the research	Explore the impact of a diagnosis of adult attention-deficit hyperactivity disorder (ADHD) on adults' perceived manageability of stress and their ability to cope with it.
Research question	Does a diagnosis affect their stress management and their accomplishments.?
Population	Biographical narratives, self-published on the internet.
Sample size	71
Data collection method	Searching sources on websites.
Analysis process	Grounded-theory procedure.
Conclusion	The findings illuminate a three-stage temporal continuum. During the first stage, the narrators suffered from a lack of self-confidence accompanied by functional difficulties, stress, and guilt feelings. During the second stage, which began after the diagnosis, they began to believe in their ability to lead meaningful and more manageable lives. During the third stage, an additional effect of the diagnosis emerged: the narrators' realization or belief that ADHD might affect them for the better. Some narrators stated that their traits as persons with ADHD helped them to cope better than others unaffected by this syndrome. Consequently, those who have an ADHD diagnosis seem able to defeat unnecessary negative emotions and self-blame.

DATA EXTRACTION FORM	
Characteristics of study number 4	
	Descriptions
Title	Experiences of employed women with attention deficit hyperactive disorder: A phenomenological study.
Author	N. Schreuer and R. Dorot
Date of publication	2017
Setting of the study	Israel
Classification of the source	Article
Research design and Research method	Qualitative phenomenological approach.
Theoretical framework	Barkley's model of behavioral inhibition. Brown's ADHD model. Dunn's sensory processing model.
Aim of the research	To explore the experiences of working women with ADHD and learn the strategies and accommodations that facilitate their maintaining employment.
Research question	What are the significant challenges women with ADHD experience in their work? What are the accommodations and facilitators that help them to maintain their jobs?
Population	Tertiary-educated employed women between the ages of 25-45 years
Sample size	11
Data collection method	In-depth interviews.
Analysis process	Content analysis.
Conclusion	Employment was important for their self-identity, beyond simply making a living. Their experiences indicate impaired executive functioning and inhibition and sensory sensitivity, consistently with theoretical models for ADHD. They identified gender-specific issues, such as using medication during pregnancy, which led them to seek non-coping mechanisms. They contributed practical knowledge regarding employee-led adaptations and employer-provided workplace accommodations.

DATA EXTRACTION FORM	
Characteristics of study number 5	
	Descriptions
Title	Online narratives by adults with ADHD who were diagnosed in adulthood.
Author	Amos Fleischmann and Erez C. Miller
Date of publication	2013
Setting of the study	Israel
Classification of the source	Article
Research design and Research method	Textual-analysis method.
Theoretical framework	Labov's narrative analysis.
Aim of the research	To examine the processes experienced by these individuals before and after the diagnosis of ADHD, from their perspective.
Research question	How do ADHD adults personally understand the ways by which they have come to manage their condition?
Population	Personal life stories.
Sample size	40
Data collection method	Conventional data-mining methods.
Analysis process	Systematic narrative analysis.
Conclusion	The results indicate that the narrators experienced repeated failures in many of their internalized negative views to which they have been subjected in their social environment. Consequently, they developed self-blame that subsequently further hampered their functioning. Once diagnosed with ADHD, these adults were able to construct a more coherent view of their life and their difficulties, move beyond guilt, and understand that they could overcome their challenges. Consequently, many of them began to take a more positive view of themselves and the course of their lives and admit to some positive aspects of having ADHD.

DATA EXTRACTION FORM	
Characteristics of study number 6	
	Descriptions
Title	Experienced consequences of being diagnosed with ADHD as an adult – a qualitative study.
Author	Sara Lina Hansson Halleröd, Henrik Anckarsäter, Maria Råstam and Marianne Hansson Scherman
Date of publication	2015
Setting of the study	Sweden
Classification of the source	Article
Research design and Research method	Phenomenographical research method.
Theoretical framework	Phenomenology
Aim of the research	To explore and describe patients' experiences and perceptions of being diagnosed with ADHD in adulthood.
Research question	What are patients' experiences and perceptions of being diagnosed with ADHD in adulthood?
Population	Individuals who were assigned a diagnosis of ADHD at the Psychiatric Outpatient Clinic in Mölndal, Sahlgrenska University Hospital, Unit for Autism and ADHD. (11 women, 10 men with ages between 20 to 57 years).
Sample size	21
Data collection method	Open-ended and exploratory interviews.
Analysis process	Phenomenographical analysis.
Conclusion	From a patient perspective, there are major positive consequences of being diagnosed with ADHD, compared to the undiagnosed situation. Knowledge of the individual's combination of experiences is important for professionals, as these experiences can affect well-being and interfere with treatment.

