

AN ABSTRACT OF THE THESIS OF

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Title: The Internet Usage Habits of Young Women with ADHD: Insights and Implications

Abstract approved:

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ABSTRACT: Attention-deficit/hyperactivity disorder (ADHD), the most common childhood neurological disorder in the United States, also affects grown women. But girls with ADHD, who tend towards symptoms of inattentiveness, often go undiagnosed until young adulthood. This is because (a) their symptoms are less obvious than the hyperactivity common in ADHD boys, and (b) our sexist society teaches us that *all* little all girls are ‘dreamy,’ ‘spacy,’ and/or ‘ditzzy.’

Even post-diagnosis, the obliviousness associated with untreated ADHD is often supplanted by a similar lack of awareness on the part of young ADHD women. Little scholarship concerns their demographic, and primary care providers are not required to read what has been published. As a result, their patients, young women with ADHD, insufficiently informed about the disorder. On top of that, they rarely get the chance to connect with other young ADHD women in person and face-to-face.

However, the rise of the Internet over the last three decades has afforded them an unprecedented opportunity: to participate in online information seeking and storytelling about their disorder and what life with it is like for them. I sought to gauge that quality-of-life landscape typical of young ADHD women as a community and the role of their intersecting identities in shaping it; I did so by engaging in narrative analysis of two digital texts produced by young ADHD women. I went on to explain my findings according to theoretical frameworks including feminist disability theory and cyberfeminism and discern their implications.

Keywords: ADHD, feminism, storytelling, the Internet, disability

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The Internet Usage Habits of Young Women with ADHD: Insights and Implications

by
Drew R. Dakessian

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APPROVED:

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I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

Drew R. Dakessian, Author

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TABLE OF CONTENTS

	<u>Page</u>
1. INTRODUCTION	1
2. LITERATURE REVIEW	5
Common Themes in Extant Literature.....	5
Theoretical Framework of Original Research.....	19
3. MATERIALS & METHODS	24
Materials	25
Methods.....	27
Research Process.....	28
Limitations of the Study.....	34
4. RESULTS	39
Analysis.....	39
Findings.....	41
Key Takeaways.....	45
5. DISCUSSION AND CONCLUSION	48
Project Summary.....	48
Implications.....	50
Final Thoughts	53
REFERENCES	61

LIST OF FIGURES

<u>Figure</u>	<u>Page</u>
1. A post to the <i>Smart Girls with ADHD</i> Facebook page displaying solidarity with McCabe and all ADHD women.	36
2. A text-based image on the main page of <i>Smart Girls with ADHD</i> that clarifies the site's purpose.	43
3. An exchange between a commenter and Harvey about the effectiveness of some tools for combatting writer's block Harvey suggested in a post.	44

1. INTRODUCTION

“Some women write themselves free.”
— Patricia Hill Collins

The passage quoted above comes from Patricia Hill Collins’ seminal work *Black Feminist Thought*. While Collins is referring specifically to Black women, her words are meaningful for many groups of marginalized people. From Emily Dickinson to Sylvia Plath and from Jane Austen to Virginia Woolf, mainstream history is full of seemingly privileged women who, just by being women, felt enslaved, exiled, trapped, or simply (but not merely) alone.

And there are women who have been further marginalized as a result of race, sexuality, or ability, or the intersection of two or more such identities. And these women do not exist only in our memory; they walk among us: We are they.

I am a woman with a disability. It took me over 20 years to say so. Like so many women, I always downplayed the suffering I experienced due to the chronic attention-deficit/hyperactivity disorder (ADHD) with which I was first diagnosed at 5 years old — sometimes because I believed it was not severe enough to bear mentioning, and sometimes because I was ashamed. Now, I am ashamed that I ever *was* ashamed. Of course, this stems partially from the guilt that I ever felt other people with disabilities were somehow less, to be balked at and turned away from. But I also cringe at my prior reticence to embrace my status as a young woman with a disability by dint of my ADHD for another reason.

Throughout childhood and well into my ’20s, as much as I resisted identifying as disabled, paradoxically, I had been even more concerned with — and vocal about — my ADHD, and about ADHD in general. So many days after school my younger self would describe to my

mom as I did homework and she made dinner some form of prejudice I had experienced as a result of this disorder that rendered me outlandish, outgoing and outspoken when little girls were already supposed to be figuratively and literally taking up as little space as possible.

This thesis addresses *the Internet usage habits of young¹ women with ADHD*. Upon completion of a review of the literature, I narrowed my focus, intrigued by the phenomenon of young ADHD women using the Internet as a site (no pun intended) of storytelling — and storytelling consumption.

I found two sources with publication dates 28 years apart that invoked the same definition of storytelling: Kaye (1979), which cites 1978 as the publication date of the source in which the definition first appeared, and Davies (2007), which traces the definition to 1991:

The art or craft of narration of stories in verse and/or prose, as performed or led by one person before a live audience; the stories narrated may be spoken, chanted, or sung, with or without musical, pictorial, and/or other accompaniment, and may be learned from oral, printed, or mechanically recorded sources; one of its purposes must be ... entertainment. (Anne Pelowski, The Art of Storytelling)

Richard Delgado (1989), a leader in the field of critical race feminism, perceives immense change-making potential in storytelling as a revolutionary act, due its twofold utility for members of out-groups: “Outsider groups have known instinctively that stories are an essential tool to their own survival and liberation,” he says. “Members of out-groups can use stories in two basic ways: first, as means of psychic self-preservation; and, second, as means of lessening their own subordination” (“A Plea for Narrative,” p. 2436).

The phenomenon Delgado describes, of storytelling providing for psychic self-preservation and the reduction of personal subordination, hinges on the fact that having a story to

¹ For the purposes of this paper, “young women” refers to those who self-identify as women (i.e., both female and adult) and are not yet premenopausal, or who are between the approximate ages of 18 and 35.

² A useful synopsis of the different models of disability as they are applicable to ADHD can be found in Carlson (2013), p. 542-43.

³ One good example of this type of image can be found at the beginning of Harvey’s October 16,

tell, the ability to tell the story, and an audience to whom to tell that story, is inherently validating on a personal level. Moreover, it can fortify both storyteller and story-hearer if the latter recognizes lessons from their own life in the story being told; this, in turn, provides for coalition building:

So, stories — stories about oppression, about victimization, about one’s own brutalization — far from deepening the despair of the oppressed, lead to healing, liberation, mental health. They also promote group solidarity. Storytelling emboldens the hearer, who may have had the same thoughts and experiences the storyteller describes, but hesitated to give them voice. Having heard another express them, he or she realizes, I am not alone. (Ibid, p. 2437)

The late civil- and women’s rights activist Pauli Murray once said, “Creative expression is an integral part of the equipment needed in the service of a compelling cause; it is another form of activism” (quoted in Collins, 2002, p. 108). I feel that this makes the case not just for me to be engaging in research of this kind, but also for the forms of materials I have selected for analysis in this project, as well as their authors. Through analysis of these two texts — the YouTube series *How to ADHD* and the blog and the website that houses it, *Smart Girls with ADHD* — I explore the following questions and attempt to answer them both on a philosophical level and in a more immediate, practical sense:

1. *What is it about the Internet — and/or about storytelling — that appeals to young women with ADHD?*
2. *How, if at all, do our dual identities of ‘female’ and ‘disabled’ necessitate Internet usage of this nature on our part?*
3. *What changes and/or accommodations are needed, to ensure that the needs of young women with ADHD are met?*

In Chapter 2, I recount my literature review process. Save for one article published just last year, this review is based on texts dealing only with subjects *related to* my thesis topic,

rather than directly centered on it. This is due to a near-total absence of any peer-reviewed scholarship in the public domain or even that which is only accessible with advanced access credentials about the exact topic on which my thesis research is centered (the Internet usage habits of young women with ADHD). I subsequently delineate the theoretical perspectives forming the basis of my own research.

In Chapter 3, I outline the components of my original thesis research: the materials I analyze (the YouTube series *How to ADHD* and the blog *Smart Girls with ADHD*), the primary method I employ (narrative analysis), and the research process behind my study.

In Chapter 4, I describe my narrative analysis of *How to ADHD* and *Smart Girls with ADHD*, comparing and contrasting these two texts in terms of their tone, their content, and their status when I concluded my writing process. Thereafter, I delineate the findings emerging from this narrative analysis. Finally, I present my key takeaways from said findings.

In Chapter 5, I first provide a project summary, going over the intellectual landscape into which my research was born and restating the reasoning behind my choice of research topic and synthesizing the research on related topics that has already been added to the canon of ADHD scholarship. I then reflect on the limitations of my study (research scope, research depth, and researcher bias) and explaining why I do not believe these limitations have been so detrimental to my research as to render it invalid. After that, I contemplate what the implications of my study might be for future studies and for medical policy and practice. I conclude this section with my final thoughts about and arising from this, my research project.

2. LITERATURE REVIEW

When I set about conducting an informal systematic literature review, I selected my electronic search terms based on important elements of my chosen research topic (the Internet usage habits of young women with ADHD). That search yielded a fair number of results, albeit none of the titles among those results dealt directly with my specific topic of study. As such, it seemed clear I would need to base my review of the literature on peer-reviewed articles and books dealing with topics *related* to my own. Bearing this in mind, it made sense that these articles shared common themes corresponding to my original search terms, as well as subtopics falling under each of those themes.

Common Themes in Extant Literature

ADHD

Characterized by symptoms of inattention, hyperactivity, and impulsivity (National Institutes of Mental Health; Murphy, 2005), attention-deficit/hyperactivity Disorder (ADHD) has been variously identified as “a relatively common behavioral disorder of childhood” (Leibson, 2001), “the most common neurobehavioral disorder of childhood” (Maitre, 2007), “one of the most common childhood disorders” (Bohlin, Nyberg, & Janols, 2004), “one of the most common forms of psychopathology” (Nussbaum, 2012), “one of the most common neurodevelopmental disorders of childhood” (Centers for Disease Control; Curtin & Mick, 2013), the most common psychiatric disorder of childhood (Hechtman, 2000; Nopoulos, 2000), and the most common neurodevelopmental disorder of childhood (Acosta, Arcos-Burgos, & Muenke, 2004; Rowland, Lesense & Abramowitz, 2002; Sciberras, Roos, & Efron, 2009). The exact prevalence of ADHD, however, is unknown. Reports by some of the big names in ADHD research — many of them

quoted in this review — vary, due to sample size and format (i.e., community sampling versus clinic-based sampling).

According to the Centers for Disease Control, “The American Psychiatric Association states in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) that 5% of children have ADHD. However, studies in the US have estimated higher rates in community samples.” In the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013) a classification and diagnostic tool, ADHD is broken down into three subtypes: Predominantly Inattentive Type, Predominantly Hyperactive-Impulsive Type, and Combined Type.

- To be classified as Hyperactive-Impulsive, a child must demonstrate six or more symptoms in these categories.
- To be classified as Predominantly Inattentive Type, a child must demonstrate no fewer than six symptoms in the inattentive category.
- In children with Combined Type, six or more symptoms of hyperactivity/impulsivity *and* six or more symptoms of inattentiveness must be present.
- In all subtypes, the ADHD-like behavior must
 - be present before the age of seven;
 - be evident in two or more settings (i.e., school and home), inconsistent with the child's developmental level; and
 - have a negative impact on social and academic domains (Moldavsky et al., 2013, p. 18).

In 2011, the CDC released new treatment guidelines for ADHD, with recommendations for treatment of children and youth varying depending on the patient’s age:

- For preschool-aged children (4-5 years of age), the primary care clinician (PCC) should prescribe behavior therapy as the first line of treatment and may prescribe methylphenidate (aka Ritalin), a Central Nervous System stimulant medication, if the behavior interventions fail to provide significant improvement “and there is moderate-to-severe continuing disturbance in the child’s function.”
- For elementary school-aged children (6-11 years of age), the PCC should prescribe Food and Drug Administration-approved medications for ADHD and/or behavior therapy, preferably both. According to the CDC, “The evidence is particularly strong for stimulant medications and sufficient but less strong for atomoxetine (Strattera), extended-release guanfacine (Intuniv), and extended-release clonidine (in that order). The school environment, program, or placement is a part of any treatment plan.”
- For adolescents (12-18 years of age), the PCC should prescribe FDA-approved ADHD medications “with the assent of the adolescent,” and “may prescribe behavior therapy for ADHD, preferably both.” CDC protocol dictates that the PCC should titrate doses of ADHD medication “to achieve maximum benefit with minimum adverse effects.”

Central Nervous System stimulant medications (CNS stimulants) such as Adderall (aka amphetamine) and Ritalin (aka methylphenidate), and various preparations of each of those same core drugs, are thought to work by stimulating certain key areas of the brain and artificially and temporarily increasing the flow of certain chemicals to those key regions. The medication I am on, Focalin, and other CNS stimulant medications such as Adderall and Ritalin, are “thought to block the reuptake of norepinephrine and dopamine into the presynaptic neuron and increase the release of these monoamines into the extraneuronal space” (Davis, 2002, p. 578).

The experience of girls with ADHD. In the biomedical research community, it is generally agreed that the childhood experience of ADHD, including subtype manifestation, varies along gender lines, with girls tending to demonstrate symptoms of inattentiveness, and boys being more prone to symptoms of hyperactivity and impulsivity (Biederman et al., 2002; Moldavsky et al.). Biederman et al. (2005), by contrast, found “no significant differences ... in the frequency of subtypes of ADHD between males and females with ADHD” (“Gender and ADHD,” p. 1085).

According to DuPaul et al. (2006), meanwhile, even if girls were less likely to have ADHD than were boys, when they *did* exhibit ADHD, “their impairments were as severe, or possibly more severe than for boys relative to non-ADHD peers of the same gender” (School Psychology Review, p. 292). This could be because, according to Barkley (1995), a referral bias dictates whether boys or girls are likely to be referred for diagnosis and treatment, meaning girls may need to exhibit more severe ADHD symptoms and related disruptive behaviors than boys before someone, usually a teacher, makes such a referral (quoted in Hartung & Widiger, 1998, p. 4). Likewise, Rowland et al. (2002) submit that “boys are identified with ADHD at least four times as often as girls” due to “both referral bias because boys tend to display more disruptive behavior than girls do as well as a true sex difference in prevalence” (“Epidemiology of ADHD,” p. 165).

Taking this into account, Waite (2010) laments: “Given that symptoms of ADHD in the DSM are focused on studies that primarily focused on boys, mental health specialists may see ADHD symptoms in girls as atypical. Thus, socialized gendered behaviors may be denied or alienated under pressures of social forces and this may contribute to barriers to treatment (of girls) on the part of clinicians” (“Women With ADHD,” p. 184).

Viewing the patterns of diagnosis (or lack thereof) of girls with ADHD versus boys through a feminist lens indicates girls often tend to be diagnosed later (usually no earlier than age 7), if at all, because in our sexist Western society, people are subliminally conditioned to expect girls to be “flighty,” “dreamy,” and other pejorative and essentialist terms for ADHD symptoms viewed instead as nothing more or less than gendered character flaws (which of course is wrong on several levels). By the same token, because many teachers think of ADHD as a male disorder, “they tend to be better at suspecting the disorder in boys than in girls ... whether girls exhibit the hyperactive (can't sit still), the inattentive (daydreaming in a corner), or the combined version of the disorder” (Sigler).

The experience of ADHD Women. Barkley (2002) observes that a significant portion of research on ADHD has been restricted to children, adolescents, and adults younger than 30 years, with boys with ADHD, combined type serving as the primary focus of most studies. In addition, Frick & Nigg (2012) note, “Most data supporting the validity of the diagnosis of ADHD pertain to school-age children (and then mostly to boys and mostly to Caucasian/European boys).” That being the case, one group, in particular, has tended to fly under the radar of the lay population, physicians, and researchers vis-à-vis ADHD: women.

Authors with multiple published works in the area of women and ADHD include Kathleen G. Nadeau, Patricia C. Quinn (an ADHD woman and frequent co-author of Nadeau), Julia J. Rucklidge, and Roberta Waite, who proclaims that “the lack of appropriate identification and treatment of ADHD among women should be seen not only as a personal tragedy, but also as a significant public health concern” (“Women With ADHD,” p. 187). Biederman et al. (2002) likewise assert, “A comprehensive understanding of gender differences and similarities in the

clinical manifestations of ADHD has major public health and scientific importance for the advancement of women's health" (Psychiatry clinics of North America, p. 226).

The experience of college students. Meanwhile, awareness of the existence of ADHD as a distinct disorder and/or disability is becoming more and more widespread, and those who were diagnosed with childhood ADHD during the 1980s and 1990s (myself included) are reaching adulthood. As a result, in recent years there has been an increase in research on how ADHD is experienced within the context of an institution known to epitomize the young adult experience: college.