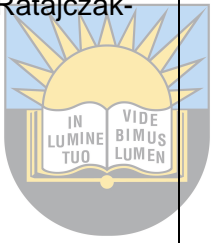
DATA EXTRACTION FORM	
Characteristics of study number 7	
	Descriptions
Title	"Being ADHD": a qualitative study.
Author	Rosalind Redshaw Lynne McCormack
Date of publication	2022
Setting of the study	Australia
Classification of the source	Article
Research design and Research method	Qualitative phenomenological idiographic study.
Theoretical framework	Phenomenology.
Aim of the research	This study seeks to gain new insights into the ways an ADHD mental architecture differs from a neurotypical one, including any perceived advantages. This phenomenological idiographic study explored how nine individuals with ADHD make sense of their life experiences, ability to function, and ideas about self in the context of ADHD.
Research question	What are the subjective experiences and interpretations of how participants feel their brain works?
Population	Adults aged 29 to 54 years (5 females, 4 males)
Sample size	9 <i>Together in Excellence</i>
Data collection method	Semi-structured interviews.
Analysis process	Interpretative phenomenological analysis (IPA).
Conclusion	Themes encompass the experience of being different from others, mechanics of daily functioning, and advantages of being ADHD. A tendency to live in the moment was consistent across the nine participants in this study and aligns with quantitative research showing differences in the processing of temporal information in ADHD. The effects of this tendency on day-to-day functioning are linked to typical symptoms of ADHD, as well as perceived advantages.

DATA EXTRACTION FORM	
Characteristics of study number 8	
	Descriptions
Title	A phenomenological inquiry into the lived experience of adults diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) employed by the NHS.
Author	Kayte Jayne Rowe, Sarah Bailey, Bonnie Teague, Kevin Mattless, Caitlin Notley
Date of publication	2021
Setting of the study	Norwich
Classification of the source	Article
Research design and Research method	Qualitative Interpretative Phenomenological Analysis (IPA).
Theoretical framework	Phenomenology
Aim of the research	This study aimed to understand how key traits of ADHD help or hinder overall work experience within the healthcare setting and identify strategies to support occupational performance and wellbeing through qualitative interviews with healthcare staff living and working with ADHD.
Research question	Why healthcare roles can better sustain employees with ADHD?
Population	Paid employment within NHS organizations or agencies that provide NHS cover. (3 males;4 females between the ages of 20 to 60 years)
Sample size	7
Data collection method	Semi-structured interviews.
Analysis process	Interpretative Phenomenological Analysis (IPA).
Conclusion	Dynamic and interactive components affect employee volition and performance. The NHS provides variety, flexibility and encourages self-motivation suiting employees with ADHD and with adequate support enabling enjoyable, successful NHS careers.

DATA EXTRACTION FORM	
Characteristics of study number 9	
	Descriptions
Title	Understanding the Psycho-Social and Cultural factors that influence the experience of Attention-Deficit/Hyperactivity Disorder (ADHD) in Chinese American college students: A Systems approach.
Author	Edmund Wong Din-Mond Young
Date of publication	2012
Setting of the study	California
Classification of the source	Doctorate Dissertation.
Research design and research method	Qualitative, life history-based, case study approach.
Theoretical framework	Systems theory
Aim of the research	Gain an understanding of the college experience of diagnosed Chinese American students.
Research question	<p>What are the different pathways to being a Chinese American college student with ADHD?</p> <p>How do psycho-social, cultural, and other factors shape the experiences that Chinese American college students have with ADHD?</p> <p>How do Chinese American college students with ADHD navigate their academic environment to be successful learners?</p>
Population	Chinese American female college students diagnosed with ADHD between the ages of 19 to 21 years.
Sample size	3
Data collection method	In-depth interviews and journaling.
Analysis process	The data was transcribed and hand-coded which allowed the researcher to draft memos integrating data drawn from diverse interviews into thematically organized analyses that focused on key points of interest.
Conclusion	The project found that social supports in the form of family and friends help the Chinese American college student to cope with their ADHD diagnosis, symptoms, and academic struggles. The use of professional services including psychotherapy, psychopharmacology, and psychological testing helped students to cope and make sense of their condition. The Chinese American college students found their academic performance improved with the use of the disability services offered by the university.