The prominence of ADHD in the college setting can be broken down into two categories: those students who were already diagnosed with ADHD prior to beginning their university studies, and those who were not diagnosed until after matriculating to college. Meaux et al. (2009) find that due to improved diagnostic measures and treatment options, the rate of adolescents with ADHD progressing to college is increasing; they are estimated to comprise 0.5 to 5% of all college students. Presumably, this statistic encompasses only students who began college with a prior ADHD diagnosis, rather than taking into account students who were diagnosed post-matriculation as well. And yet even if this is the case, it should be noted, these numbers apply only to students who *self-identified* — that is, reported their diagnosis in some official capacity, probably with their university health system — and not the untold number of students who, for whatever reason, abstained from making their college administration formally aware of their diagnosis. Hence, according to Weyandt & DuPaul (2013), "Approximately 2 to 8% of the college population reports clinically significant levels of ADHD symptomatology and at least 25% of college students with disabilities are diagnosed with ADHD" ("College Students With ADHD," p. 5). And, they remind us, "Because of the unique academic and social demands

of college environments, students with this disorder (ADHD) encounter difficulties ... unique to that setting and time in their lives” (ibid, p. vii).

Whatever its exact prevalence, in an investigation of the sex differences in college students with ADHD, it was found that female college students with ADHD reported “higher levels of impairment” compared to “college women without ADHD and college men with ADHD” (Fedele, Lefler, Hartung, & Canu, 2012); this dovetails with the findings of Biederman et al. (2005). This is not to say, though, that every young adult woman who has been diagnosed with ADHD in childhood or adolescence makes it to college — not by a long shot: A survey by Pryor, Hurtado, DeAngelo, Blake, & Tran (2011) of 201,818 first-time, full-time, first-year college students attending 279 full-time colleges and universities in the U.S. found 3.8 % of women entering college in 2010 reported having a diagnosis of ADHD.

The Internet

The trajectory of the gradual immersion of ADHD into the popular consciousness started at the same time as, and has subsequently mirrored, the insertion into the cultural zeitgeist of the Internet.

In fact, according to findings by the Pew Research Center,

By 2000 ... 54% of men were internet users, compared with half of women. This modest gap continued, gradually shrinking until 2008 when a statistically indistinguishable 74% of men and 73% of women identified as internet users. Today, 85% of men and 84% of women report being internet users. (“Americans’ Internet Access,” 2015)

Many with ADHD use the Internet for reasons relating to their disorder. As such, Murphy (2005) asserts,

A discussion of nonpharmacological treatments for ADHD would not be complete without ... mention of technological advances that offer valuable and much-needed assistance to people struggling with ADHD. ... Websites devoted to organizational skills, time management, and just about any other relevant topic are immediately available on the Internet” (“Psychosocial Treatments,” p. 616).

Huws, Jones & Ingledeu (2001) observe that as the Internet and Internet technologies (such as social media) are becoming increasingly accessible, more people encountering disabilities in their lives are using these technologies to glean information and communicate with others in similar situations (“Parents of Children with Autism using an Email Group,” p. 571).

Fleischman & Miller (2013) conclude:

The Internet can provide persons with disabilities with information about organizations, medical and psychological support, and so on. Therefore, it is useful in understanding treatment processes and management of various health conditions. It may also be used to explore educational, therapeutic, counseling, and even medical interventions. Finally, individuals may obtain professional advice or information from online narratives published by others. (Learning Disability Quarterly, p. 49)

Doyle (2007) likewise opines, “Computer-literate patients can readily access abundant information about their disorder and its treatment. They can link up with a global community of people with similar issues and problems, getting support as well as information” (p. 264). And Doyle goes on to point to another kind of digital divide — of ADHD patients with access to the Internet, and those without it — and bemoans how adults with ADHD may be disproportionately among those who *lack* access to the Internet and the resources it offers (ibid).

Use by parents of learning-disabled children. Parents of learning-disabled (LD) children often turn to the Internet in an effort to understand and aid their offspring. For instance, Huws et al. (2001) conducted a grounded theory analysis of all the messages parents of children with autism sent to an email group for three months in 1998. This involved theoretical sampling in the form of that to turn such knowledge into action requires not only self-advocacy but membership in a supportive community that encourages and makes possible with data software until theoretical saturation had been reached. What then emerged was a core category — making sense of autism — consisting of four additional categories: searching for meaning; adjusting to

changes; providing support and encouragement; and narrative sharing of experiences (Journal of Health Psychology, p. 573).

Use by learning-disabled children. Similarly, LD children, including those who have been diagnosed with or suspect they might have ADHD, turn to the Internet as well: Raskind, Margalit & Higgins (2006) set out to explore “the possibilities of the Internet as an environment that may enhance resilience and help students with LD to cope with their stress by openly sharing their identities and concerns” (Learning Disability Quarterly, p. 254), conducting a study of a public website designed for children with learning and attention problems, examining children’s presentations of the so-called LD experience.

Is there an inducement to engage in this kind of online storytelling? Pennebaker & Seagal (1999) explain: “Writing benefits a variety of groups of individuals beyond undergraduate college students. ... These effects have been found in all social classes and major racial/ethnic groups” (“The Health Benefits of Narrative,” p. 1245).

Use by adults with disabilities. Over a decade before I wrote this paper, Goggin & Noonan (2006) were describing a discernible trend of people with disabilities being “among those flourishing in the fertile world of the blogosphere” (“Blogging Disability,” p. 161), listing the most common kinds of blogs people with disabilities produce: those “explicitly articulated from a disability activism or disability studies perspective, ... activist and information blogs, often with a focus on a particular perspective or topic,” and “By far the largest category of self-identified blogging by people with disabilities ... of a diaristic or journal nature” (ibid, p. 165).

On a related note, Ellis & Goggin (2013) indicate that people with disabilities constitute a considerable proportion of users of social media. Holmes & O’Loughlin (2012), for instance, corroborate this: “As clinicians working in a Community Learning Disabilities Team, we have

found that ... some of our service users ... have reported that they have used social networking sites as an alternative way of forming meaningful relationships” (British Journal of Learning Disabilities, p. 42).

Use by ADHD adults, specifically. Adults with disabilities in general, and children with disabilities who have ADHD, specifically, are not the only groups of persons with disabilities who have been turning to the Internet: As shown earlier, Fleischmann & Miller (2013) have gone on record with their belief in the inherent power of the Internet for people with disabilities — not just for “information about organizations, medical and psychological support, and so on,” but also rendering it, therefore, “useful in understanding treatment processes and management of various health conditions.” In addition, it “may also be used to explore educational, therapeutic, counseling, and even medical interventions,” and what is more, “individuals may obtain professional advice or information from online narratives published by others” (Learning Disability Quarterly, p. 48). In short, the authors are describing a phenomenon of ADHD adults documenting how they themselves cope with their disorder in their own words; i.e., the act of writing about their own experience is proving just as useful as reading the accounts of the experiences of others like them.

Use by ADHD college students, specifically. College students use the Internet. Of this, there is no doubt: The same Pew Research Center study I quoted earlier found that approximately 100% of four-year college students (undergraduates) and graduate students have access to the Internet. Moreover, “Fully 92% of 18-24 year olds who *do not* [emphasis added] attend college are internet users, comparable to the rate for community college students” (“Americans’ Internet Access,” 2015). Barring a massive shift in Internet access and popularity among young adults in the last five or six years, these figures hold, thereby offering seemingly

conclusive proof of what is effectively universal Internet use in the United States by college-age students, irrespective of their college-student status or lack of one.

It makes sense, then, that unlike older adults, college students with ADHD may make more use of the Internet: Meaux, Green, & Broussard (2009), conducting in-depth qualitative analysis of transcribed semi-structured qualitative interviews with 15 college students with ADHD, learned that *seeking information* was a primary factor in helping participants gain insight on the subject of ADHD. And whereas in the years leading up to college, these ADHD participants relied on their parents (usually their mothers) to answer questions about their disorder, once they became more independent (i.e., in college), around half these participants began to seek information, the most common source of which was the Internet (“College Students With ADHD,” p. 250). Hence, “knowledge offers those with ADHD greater self-acceptance and some measure of control” (ibid, p. 254). Murphy (2014), too, is convinced that success in college for ADHD students begins with the *acceptance* they have the disorder: “From acceptance spring action and a willingness to embrace treatment and accept help” (“Psychological Counseling of Adults with ADHD, p. 614).