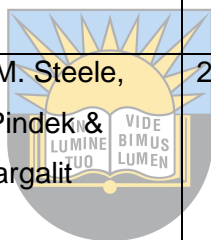
DATA EXTRACTION FORM	
Characteristics of study number 10	
	Descriptions
Title	The positive aspects of attention deficit hyperactivity disorder: a qualitative investigation of successful adults with ADHD.
Author	Jane Ann Sedgwick, Andrew Merwood, Philip Asherson
Date of publication	2019
Setting of the study	London
Classification of the source	Article
Research design and research method.	Qualitative phenomenological approach.
Theoretical framework	Phenomenological approach.
Aim of the research	To explore and describe positive aspects of ADHD from the perspective of successful adults with ADHD.
Research question	How we might reconsider the behaviours associated with ADHD so that they are seen as valuable and worthy of conservation?
Population	Successful adult males with ADHD (i.e. HF-ADHD and flourishing) between the ages of 30 - 65 years.
Sample size	6
Data collection method	Open-ended interviews.
Analysis process	Thematic content analysis.
Conclusion	This study offers insights into positive human qualities, attributes or aspects of ADHD that can support and sustain high functioning and flourishing in ADHD life. Pertinent findings were that although the participants reported several disabling impairments in daily life, they also described positive aspects of ADHD (i.e., <i>high levels of energy and drive, creativity, hyper-focus, agreeableness, empathy, and a willingness to assist others</i>).

Appendix 4: Table for the Articles that were Excluded from the Research

Reasons for exclusion from the sample					
Number	Title	Authors	Year	Sample	Reason for exclusion
1	Social functioning among college students diagnosed with ADHD and the mediating role of emotion regulation.	Julia Ryan, Samantha Ross, Rebecca Reyes, Stacey Kosmerly & Maria Rogers	2016	University students (17-24 years)	Quantitative study method. The study focused on character traits, not coping skills that individuals employ to function.
2	The untapped potential of the ADHD employee in the workplace.	Randall Robbins & Milena Ratajczak-Mrozek 	2017	Employee	The study was focused on how employers can adapt and employ management strategies to improve the work environment for ADHD employees.
3	The role of stress coping strategies for life impairments in ADHD	Steffen Barra, Andreas Grub, Michael Roesler, Petra Retz-Junginger, Florence Philipp & Wolfgang Retz	2021	Adults (17-65 years)	Quantitative study method. The participants were not professionally diagnosed.

4	Young adult romantic couples' conflict resolution and satisfaction varies with partner's Attention Deficit/Hyperactivity Disorder type.	Will H. Canu, Lindsey S. Tabor, Kurt D. Michael, Doris G. Bazzini & Alexis L. Elmore	2014	Adults (17-33 years)	Quantitative study method. The study addressed the impairments in relationships and not how ADHD individuals can cope with their impairment in the relationship.
5	Adult ADHD, emotion dysregulation, and functional outcomes: Examining the role of emotion regulation strategies.	Elizabeth A. Bodalski, Laura E. Knouse & Dmitry Kovalev	2019	Adults (18 - 61 years)	Quantitative study method.
6	The impact of attention deficit hyperactivity disorder (ADHD) in adulthood: a qualitative study	C. Watters, D. Adamis, F. McNicholas & B. Gavin	2017	Adults (20 - 54 years)	The diagnosis was not made by a professional. The participants reported having co-morbid disorders.
7	ADHD, impulsivity and entrepreneurship	Johan Wiklund, Wei Yua, Reginald Tucker & Louis D. Marino	2017	MBA alumni graduates	Quantitative study method. The article discussed how being an entrepreneur is a suitable career for

					a diagnosed adult. Coping strategies were not discussed.
8	Loneliness experience during distance learning among college students with ADHD: the mediating role of perceived support and hope.	Roni Laslo-Rotha, Liad Bareket-Bojmela & Malka Margalita	2022	College students	Quantitative study method.
9	The advantage of disadvantage: Is ADHD associated with idea generation at work?	Logan M. Steele, Shani Pindek & Ofra Margalit	2021	Employed adults	Quantitative study method. The sample completed a self-rating scale that measures ADHD symptoms. The diagnosis was not professionally made.
10	The rhetorical construction of the ADHD Subject: managing the self.	Edward Comstock	2015	Posts that were written on online platforms.	The population was not limited to age or the diagnosed individuals. Posts of children, adolescents, and parents of diagnosed individuals were



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					included in the sample. The dates that the posts were collected were from 2005-2007.
11	Evidence-based considerations and recommendations for athletic trainers caring for patients with Attention-Deficit/Hyperactivity Disorder	Elizabeth S. Wolfe & Kelly J. Madden	2016	Articles	The article mentioned skills that trainers need to apply to make the environment more suitable for ADHD athletes. The publication dates and ages of the population of the included article sample were not clear.
12	A nurse-led lifestyle intervention for adult persons with Attention-Deficit/Hyperactivity Disorder (ADHD) in Sweden	Annette Bjork, Ylva Ronngren, Erika Wall, Stig Vinberg, Ove Hellzen & Niclas Olofsson	2020	Adults	The population self-reported their diagnosis of ADHD and was not professionally diagnosed. Quantitative study method.




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<p>13</p>	<p>Health and wellness coaching and psychiatric care collaboration in a multimodal intervention for Attention-Deficit/Hyperactivity Disorder: A case report.</p>	<p>Elizabeth Ahmann, Katherine Smith, Laurie Ellington & Rebecca O Pille</p>	<p>2020</p>	<p>30-year-old woman.</p>	<p>The focus was on what intervention was done with her and how effective the treatment was.</p>
<p>14</p>	<p>“My ADHD Hellbrain”: A Twitter data science perspective on a behavioral disorder.</p>	<p>Mike Thelwall, Meiko Makita, Amalia Mas-Bleda & Emma Stuart</p>	<p>2021</p>	<p>Online posts are written on Twitter.</p>	<p>The data included posts from people of varying ages from children to adults. There was no distinction in the data between these age groups. The data was taken from online posts that claim they have ADHD, and no indication is given of whether the individuals were professionally diagnosed.</p>




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15	Functioning and participation problems of students with ADHD in higher education: which reasonable accommodations are effective?	Dorien Jansen, Katja Petry, Eva Ceulemans, Saskia van der Oord, Ilse Noens & Dieter Baeyens	2017	Students with ADHD, students without a disorder, and student counselors	Quantitative study. The focus was on how the disorder impacts the students functioning. Coping strategies for these difficulties were not discussed.
16	ADHD Coaching with College Students: Exploring the processes involved in motivation and goal completion.	Frances Prevatt, Shannon M. Smith, Sarah Diers, Diana Marshall, Jennifer Coleman, Emilee Valleri & Nathan Miller	2017	College students	Not all the participants had a confirmed diagnosis of ADHD from a professional. The diagnosis was only self-reported.
17	Romantic relationships in adults with ADHD: The effect of partner attachment style on relationship quality.	Katherine Knies, Elizabeth A. Bodalski & Kate Flory	2021	Couples	Quantitative study method. The participants were people who were in a relationship with an ADHD individual.
18	Adult women and ADHD: On the temporal dimensions of ADHD identities/	Paul Stenner, Lindsay O'Dell & Alison Davies	2019	Women	Nine of the 16 participants were self-diagnosed.

<p>19</p>	<p>Comparison of two approaches to prevention of mental health problems in college students: Enhancing coping and executive function skills</p>	<p>Alexandra H. Bettis, Mary Jo Coiro, Jessica England, Lexa K. Murphy, Rachel L. Zerkowitz, Leandra Dejardins, Rachel Eskridge, Laura Hieber Adery, Janet Yarboi, Daniel Pardo & Bruce E. Compas</p>	<p>2017</p>	<p>University students (18-22 years)</p>	<p>The focus is not on ADHD, but on mental health in general. It is a Quantitative study.</p>
<p>20</p>	<p>Young adult's perception of their relationship with an ADHD parent: A Qualitative Study.</p>	<p>Silvia Belo-Tomic, Elly Quinlan & Ellen Read</p>  <p>University of Fort Hare <i>Together in Excellence</i></p>	<p>2021</p>	<p>Young adults</p>	<p>The participants were the children of diagnosed individuals. The focus was on what these children's experiences were with having an ADHD parent.</p>
<p>21</p>	<p>Experiences of criticism in adults with ADHD: A qualitative study</p>	<p>Danielle M. Beaton, Fuschia Sirois & Elizabeth Milne</p>	<p>2022</p>	<p>Young adults (18-62 years)</p>	<p>The participants self-reported their diagnosis. These participants were then screened for ADHD symptoms using The Adult ADHD Self-report Scale V1.1 (ASRS-V1.1) to verify ADHD traits. Only</p>

					the possibility of the disorder was identified and was not clarified by a professional.
22	Difficulties and coping strategies of college students with ADHD symptoms.	Clarissa Tochetto de Oliveira & Ana Cristina Garcia Dias	2017	College students (17-43 years)	Quantitative study. The participants were only screened for ADHD symptoms and a diagnosis was not made by a professional.
23	Living with symptoms of attention deficit hyperactivity disorder in adulthood: a systematic review of qualitative evidence.	Merete B. Bjerrum, Preben U. Pedersen & Palle Larsen	2017	Adults (defined as 16 years and older in this study).	The dates that were included in the database search were from 1990 to 2015. So, the dates for the included studies and the age of the population did not match up with the inclusion criteria for this Systematic Review.