Yet this pattern of college students with ADHD turning to the Internet for information related to their diagnosis (or to investigate whether they should pursue a diagnosis) might not be entirely healthy. The results of a study of college students with ADHD in Taiwan demonstrated, according to the authors, an association between adult ADHD and Internet *addiction*. Furthermore, they found that the association between Internet addiction and ADHD, and not Internet addiction in general, was “more significant” among female college students (Yen, Yen, Chen, Tang, & Ko, 2009). The sheer existence of the conclusion of Yen et al. (2009) invalidates any assertion of a total and complete lack of scholarly writing on female college students with

ADHD and how they use the Internet. It would just be erroneous. Be that as it may, the study to which their quotation refers was conducted in Taiwan, not the U.S., Canada or the U.K., the countries of origin of the most frequently cited existing literature on ADHD (and where its symptomatology was first delineated). Moreover, while Yen et al. (2009) have presented evidence suggesting some female college students do indeed use the Internet and are more likely to become addicted to it than their male counterparts, their article features no description of the *content* of the Internet sites these ostensibly Internet-addicted female college students with ADHD visited; as such, the motive(s) of those students remains unknown. And furthermore, the study had university enrollment as an inclusion criterion, meaning that the untold number of young adult women with ADHD not pursuing a college education were automatically excluded from the data-producing pool.

Based on the results of a 37-question survey distributed to U.S. college healthcare providers in 2010, Thomas, Rostain, Corso, Babcock, & Madhoo (2015) discovered that although college healthcare providers recognize the importance of treating ADHD, these physicians, nurses, and directors demonstrated discomfort in diagnosing and treating it, which “represents a barrier to care for college students” (“ADHD in the College Setting,” p. 643). Ergo, college students who suspect they have ADHD might turn to the Internet just because they lack any other means of confirming their suspicions. Remember, a university health center often may be the only medical facility accessible to a young adult while in college, and according to the rules of economics, consumers tend to choose the next-best option if their first choice is unavailable.

The economics of ADHD *treatment*, on the other hand, are different: while the Internet can *inform* a college student regarding ADHD, it cannot actually *treat* a student, at least not in

the pharmacological sense. This dovetails with the following economic conclusion: “When good substitutes for a product are unavailable, the demand for it will tend to be inelastic. Medical services are an example. . . . Not surprisingly, the demand for physician services is inelastic” (Economics, Public and Private Choice, p. 409).

Use by young ADHD women. When I began my dedicated thesis research back in spring 2015, I employed Boolean logic to comb the Internet for any past peer-reviewed, published academic writing on young women with ADHD and how and why they use the Internet. But my extensive search came up dry. The closest thing I could find to such scholarship was a single article on the propensity of college-age ADHD women for Internet addiction (Yen et al., 2009). Having said that, knowledge production is ongoing. So it was that I discovered in summer 2016 an article that incontrovertibly qualified as a discourse on young adult ADHD women and their Internet usage habits: Mikami, Szewo, Ahmad, Samuels, & Hinshaw (2015), which had been published in the *Journal of Abnormal Psychology* with the evocative title “Online Social Communication Patterns Among Emerging Adult Women With Histories of Childhood Attention-Deficit/ Hyperactivity Disorder.” After poring over it, though — and making sure I was medicated enough while doing so — I found myself still discerning a gap in the literature on ADHD women and the causes and effects of their typical Internet usage in young adulthood: Mikami et al. (2015) are particularly concerned with ADHD women’s use of social networking outlets such as Facebook as a tool for communication, and with its implications in the peer relationships of those women from childhood to young adulthood, as evidenced by their proclamation, “Emerging adults with ADHD (and histories of childhood ADHD) may use online social communication differently than do their typically developing peers” (“Online Social Communication in ADHD,” p. 577), and these emerging adults “may also have a different

quality of online interactions, characterized by reductions in the number of friends, as well as less positivity in online relationships” (ibid). Nonetheless, nowhere in Mikami et al. (2015), or even in the entire canon of publicly accessible writing on young adult women with ADHD, is there a discussion of how and whether members of *this specific community* use the Internet *as a tool for self-informing, kinship seeking, and/or story-sharing*; nor yet, as such, any formal research into the motivations behind such usage — if, as I postulate, I am not the only young adult ADHD woman who uses it as such.

I find it perplexing that there is a dearth of writing on how women with ADHD — young or otherwise — use the Internet. Its paucity runs counter to the way that feminists scholars have found tremendous empowerment potential inherent in web-based information technology and technologies for women in general — so much so, in fact, that the belief has formed the basis of an entire philosophical subgroup within the greater feminist movement, namely, cyberfeminism.

In one example, Pattanaik (1999) describes how for her, cyberfeminism has taken the form of discovering the capacity of the Internet to serve as a site (no pun intended) of a different and even revolutionary kind of information access and dissemination: “The Internet ... proved to be an invaluable tool in my attempt at charting an alternative circuit of knowledge production” (“Home and the World,” p. 20). Meanwhile, Hawthorne & Klein (1999), though maintaining a critical stance about the inherent emancipatory potential of the Internet, nevertheless corroborate Pattanaik’s assessment of the Internet as having the capacity to empower by informing, and further relate how the Internet is at once changing the definition of and serving as a conduit for connectivity among feminists, which, for activists and networkers, is “a boon. Emails can be sent to dozens of recipients at once. Internet Relay Chat (IRC) can be used to discuss important issues

without having to meet physically, while LISTSERVs can be used to spread information [original emphasis] quickly to thousands of subscribers. (*CyberFeminism*, p. 6)

And yet, as I said, there seems to be very little if any published writing on young ADHD women, or indeed, ADHD women of any age harnessing the Internet for any type of empowerment. For me, at least, the Internet has served as a source of social interaction, an escape while waiting for my medication to take effect, and an invaluable source of information about my disability when its persistence and growth over the last few years befuddled my own physicians. I could not help but take note of the irony that the one time I can recall usage of the Internet being left wanting in the experience of this young adult woman with ADHD, has been during my search for scholarly writing on Internet use by young adult women with ADHD.

In any case, Fleischman & Miller (2013) point out, “the study of websites about ADHD is still in its infancy” (p. 47). And as Goggin & Newell (2003) opine, “Gender and new media has been a topic of ongoing debate generally, but issues relating to women with disability and new media have not been widely canvassed” (“Disability in Its Social Context,” p. 22). Hence, my attempt to fill this literature gap through original research.

Theoretical Framework of Original Research

The theoretical framework of this paper at both the study phase and the analytical phase have been built upon several different but related theories and concepts.

Feminist Standpoint Theory (FST)

According to Stanford University’s *Internet Encyclopedia of Philosophy*,

[f]eminist standpoint theorists make three principal claims: (1) Knowledge is socially situated. (2) Marginalized groups are socially situated in ways that make it more possible for them to be aware of things and ask questions than it is for the non-marginalized. (3) Research, particularly that focused on power relations, should begin with the lives of the marginalized. (Bowell 2016)

Based on this description, I was aware I not only *could* conduct research on young ADHD women and their Internet use but also *should*; I am a young ADHD woman who makes frequent use of the Internet. Just as FST dictates that I am uniquely suited to write on this subject, feminist theory in general calls for *self-reflexivity*, acknowledging not only that I have personal experience in the subject of my writing, but that it influences what I write.

Having said that, FST has not been wholly endorsed by the modern disability justice movement: “[M]uch as I admire the evenhandedness of feminist standpoint theory with its concern to give all standpoints standing, I do not see how standpoints can be equitably influential if they are expressed in practices that support some kinds of people but ignore others” (Silvers, Wasserman, & Mahowald, 1998, p. 266).

[T]he feminist methodology known as feminist standpoint theory ... can account for the interest in inclusion of disabilities in feminism and philosophy, but one of its tenets, the claim of epistemic privilege, is called into question by the attitudes of feminist philosophers of disability toward the learning disabled. I find a yeasty tension between, on the one hand, the excellent papers, conferences, panels, and advocacy programs that feminist philosophers produce, and, on the other, their actions and attitudes toward learning disabled conference attendees and students. (O’Donnovan, 2010a, p. 37-38)

And just as ADHD is often omitted from discussions of disability in favor of more visible disabilities, so too is ADHD, specifically, often unaccounted for in the FST model:

I am challenging the default position of feminist philosophers of disability—that we now recognize the importance of attending to the lived experience and resulting knowledge claims of women with disabilities. My evidence derives from anecdotes, absences, and work on women with ADHD. (Ibid, p. 39)

...

By not including the standpoints of women with ADHD and learning disabilities, these theorists are unable to give adequate or comprehensive accounts of that which they purport to describe—the lived experience of women with disabilities. (Ibid, p. 49)

Thus, while my research places a high premium on the related concepts of *situated knowledge* and *self-reflexivity*, it is not a perfect example of research conducted according to an

FST framework. Instead, feminist disability theory, discussed in the next section, is more truly aligned with my methodology — though even it, as O’Donnovan makes clear, does not completely provide for women with ADHD.

Feminist Disability Theory (FDT)

“Disability proves to be an especially useful critical category in three particular concerns of current feminist theory. First is probing identity; second is theorizing intersectionality; third is investigating embodiment.” So writes Rosemarie Garland-Thomson (2005), who, along with Adrienne Asch, Michelle Fine and Susan Wendell is one of the foremost theorists in the field of FDT. Based on her description, this theoretical framework, an offshoot of the larger discipline of Disability Studies², seemed particularly germane to my research as regards young ADHD women’s web presence. I knew even if I determined that members of this community do avail themselves of the opportunity the Internet affords to give them a voice, there would still be some insight to be gained from deconstructing the persona each presents to their audience. After all, this audience includes other young ADHD women, but it can be assumed that the host of *How to ADHD* (Jessica McCabe) or the creator of *Smart Girls with ADHD* (Beth Harvey) is aware there is on top of that at least a chance outsiders — be they ADHD men, neurotypical women, or even neurotypical men – may come across their outlets for subjugated knowledge storytelling, by accident or not, and they are aware of the need to produce narratives such that outsiders could comprehend them. The blog/vlog medium lends itself to this reality, as bloggers “can switch between personal forms of writing (restricted to only a few Internet users) and spontaneous public discourse meant to intrigue and entertain a broader readership” (Volker & Hoffman, 2010, p. 79).

² A useful synopsis of the different models of disability as they are applicable to ADHD can be found in Carlson (2013), p. 542-43.

Intersectionality

I also conducted my analytical research always cognizant of the principles of intersectionality. This concept, invoked above by Garland-Thomson (2005), is defined by Smooth (2013) as “the assertion that social identity categories such as ... gender ... and ability are interconnected and operate simultaneously to produce experiences of both privilege and marginalization” (*Situating Intersectionality*, p. 11).

Originating from discontent with treatments of “women” as a homogeneous group, intersectionality has evolved into a theoretical research paradigm that seeks to understand the interaction of various social identities and how these interactions define societal power hierarchies. Intersectionality encourages us to embrace the complexities of group-based politics by critically examining the variances in social location that exist among those claiming membership in groups. (Ibid)

One important application of this perspective to my research, in particular, has been of assisting me in guarding against the risk of homogenizing young adult women with ADHD as a category in such a way that according to my construction they not only comprise a group, but also, all the members of this group are comparable to one another in every social respect.

Crip Time

Finally, this research paper is influenced by the work of Alison Kafer, specifically, the concept of *crip* time discussed in her 2013 book *Feminist, Queer, Crip*.

Crip time emerges ... as ... the disability-related events that always ... start late or to the disabled people who never ... arrive anywhere on time. ... Operating on crip time, then, might be not only about a slower speed of movement but also about ableist barriers over which one has little to no control; in either case, crip time involves an awareness that disabled people might need more time accomplish something or to arrive somewhere.

Recognizing some people’s need for more time is probably the manifestation of crip time most familiar to those of us in the academy. (Kafer, 2013, p. 26)

But over and above all that, Kafer explains,

Crip time ... requires reimagining our notions of what can and should happen in time, or recognizing how expectations of “how long things take” are based on very particular minds and bodies. We can then understand the flexibility of crip time as being not only an accommodation to those who need “more” time but also, and perhaps especially, a challenge to normative and normalizing expectations of pace and scheduling. Rather than bend disabled bodies and minds to meet the clock, crip time bends the clock to meet disabled bodies and minds. (Ibid, p. 27)

By that definition, crip time is a concept of eminent importance to people with ADHD, including young ADHD women. Those of us who take medications to temporarily stimulate our ability to concentrate, complete tasks, etc. are constrained by the limited time that even a so-called long-acting medication may have an effect. For example, my medication, which is supposed to be what is known as extended-release, actually only retains potency, symptom-control-wise, for the promised 12 hours if I take a second dosage of the immediate-release form of that drug four hours after I take that initial pill. Forty minutes have to elapse before I start to feel the effects of these drugs, meaning that really, I am only medicated for 10 hours and 40 minutes each day. I realize that my experience may not be that of all others with ADHD, but even 12 hours a day is insufficient time to complete all the daily tasks associated with a successful life within a capitalist society — especially for women. Why? Because women with children are too often expected to fulfill the infamous “second shift,” and even childless women, a group that inherently includes young ADHD women specifically, are often held more accountable for household upkeep and the care of others including ailing and/or younger family members. The salient point here is that young women with ADHD live a quintessentially crip-time existence: We are never “on time” for everything — mathematically speaking, we can’t be — and so we are always already out of time, at least the neurotypical construction of time.

3. MATERIALS & METHODS

Based on a review of the extant literature on people with other disabilities, as well as on ADHD in general, we can reasonably surmise young women with ADHD use the Internet as both a source of information and a site for storytelling and support concerning their disorder. There is no conceivable way to quantify the number of these women who use the Internet for the former; demographic data on Internet users is not readily available.

Despite that, as revealed earlier, we do know young women with ADHD harness the Internet for storytelling purposes — both as consumers and as producers; indeed, I had encountered multiple examples of this even before my formal research process began.

According to Muhs, Niemann, González, & Harris (2012),

personal stories may bridge the epistemological gap ... between the lives of people with a particular privilege and those who lack that privilege. ... Storytelling ... when done well, packs an emotional punch and provides the psychological detail necessary to understand a person with very different life experiences. (Presumed Incompetent, p. 3)

To that end, the material for my original research is openly available, previously published web-based storytelling from young women with ADHD, and my research method, a narrative analysis thereof. This online storytelling specifically takes the form of disability narratives, “the stories people with disabilities tell about their lives and experiences that can highlight issues of disability identity” (Dunn & Burcaw, 2013).

It is incumbent upon me to clarify that notwithstanding that *I* identify as a person with a disability because of my ADHD, not every young woman with ADHD self-identifies as a person with a disability. But I persist in referring to the sources under study here as disability narratives because they share significant elements of conventional disability narratives, even if they are not nominally so.

Materials

For my original research, I have chosen to analyze two primary texts: *How to ADHD*, a YouTube series, and *Smart Girls with ADHD*, which bills itself as a “blog site for strong, **smart**, ambitious **girls and women**” [original emphases] who have ADHD. My selection of *Smart Girls with ADHD* was primarily based on the fact that I already had prior awareness of it due to references to it on other major ADHD-centered sites, such as the website of *ADDitude Magazine*. This suggested to me that it has cultural capital granted by and within the online ADHD community. And that, in turn, seemed to signify that it represents the zeitgeist of said community.

I chose *How to ADHD*, by contrast, because its memetic reach has extended beyond the ADHD community — even beyond the larger disability/LD community: As of December 17, 2016, at approximately 11:40 a.m., the complete collection of videos had 46,755 views.

Also of note: A friend of mine who does not have ADHD was the one who originally brought the YouTube series to my attention. It bears mentioning that she told me about it because I had discussed my thesis topic with her in the past, but she *herself* started watching it because she has observed in herself several symptoms of ADHD.

Source #1

Smart Girls with ADHD is the multimedia web-based project of Beth Harvey, a 33-year-old healthcare sociolinguist with ADHD living in Belfast, Northern Ireland. Launched in April 2015, *Smart Girls* started as a single-author, first-person blog with posts Harvey exclusively penned. By and large, Harvey’s blogging style qualifies as *personal narrative*, based on the following description from Volker & Hoffman (2010):

Narratives usually revolve about recent experiences in the lives of bloggers. These narratives may either take the shape of recapitulations of noteworthy events or longer, more reflected reports, usually including humorous or unforeseen changes in the daily routine of the blogger. They often allude to regular habits of the blogger and the way they play out in everyday life. (“Once Upon a Blog,” p. 85)

However, two months after the site went live, Harvey announced, “For a while now, I’ve been trying to think of ways that I can create a platform where females with ADHD can share their own stories and experiences,” and as a result, she was now accepting guest contributions from other female-identified ADHD writers. “I want to build up a site filled with personal experiences of others so we can show ourselves, and other females, that we’re not alone in this,” she wrote, explaining her thought process.

I strongly believe that when we use dialogue by reforming our thoughts into words, we can help ourselves (and others) understand what is going on in our own heads. Talking and writing about ADHD makes us think about it in entirely new terms and, by doing so, our thoughts can become more manageable.