<p>24</p>	<p>Looking back on compulsory school: narratives of young adults with ADHD in Sweden</p>	<p>Shruti Taneja Johansson</p>	<p>2021</p>	<p>Adults (between the ages of 18 - 31 years)</p>	<p>Although the population is diagnosed as adults. The content is how these adults remember coping in school as children. My research is focused on how adults cope with ADHD, not how children cope.</p>
<p>25</p>	<p>Physical exercise interventions for emerging adults with Attention-Deficit/Hyperactivity Disorder (ADHD).</p>	<p>Patrick A. LaCount & Cynthia M. Hartung</p>  <p>University of Fort Hare <i>Together in Excellence</i></p>	<p>2018</p>	<p>Articles</p>	<p>The included dates of the data collection search were not the same as this study. The population and publication year of the included articles did not meet the inclusion criteria for this study.</p>

26	Practice brief assessing compensatory strategies and motivational factors in high-achieving post-secondary students with Attention Deficit/Hyperactivity Disorder.	Gary Schaffer	2013	College students	The population did not have a confirmed diagnosis from a professional. Students with a self-reported diagnoses of ADHD were eligible for the study.
27	'Do I need to become someone else?' A qualitative exploratory study into the experiences and needs of adults with ADHD.	Samuel J. C. Schrevel, Christine Dedding, Jeroen A. van Aken & Jacqueline E. W. Broerse	2015	Adults (21 years and older)	The study did not address how the sample used coping strategies. The main focus was on the struggles that the sample faced and what their main desires were to improve their functioning.
28	ADHD in context: young adults' reports of the impact of occupational environment on the manifestation of ADHD.	Arielle K. Lasky, Thomas S. Weisner, Peter S. Jensen, Stephen P. Hinshaw, Lily Hechtman, L. Eugene Arnold, Desiree W. Murray	2016	Adults	The study focused on what type of working environment is suitable for a diagnosed individual. The focus was more on

		& James M. Swanson			career characteristics than on coping strategies.
29	ADHD in college: A qualitative analysis.	Elizabeth K. Lefler, Gina M. Sacchetti & Dawn I. Del Carlo	2016	College students	The focus was on the experiences and difficulties that diagnosed students experience in college. The study did not discuss coping strategies to overcome these difficulties.
30	My ADHD and me: I identifying with and distancing from ADHD.	Mikka Nielsen	2017	Adults	The focus was on how the population viewed the diagnosis. Coping strategies for the disorder were not a focus of the study.
31	Coping strategies among adults with ADHD: The mediational role of attachment relationship patterns.	Michal Al-Yagon, Michal Lachmi & Lilach Shalev	2020	Adults (21-40 years)	Quantitative study.



32	Self-regulation mindsets: relationship to coping, executive functioning and ADHD.	Jeni L. Burnette, Alexandra D. Babij, Lauren E. Oddo & Laura E. Knouse	2020	College students	Quantitative study. The exclusion for the population age was not clear which makes it unclear whether the population fits my studies inclusion criteria.
33	Social problem solving in adult patients with ADHD.	Patrizia Thoma, Stephanie Sonnenburg, Natalie Marcinkowski, Georg Juckel, Marc-Andreas Edel & Boris Suchan	2020	Adults	Quantitative study.
34	Reduced organizational skills in adults with ADHD are due to deficits in persistence, not in strategies.	Guillaume Durand, Ioana-Smarandita Arbone & Monica Wharton	2020	Adults	Quantitative study. Not all the participants were professionally diagnosed.
35	The use of compensatory strategies in adults with ADHD symptoms	Kate Kysow, Joanne Park & Charlotte Johnston	2017	Adults	Quantitative study.

<p>36</p>	<p>ADHD mobile app feasibility test for adults</p>	<p>Anna Laura Luiu, Paco Prada, Nader Perroud, Christian Lovis & Frederic Ehrler</p>	<p>2018</p>	<p>Adults (20-55 years)</p>	<p>The sample discussed how the App could be helpful in the future. It was not a device the population used in their lives but merely tested. The App was merely a prototype and not a self-management tool that the population had access to use in their daily lives.</p>
<p>37</p>	<p>Adult attention-deficit/hyperactivity disorder and nicotine use: a qualitative study of patient perceptions.</p>	<p>Michael Liebreuz, Anja Frei, Carl Erik Fisher, Alex Gamma, Anna Buadze & Dominique Eich</p>	<p>2014</p>	<p>Adults (25-52 years)</p>	<p>Many of the participants were addicted to substances which meant that they have a co-morbid disorder with ADHD.</p>
<p>38</p>	<p>Entrepreneurship and psychological disorders: how ADHD can be productively harnessed.</p>	<p>Johan Wiklund, Holger Patzelt & Dimo Dimov</p>	<p>2016</p>	<p>Adults</p>	<p>The participants had co-morbid disorders. The focus of the study was how the symptoms of ADHD could</p>