By openly writing about my ADHD on this site, I’ve found that I can gain a new perspective on the condition. (“Brand New Website & Brand New Ideas,” June 24, 2015)

Source #2

How to ADHD is a YouTube series (with accompanying Twitter and Facebook profiles) hosted and produced by Jessica McCabe, a 33-year-old actress-turned-vlogger (video blogger) with ADHD, combined type, residing in Los Angeles. The series launched on October 18, 2015. As of December 17, 2016, the series consists of 39 informational videos ranging in length from about three to nine minutes and averaging five minutes in length. Each video focuses on a different topic related to living successfully with ADHD; two videos, Video 20, “How to Know if You Have ADHD,” and Video 14, “ADHD in Girls: how to Recognize the Symptoms.” are concerned with identifying and diagnosing ADHD. Yet *How to ADHD* does not take girls and women as its sole audience or even its sole topic; that its producer is among them is its only constant connection to young women with ADHD, unlike *Smart Girls with ADHD*.

Methods

My original research hinges on the process of analysis. Many different areas of study utilize analysis as a research approach. However, I am speaking of a form of analysis with an antecedent in the study of literature (rather than, for example, linguistics), as the subject of literature is the closest analog to that of digital media; I conducted my independent research through a *narrative analysis* of the two main texts under study herein (the YouTube series *How to ADHD* and the website *Smart Girls with ADHD*) — for indeed, both are web-based and at least partly narrative.

This (web-based narrative) — seems to have been a natural marriage of material and method. According to Page (2015), “The stories published on blogs, social network sites, and wikis are important resources that exemplify the increasing range and diversity of storytelling practices employed at the turn of the twenty-first century, providing case studies analysis. (“The Narrative Dimensions of Social Media Storytelling,” p. 330)

Narrative analysis can be useful both for looking at personal experience narratives as presented on individual blogs as well as examining the co-constructed narratives that develop across blogs, the former being more about agency and the latter ... negotiated meaning in a virtual space via stories. Given how laden blogs are with narratives an examination of these narratives [*sic*] feels like a rather intuitive and organic way of studying them. Much can be gleaned from not only the content of the stories, but also how they are told and how others receive them. (Dennen, Myers, & Suggs, 2010, p. 519)

Yet scholars cannot agree on just what a narrative analysis of web-based and/or digital texts actually entails. This lack of methodological consensus is not due to the relative newness of online narrative as a medium used for storytelling; narrative analysis is highly contested:

[T]he field of narrative research is fairly ill defined, with no clear methodological guidance. Further, the framework lacks an accepted focus or even clearly established approaches. ... The work that makes up this area represents different fields; type; level and genus of stories; and analytic approaches. However, this limitation may be readily overcome by pairing a narrative framework with another method. (Ibid)

Taking all of this into consideration, I have opted to engage in an ad hoc type of narrative analysis, not really based on any formally defined aspects and/or steps, but more so, informed by the sum total of my educational experience up to this point. This has manifested in me taking my cues from the scholarly modes of literary criticism, media analysis, and film studies, and *deconstructing* the *gestalt* of the texts under study: both their linguistic choices and their visual cues; how the two work together; and what the result of that synergy is to outsiders, i.e., the audiences of *Smart Girls with ADHD* and *How to ADHD*, respectively. Like so, in conducting my narrative analysis I pay attention not just to what Harvey and McCabe each *say*, but the *mise-en-scène* — the overall aesthetic context — in which they are saying it.

Research Process

I knew off the bat that I had no way of gauging whether I alone was a young ADHD woman going online to research my disorder. However, I had known for a while of the phenomenon of young ADHD women using the Internet for purposes not of research, but of storytelling.

At the same time, I was cognizant of the fact that I had never before approached these projects from an academic perspective. In fact, I had never consumed whole entries in their catalogs of work. That was only to be expected, because, again, I have ADHD myself. Be that as it may, this was not acceptable or even workable for me if I wanted to play the role of researcher.

With an aim to discovering whether mine was a unique experience or there were other young women with ADHD turning to the Internet for empowerment related to their disorder, I decided to engage in narrative analysis of two disability narratives, *Smart Girls with ADHD* and *How to ADHD*.

The first step entailed skimming through entries in the *Smart Girls with ADHD* blog archives. Second, I reviewed the respective texts once more, this time looking out for any recurring elements in the various entries of *Smart Girls with ADHD*, and coding them. This involved (a) using Google Chrome extension Readability — discontinued on December 10, 2016 — to simplify the layout of each entry’s webpage, (b) saving that page as a PDF file, and (c) engaging in color-coded highlighting and underlining passages and fragments to mark up where and how often these recurring narrative elements appeared in each respective entry and overall.

It occurred to me early on that certain segments of the text might exemplify qualities of more than one narrative element at a time. I attempted to accommodate this reality by including in my slew of annotative tools two highlights *with underlines*, to indicate sub-elements (see table above). However, when a given code truly was evocative of multiple narrative elements, rather than just a sub-element of an element, I used the feature in my PDF reader application, Preview, whereby I could highlight a given fragment in multiple colors.

Annotative Tool	Narrative Element Indicated
Pink highlight	Description of positive outcome of ADHD diagnosis and/or treatment
Yellow highlight	Recollection of struggles due to ADHD pre-diagnosis
Purple highlight	Use of humor
Purple highlight & underline	Use of non-self-deprecating humor
Green highlight	Observation of positive side of ADHD
Blue highlight	Application of insider perspective on ADHD
Blue highlight & underline	Example of ADHD from storyteller’s own life

Table: Annotative tools used in my research and narrative elements indicated.

For example, the passage, “The problem with writing *about* ADHD from a first-hand perspective is that, I actually have to try to write *with* ADHD” was highlighted in purple, because it was obviously humorous, albeit self-deprecating; underlined, because that instance of self-deprecating humor was facilitated through the use of another type of humor, irony; and highlighted again in blue, because the passage featured an insider perspective on ADHD. In fact, I could conceivably have underlined it twice, because that insider perspective was provided using an example from Harvey’s own life. However, Preview does not, to the best of my knowledge, offer the functionality to double-underline, so this was a moot point.

Next, I examined the findings from the coding I did in Step 2, but now I was assessing what, if any, codes appeared not only in *Smart Girls with ADHD* but also in *How to ADHD*, as well. Thereafter, I proceeded to engage in narrative analysis of the texts. What emerged were several themes: (a) humor (often self-deprecating in nature), (b) first-person narration, (c) self-reflexivity, (d) casting the described experiences as widely applicable/universal, and (e) other kinds of attempts to forge and keep alive a connection to and with the audience.

Tone and Content

How to ADHD. Jessica McCabe produces and stars in this YouTube series; the how-to format, as its name suggests, is invoked in most of the videos. McCabe’s age, 33, is not given in this primary text — I learned it through a direct message conversation with her on Twitter — and not knowing otherwise, one might assume her to be on the younger side of the young-women-with-ADHD community, or even still a minor. Every aspect of her on-camera self — from her frenetic delivery to her bright eyes and hopeful smile — is coded ‘youthful’ in contemporary Western society. McCabe has suffused her web persona with youngness, but it does not necessarily reduce her credibility as a conveyer of information concerning ADHD to the general

public. Rather, I think, her almost childlike tone renders her — and by extension, *How to ADHD* — accessible to a wider audience. When all's said and done, every person, young and old, has *at some point* been a child; childhood is a stage of life to which each of us can relate because we all have been there — just some of us more recently than others. Like so, McCabe has masterfully yet seamlessly opened *How to ADHD* not merely to a wider audience, but indeed, the actual widest audience possible.

My supposition is McCabe did all of this on a conscious level (and if this is the case, again, I could not condemn her for tailoring her on-camera persona to the broadest pool of potential viewers). Of course, she probably did not do so with any ill intent; she likely did not even think of it in terms of putting on an act and engaging in artifice (this, despite the fact that she is a professional actress). No, I propose that she simply resolved to embody the behaviors and characteristics resulting from ADHD that have been best received while engaging with others in the past. There may very well not even have been one single moment of decision-making on her part; it is more natural, and therefore more likely, that she just has had an ongoing desire to present herself appealingly.

In any case, by rendering her video series palatable on a broader scale, McCabe is posing herself to deliver her messages to almost anyone who comes across them, not just other young women or other people with ADHD. Like so, she is afforded the chance to educate non-ADHD viewers of ADHD-related issues; the upshot is everyone — ADHD and non-ADHD alike — is better informed about attention-deficit/hyperactivity disorder. On top of that, McCabe's viewers now have a reference point for what a female-gender-presenting person with ADHD looks like: fun, intelligent, and attractive.

Smart Girls with ADHD. Like *How to ADHD*, Beth Harvey's blog and accompanying website *Smart Girls with ADHD* is decidedly humorous. This makes sense in view of the fact that "More than other media, digital communication has been associated with humor, joking, language play, role play, and other nonserious communication" (Vandergriff, 2010, p. 235). Harvey's blog is peppered with words of self-deprecation relating to her failed attempts as a young ADHD woman. This is consistent with the fact that women are more likely to use this style of humor in conversation than men (Worell, 2001, p. 606).

It bears mentioning that not once in the many instances of self-deprecating humor being employed in her blog does Harvey's writer's voice shift from one of lighthearted introspection to total regret. Rather, she tends to follow her self-deprecation with 'happily-ever-after' declarations, joyfully informing *Smart Girls with ADHD* readers that she would eventually overcome a seemingly insurmountable obstacle or change plans and set out on a different, ultimately better path. Harvey opts to frame her online storytelling in a positive light, thereby — quite possibly without knowing — affecting the probable response of her readers of all genders, if not who specifically visits.

Harvey, like McCabe, often makes use of the how-to format, albeit not overtly. Taking her cues from some of the centerpieces of the millennial Internet zeitgeist, she breaks up her text with images from pop culture, some of them in GIF form, further solidifying the remaining, narrative content of the post in which it appears as playful and accessible, given that "animated GIFs are significantly more engaging than other kinds of media" offering "storytelling capabilities and utility for expressing emotions" (Bakhshi et al., 2016). This BuzzFeed-ification, as it were, of *Smart Girls with ADHD* is not comprehensive, however. Listics and moving pictures do not dominate the content of her blog entries so much as to overshadow the actual

written part of the narrative. Nevertheless, the fact remains that Harvey uses the online graphic design platform Canva to create meme-like, appealingly edited images superimposed on it. Such images fill more than a negligible portion of the visible space on her website.³ “I love design and tend to get so caught up in the *look* of a blog,” she explains, “that I often spend hours hyperfocusing on choosing good fonts, graphics, and layout” (“Five Awesome Ways to Conquer ADHD Writer’s Block”). Harvey is not alone. Using this type of pairing of graphic design and typography is common among bloggers; it is a concept straight out of Social Media Marketing 101: “Posts with images get more engagement than posts without images. However ... make your images more effective with text overlay, use images to attract traffic from social sites and create more visual posts with graphics as well as captured images” (Morrison, 2015). Regardless, Harvey clearly has made a concerted effort to assert the value and legitimacy of *Smart Girls with ADHD*, based on the nature of its title. In so naming it, she is attempting to preempt the formation of any doubt that “girls” with ADHD can be “smart,” refuting the belief, usually tacit but sometimes overtly conveyed, that the identities “girl” and “smart” are mutually exclusive and as such never could intersect. In essence, Harvey is claiming the capacity of her community — female-identified persons with ADHD — for intelligence, thereby contradicting the prevailing wisdom about ADHD (and “girls” with it).

Even so, this does not come off as a wholly successful effort on Harvey’s part. As Collins (2002) declares⁴, “Replacing negative images with positive ones can be equally problematic if

³ One good example of this type of image can be found at the beginning of Harvey’s October 16, 2015 entry, “An Hour in the Life of My ADHD Brain,” the URL of which is bit.ly/2gZkbLr.

⁴ To be clear, Collins was not referring to literal photographic images like the ones that populate the *Smart Girls with ADHD* site.

the function of stereotypes as controlling images remains unrecognized” (Black Feminist Thought, p. 106).

Limitations of the Study

Research Scope

The quantity of sources used in my original research is small. This I cannot dispute. Whereas approximately 37 sources comprise my literature review, I analyzed just two texts, *How to ADHD* and *Smart Girls with ADHD* during the analytical process, a process by which my expectation was to be enabled to draw discrete conclusions, and like so, rendering my research groundbreaking and as such, compelling.

The primary reason for the relative paucity of texts I consulted in the original research process is that in the canon of ADHD online texts, the number of them the community under study herein created is by comparison altogether sparse; when I conducted my initial search for sources, narratives from young ADHD women turned out to be few and far between. This could be attributable to the fact young ADHD women (a) lack the necessary self-control and follow-through to be creators and managers of non-one-shot online narratives and/or (b) as a community tend to avoid engaging in online storytelling referring to their own experiences in the public domain, i.e., not restricted to other members of that community through the use of fail-safes such as password protection, membership-contingent and/or administrator-granted access, etc. The former of these two possible explanations does jibe with the extant research on this sub-group of the whole ADHD-afflicted population; the latter cause lacks a direct medical basis, but it does stand to reason in the general sense; willingly subjecting oneself to public scrutiny, and of their personal neurobiology, no less, requires an ability to agree to be profoundly vulnerable, for an

indefinite period, or at least as long as the Internet exists. And I think it goes without saying few among us possess such ability— at least not the ability to do so *knowingly*.

Even so, I submit, in actuality, working with a limited number of texts — in this case, a very limited number — has not strictly been to the detriment of my research. This is true in the sense that focusing on just two sources empowered me to concentrate my attention in a way I otherwise would not — and not because focusing, concentrating and attention are three things against which I am predisposed in the biological sense.

Research Depth

Although I concluded my research basically satisfied with the fruits of that labor, I remain ever mindful of and regretful about the fact that by and large, I barely scratched the surface. I do not mean to suggest that my research is incomplete. However, I will readily admit that I was unable to detail and dissect a fair amount of material to which I had access as a private citizen, i.e., in a nonprofessional capacity, but that was not at my disposal for research purposes.

The real response of *How to ADHD* viewers to *How to ADHD* itself was difficult to gauge, inasmuch as YouTube is notorious for playing host to innumerable comments, many, if not most, of them disingenuous and/or the work Internet trolls. And while the number of views of each individual video and the series as a whole is accessible to the public (and ipso facto, me), this yielded very little insight beyond a vague idea of the degree to which the popularity of the McCabe's series was growing and the rate at which it did so; there seems to be no demographic data about the viewership of this collection of YouTube videos available to the public.

However, we do know that one young woman with ADHD, at least, has felt a connection to McCabe, and her name is Beth Harvey — yes, of *Smart Girls with ADHD* fame. Harvey is

definitely aware and supportive of McCabe; the evidence takes the form of a post to the *Smart Girls with ADHD* Facebook page, screen-capped below:



Figure 1: A post to the *Smart Girls with ADHD* Facebook page displaying solidarity with McCabe and all ADHD women.

Researcher Bias

I am myself a young woman with ADHD, meaning I belong to the very community I have researched. Like Collins (2002), working in the traditional research paradigm, “by identifying my position as a participant in and observer of my community, I run the risk of being discredited as being too subjective and hence less scholarly” (p. 17). But the very academic field in which I have pursued a master’s degree accounts for this.

As discussed earlier in this paper, feminist theory challenges the prevailing wisdom of the neopositivist empiricist epistemological tradition (England, 1994, p. 81) and posits that no scholarship, scientific, social, or otherwise, is truly objective, free of bias on the part of its author(s). Rather, a good researcher must practice self-reflexivity and contemplate how her past experience, her personal history, is imbricated with her motivations, subjects, and conclusions as a researcher. In other words, to be a model researcher and author (read: a knowledge producer), I had to take care at once not to make certain decisions, such as what sources to consult or analytical methods to employ, based on nothing more than my preferences arising from a lifetime of experience; while simultaneously being sure not to remove myself from the scholarship just for objectivity's sake.

My community, young women with ADHD, may not be marginalized on an overt level; nevertheless, we speak in the chorus of *subjugated voices*. But, as Carlson (2010) reports, “we can perceive subjugated voices emerging in the critical disability literature” (The Faces of Intellectual Disability, p. 124). So, straddling, as I do, the line between researcher and researched, a person with a disability and person writing about persons with disabilities, and having at least some natural talent for writing, I was and continue to be uniquely poised to bring the knowledge of my community from the margin to the center.

Indeed, bringing this thesis into being is a two-pronged act of *resistance*: first, by rebuking the dominant convention in academia, namely, only a formally accredited scholar is fit for contributing to the canon of a given subject; and second, by writing a master's thesis at all. My story, of a young ADHD woman pursuing a graduate-level education, constitutes a *counter-narrative*. Young women with ADHD simply are not supposed to be in grad school. By this, I mean the educational outcomes of girls with ADHD tend toward significant struggling and

perhaps ending up dropping out during the college years, or not pursuing a college education at all. The preponderance of expert scholarship on this subject tells us so. Yet, here I am, my life story constituting a counter-narrative, and I, penning a counter-narrative by writing about other young women with ADHD, who in turn are turning to the Web to put forth their own counternarratives. This is desirable because “Counter-narratives destigmatize disability and give voice to those who have been marginalized for too long” (Malhotra & Rowe, 2013, p. 199). And that is necessary: “Suppressing the knowledge produced by any oppressed group makes it easier for dominant groups to rule because the seeming absence of an independent consciousness in the oppressed can be taken to mean that subordinate groups willingly collaborate in their own victimization” (Collins, 2002, p. 5).