					benefit the work of an entrepreneur. Coping strategies were not a focus of the study.
39	The patient's perspective on the link between ADHD and Substance Use: A Qualitative Interview Study.	Christina Nehlin, Fred Nyberg & Caisa Öster	2015	People under the age of 30 years.	Not all the participants had a confirmed diagnosis of ADHD. There was a participant that was still a participant that was under investigation for the disorder. The exact ages of the participants were not provided, only an estimate was given. The participants were diagnosed with co-morbid disorders.
40	The experiences of receiving a diagnosis of ADHD during adulthood in Japan: a qualitative study.	Yumi Aoki, Takashi Tsuboi, Takehiko Furuno, Koichiro Watanabe & Mami Kayama	2020	Adults (23-55 years)	The participants had co-morbid disorders with their ADHD diagnosis.



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41	Occupational experiences of college students with ADHD: A qualitative study.	Ayelet Goffer, Maayan Cohen & Adina Maeir	2020	College students (20-32 years)	Participants with co-morbidities were not part of the exclusion criteria. The research also did not clarify which participants had co-morbidities.
42	Managing attention deficit disorder at the post-secondary transition: a qualitative study of parent and young adult perspectives.	Margaret H. Sibley & Carlos E. Yeguez	2018	Young adults (18-21 years) and their parents	The findings were a mixture of what the young adults found was useful for themselves and what their parents noticed in what is helpful to their children. There was no information given about the parent's diagnosis or experiences they faced themselves.
43	Factors influencing the academic persistence of college students with ADHD.	Claudia Alexia Melara	2012	University students (18-28 years)	The participants had co-morbid disorders with their ADHD diagnosis.



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44	Adult ADHD successful employment experiences: a generic qualitative inquiry.	William M. Button	2018	adult employees	One of the participants identified that they have co-morbid disorders.
45	School and work experiences of adults with attention deficit disorder: a qualitative case study.	Julieta Emma Robello	2019	Adults (22-30 years)	Many of the participants were diagnosed with co-morbid disorders. Some of the participants were first diagnosed with other diagnoses before receiving the ADHD diagnosis.
46	Focusing on the voices of adults diagnosed with ADHD.	Sóna Bastable Vizzard	2018	Adults (30-61 years)	The focus was more on ADHD symptomology rather than the actual disorder. Not all the participants were formally diagnosed.
47	Being different but striving to seem normal: the lived experiences of people aged 50+ with ADHD.	Anne Nyström, Kerstin Petersson & Ann-Christin Janlöv	2020	Adults (Over 50 years)	The participants were diagnosed with different co-morbid disorders with ADHD.



48	Experiences of adults with ADHD and relationship to executive function deficits.	Julie Linda Bull	2014	Adults' ages ranged between 24 and 35 years	The thesis is not published. The thesis was excluded so that the findings of this research can be more credible. To ensure that the research measures what it intended to do, the findings of the included sources need to be trusted. The findings of published sources can be trusted more than unpublished sources.
49	Skills and compensation strategies in adult ADHD – a qualitative study.	Carlos Canela, Anna Buadze, Anish Dube, Dominique Eich & Michael Liebreuz	2017	outpatient s of a specialty care unit at a university hospital.	Many of the participants were dependent on substances. The participants had co-morbid disorders.



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50	Invisible lives: using autoethnography to explore the experiences of academics living with Attention Deficit Hyperactivity Disorder (ADHD)	John Hoben & Jackie Hesson	2021	University faculty members	The participants had co-morbid disorders. The methodology was not clear and so the CASP count will be low which makes the article invalid.
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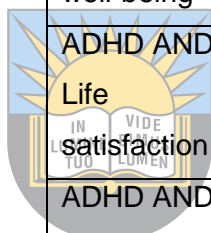


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Appendix 5: Summary of the Data Collection

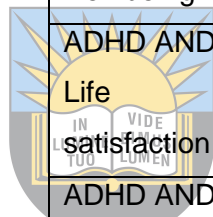
Database	Access type	Timeline for the search	Search words	Number of results	Results downloaded
Cambridge Core	Fort Hare University database	2021-2022	ADHD AND Positive Psychology	178	78
			ADHD AND Well-being or Subjective well-being	1110	49
			ADHD AND Life satisfaction	200	24
			ADHD AND Happiness	5	1
			ADHD AND Quality of life	234	38
			ADHD AND Functioning well	717	81
			ADHD AND Impact on life	327	32
			ADHD AND Experience or life experience	395	35

			ADHD AND coping mechanism or coping strategy	204	25
EBSCOhost (searched with the Boolean phrases)	Fort Hare University database	2022	ADHD AND Positive Psychology	442	54
			ADHD AND Well-being or Subjective well-being	7678	101
			ADHD AND Life satisfaction	472	14
			ADHD AND Happiness	301	3
			ADHD AND Quality of life	6459	72
			ADHD AND Functioning well	823	14
			ADHD AND Impact on life	1523	43
			ADHD AND Experience or life experience	13783	154

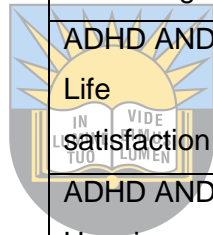


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			ADHD AND coping mechanism or coping strategy	1163	46
Google Scholar	General internet	2022	ADHD AND Positive Psychology	50 800	51
			ADHD AND Well-being or Subjective well-being	18 400	
			ADHD AND Life satisfaction	22 500	
			ADHD AND Happiness	16 000	
			ADHD AND Quality of life	73 100	
			ADHD AND Functioning well	82 600	
			ADHD AND Impact on life	88 800	
			ADHD AND Experience or life experience	73 700	

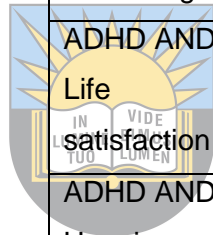


			ADHD AND coping mechanism or coping strategy	16 500	
JSTOR	Fort Hare University database	2020-2021	ADHD AND Positive Psychology	1000	91
			ADHD AND Well-being or Subjective well-being	200	71
			ADHD AND Life satisfaction	50	0
			ADHD AND Happiness	100	0
			ADHD AND Quality of life	80	29
			ADHD AND Functioning well	360	31
			ADHD AND Impact on life	40	0
			ADHD AND Experience or life experience	87	15



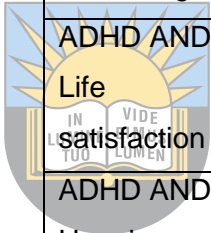
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			ADHD AND coping mechanism or coping strategy	30	3
SABINET (SA E-publications)	Fort Hare University database	2020-2021	ADHD AND Positive Psychology	44	11
			ADHD AND Well-being or Subjective well-being	82	41
			ADHD AND Life satisfaction	14	6
			ADHD AND Happiness	5	0
			ADHD AND Quality of life	80	17
			ADHD AND Functioning well	85	17
			ADHD AND Impact on life	98	35
			ADHD AND Experience or life experience	185	19



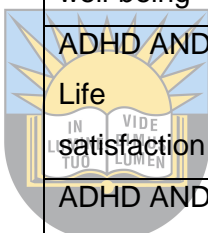
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			ADHD AND coping mechanism or coping strategy	59	3
CAT PLUS	General library of Fort Hare database	2022	ADHD AND Positive Psychology	5473	28
			ADHD AND Well-being or Subjective well-being		
			ADHD AND Life satisfaction		
			ADHD AND Happiness		
			ADHD AND Quality of life		
			ADHD AND Functioning well		
			ADHD AND Impact on life		
ADHD AND Experience or life experience					



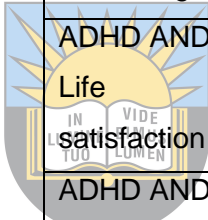
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			ADHD AND coping mechanism or coping strategy		
Cochrane Library	Fort Hare University database	2022	ADHD AND Positive Psychology	1	1
			ADHD AND Well-being or Subjective well-being	1	
			ADHD AND Life satisfaction	1	
			ADHD AND Happiness	12	
			ADHD AND Quality of life	12	
			ADHD AND Functioning well	8	
			ADHD AND Impact on life	4	
			ADHD AND Experience or life experience	5	



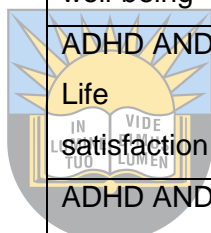
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			ADHD AND coping mechanism or coping strategy	2	
Open Access Journals	Fort Hare University database	2022	ADHD AND Positive Psychology	182	46
			ADHD AND Well-being or Subjective well-being	161	
			ADHD AND Life satisfaction	61	
			ADHD AND Happiness	10	
			ADHD AND Quality of life	253	
			ADHD AND Functioning well	384	
			ADHD AND Impact on life	265	
			ADHD AND Experience or life experience	391	



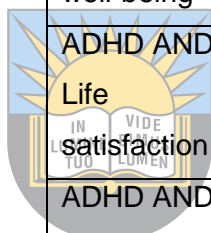
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			ADHD AND coping mechanism or coping strategy	165	
SAGE	Fort Hare University database	2020-2021	ADHD AND Positive Psychology	8295	4
			ADHD AND Well-being or Subjective well-being	761	9
			ADHD AND Life satisfaction	3094	18
			ADHD AND Happiness	1724	3
			ADHD AND Quality of life	6589	106
			ADHD AND Functioning well	11244	3
			ADHD AND Impact on life	6735	19
			ADHD AND Experience or life experience	12738	19



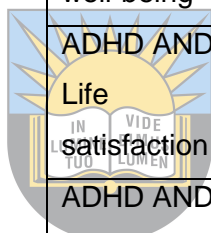
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			ADHD AND coping mechanism or coping strategy	3699	28
Sciencedirect	Fort Hare University database	2021-2022	ADHD AND Positive Psychology	1570	7
			ADHD AND Well-being or Subjective well-being	211	29
			ADHD AND Life satisfaction	349	4
			ADHD AND Happiness	189	5
			ADHD AND Quality of life	1995	3
			ADHD AND Functioning well	6167	0
			ADHD AND Impact on life	2411	0
			ADHD AND Experience or life experience	3877	20



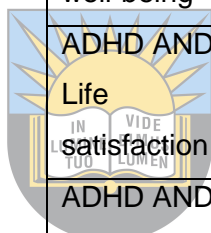
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			ADHD AND coping mechanism or coping strategy	634	11
Springerlink	Fort Hare University database	2022	ADHD AND Positive Psychology	1171	25
			ADHD AND Well-being or Subjective well-being	144	54
			ADHD AND Life satisfaction	271	6
			ADHD AND Happiness	144	0
			ADHD AND Quality of life	1416	8
			ADHD AND Functioning well	2967	89
			ADHD AND Impact on life	1746	0
			ADHD AND Experience or life experience	2462	11



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			ADHD AND coping mechanism or coping strategy	735	1
Taylor & Francis	Fort Hare University database	2020	ADHD AND Positive Psychology	5130	35
			ADHD AND Well-being or Subjective well-being	664	27
			ADHD AND Life satisfaction	1892	8
			ADHD AND Happiness	1212	2
			ADHD AND Quality of life	4263	9
			ADHD AND Functioning well	6713	5
			ADHD AND Impact on life	4603	8
			ADHD AND Experience or life experience	5439	3



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			ADHD AND coping mechanism or coping strategy	1699	24
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ETHICS CLEARANCE
REC-270710-028-RA Level 01

Project Number: MAK081SBEZ01

Project title: **A systematic review of the impact of attention deficit hyperactivity disorder on the well-being of adults diagnosed with the disorder.**

Qualification: Masters in Psychology (Full Dissertation)

Student name: Lizmarie Spies Bezuidenhout

Registration number 201908851

Supervisor: Dr M Makupula

Department: Psychology

Co-supervisor: N/A

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby grant ethics approval for MAK081SBEZ01. This approval is valid for 12 months from the date of approval. Renewal of approval must be applied for BEFORE termination of this approval period. Renewal is subject to receipt of a satisfactory progress report. The approval covers the undertakings contained in the abovementioned project and research instrument(s). The research may commence as from the 11/05/21, using the reference number indicated above.

Note that should any other instruments be required or amendments become necessary, these require separate authorisation.

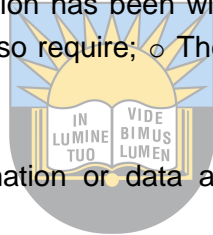
Please note that UREC must be informed immediately of

- Any material changes in the conditions or undertakings mentioned in the document;
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research.

The student must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

UREC retains the right to

- Withdraw or amend this approval if
 - Any unethical principal or practices are revealed or suspected;
 - Relevant information has been withheld or misrepresented;
 - Regulatory changes of whatsoever nature so require;
 - The conditions contained in the Certificate have not been adhered to.
- Request access to any information or data at any time during the course or after completion of the project.



Your compliance with Department of Health 2015 guidelines and any other applicable regulatory instruments and with UREC ethics requirements as contained in UREC policies and standard operating procedures, is implied.

UREC wishes you well in your research.

Yours sincerely

A handwritten signature in black ink, appearing to read 'N Taole-Mjimba', written in a cursive style.

Dr N Taole-Mjimba
Chairperson: University Research Ethics Committee
29 July 2021