Taking that into consideration, it could be argued that my serving as the author of research of this nature is not just *acceptable*; rather, in point of fact, it might be crucial.

4. RESULTS

Analysis

In this chapter, I will be discussing the fates of *How to ADHD* and *Smart Girls with ADHD*, which are clearly the result of the particulars of these digital texts. After I finish delineating the current status of McCabe's and Harvey's respective online narrative efforts, articulate the findings that I pinpointed through my analysis of them; I subsequently cogitate on what we can ultimately take away from these findings — their broader significance.

Where are they now?

How to ADHD. McCabe continues to post new videos centered on ADHD about once a week. In addition, she maintains a dedicated Facebook page and Twitter account, both of whose handles also bear the “How to ADHD” name. These profiles on the aforementioned social networking platforms are used both to promote new videos in the original *How to ADHD*, McCabe's YouTube series, and to share and/or link to posts by other online media makers on the topic of ADHD as well. This almost certainly is evidence of a conscious choice on McCabe's part to build a multi-pronged social media presence consisting of accounts on different prominent services, each one under the larger “How to ADHD” brand, thereby directing visitors to and followers of these associated accounts to the original *How to ADHD* YouTube series.

Liz Borod Wright, a freelance blogger and social media consultant who is also a professor at Columbia Journalism School, explained this phenomenon in a 2012 *Mashable* article: “Instead of relying on organic search or (gasp) IRL friends,” she writes, “successful bloggers know they have to develop a following on key social networks as a way to promote their brands and ultimately get more clicks.” In short, hits = popularity = impact.

The fact that McCabe has additional, separate personal Facebook and Twitter accounts, under her own name, as opposed to the “How to ADHD” brand, supports the possibility that she has deliberately constructed a social media presence as a means of promoting her original *How to ADHD* outlet. What we can take from this, I propose, is that McCabe is committed to maintaining the “How to ADHD” brand; quite possibly, with the original *How to ADHD* YouTube series continuing to serve as a sort of alpha social medium, with all others existing first and foremost as signposts for that original channel (again, no pun intended) of McCabe’s multimedia online storytelling dealing with ADHD.

Smart Girls with ADHD. Harvey, in contrast, seems for the time being to have put *Smart Girls with ADHD* on hiatus — at least in its original iteration (a website with a companion blog featuring original entries from Harvey, as well as guest contributors). As of December 17, 2016, the last update to the site was on February 19, 2016, with a post paradoxically titled “5 Awesome Ways To Conquer ADHD Writer's Block.”

That being said, the “Smart Girls with ADHD” brand does continue to have an active web presence. *Smart Girls with ADHD*, like *How to ADHD*, is alive and well on two different social media platforms, Facebook and Twitter. She writes:

I can’t quite tell you how much I love ... the Facebook group. There are just so many wonderful smart girls with ADHD sharing their advice, venting about the lack of understanding, posting just the right articles and pictures at just the right time, and telling ridiculously funny stories about the possessions they’ve lost or the time they’ve wasted. (“An Hour in the Life of My ADHD Brain”)

As of December 17, 2016, at approximately 11:40 a.m., 3,750 people liked the page and 3,729 people were following the page, which Harvey updates with new a new post to the page’s wall two to three times a month. The “Smart Girls with ADHD” brand is also maintained on the image-based social media outlets Pinterest and Instagram and the professional networking

service LinkedIn. In a Twitter conversation I had with Harvey via direct messaging on October 25, 2016, she attributed the pause in content populating to being overwhelmed with a new job, so much so that it was precluding her from producing entries in a timely manner, compounded by technical difficulties with Squarespace, the blogging platform she uses. However, Harvey told me in that same conversation that she has some new blog posts in the works.

Findings

Self-Deprecating Humor Is Prominent In Young ADHD Women's Online Storytelling.

As a denizen of the Internet with an ADHD diagnosis, I have been aware for some time that online narratives centered on ADHD are often humorous. So it made sense that almost immediately after I started my formal research, it became apparent that humor was a frequently appearing element in *Smart Girls with ADHD*. I tried not to develop concrete expectations at this stage of the research process; still, I was unsurprised that almost at the outset of the coding process I discovered McCabe also repeatedly invoked humor as a narrative device in *How to ADHD*, as well. Moreover, I came to find, it was not just a code, a textual element, but one of the several greater *themes* that can be distinguished in both *How to ADHD* and *Smart Girls with ADHD*.

Over the course of a subsequent review of these texts, I realized that the salient point here may not just be that the narratives arising from online storytelling by young ADHD women are often humorous, but also, and more precisely, that one specific *type* of humor characterizes such narratives above all others: self-deprecation. What, I wondered, was the significance of this? From the perspective of feminist disability studies, what could account for young ADHD women putting themselves down, even in a lighthearted, seemingly harmless way — and what

ramifications might such complicit self-denigration be having on the community of young ADHD women overall?

It seemed that Montoya's writings on subordination might prove eminently applicable to young ADHD women: "A significant aspect of subordination is the persistence with which we mimic those who dominate us, even when we have become aware of the mimicry. Lost ... are the identities that would have developed but for our real and perceived needs to camouflage ourselves in the masks of the Master" (1998, p. 419).

Young ADHD Women's Online Storytelling Is Multimodal And Multimedia In Nature.

Not long ago, the very act of starting a blog or, even more so, a YouTube series, would have been considered a noteworthy accomplishment in (then) modern Western society. And because of the prevailing wisdom about our community at the time — much of which persists today — serving as creator and manager of an ongoing Internet-based storytelling project would have seemed to a layperson highly improbable of a member of a community (young ADHD women) traditionally been cast as lacking follow-through, know-how, and social acumen. Technologically and especially sociologically, there was not much context for the likes of *Smart Girls with ADHD* and *How to ADHD* in, say, the year 2005.

But if the work of Harvey and McCabe is even somewhat representative of the tendencies of all young women with ADHD, then a precedent has developed whereby their online storytelling is not confined to conventional Internet vehicles, but rather, transcends the divide between what I would call old new media and Web 2.0 technology; we are extending our digital reach via accompanying social media engagement on platforms such as Facebook and Twitter. As Mohanty tells us in *Feminism Without Borders*, "the point is not just to record one's history of struggle, or consciousness, but *how* [emphasis added] they are recorded; the way we read,

receive, and disseminate such imaginative records is immensely significant” (2003, p. 78). Like so, Harvey and McCabe’s respective online storytelling projects are rendered revolutionary in more ways than one.

The Online Storytelling of Young Women with ADHD hinges on Connectivity.



Figure 2: A text-based image on the main page of *Smart Girls with ADHD* that clarifies the site’s purpose.

The storytelling of Harvey in *Smart Girls with ADHD* and McCabe in *How to ADHD* are comparable at least in one respect: Both are produced based on the assumption there will be others to whom they can tell those stories. The title of *Smart Girls with ADHD* is worded plurally, indicating that the site of storytelling to which it refers is not just for one ‘girl.’ And McCabe begins every new installment of *How to ADHD* series exclaiming, “Hello, brains,” a moniker she assigned to her regular viewers in one of the earliest videos of the series, and as such can only be understood if one has committed to be one of the ‘brains’ on this journey of online storytelling with her.

As previously stated, only a few months after *Smart Girls with ADHD* went live, Harvey fundamentally changed its dynamic, opening up what had been her personal blog to entries by guest bloggers, i.e., other “girls” with ADHD. We could interpret this as a move by Harvey to free herself of the responsibility associated with being the sole author of a blog and the website housing it, i.e., updating said blog regularly by posting new and interesting entries. And while that may be true to a certain extent, it is much more so, I believe, an act of coalition-building: By inviting other “girls” with ADHD to make their own contributions to the historical record of writings published under the “Smart Girls With ADHD” name, Harvey is essentially saying, ‘I am writing on behalf of a community of which I count myself as a member; so you, my fellow members, should have the chance to make your own mark on the canon of our community.’ This, too, is a revolutionary act. Harvey is flouting the typical blog power structure; she is eliminating the divide between poster and follower.

This is also evident in the response of commenters to Harvey’s posts and Harvey’s response *to* those commenters:

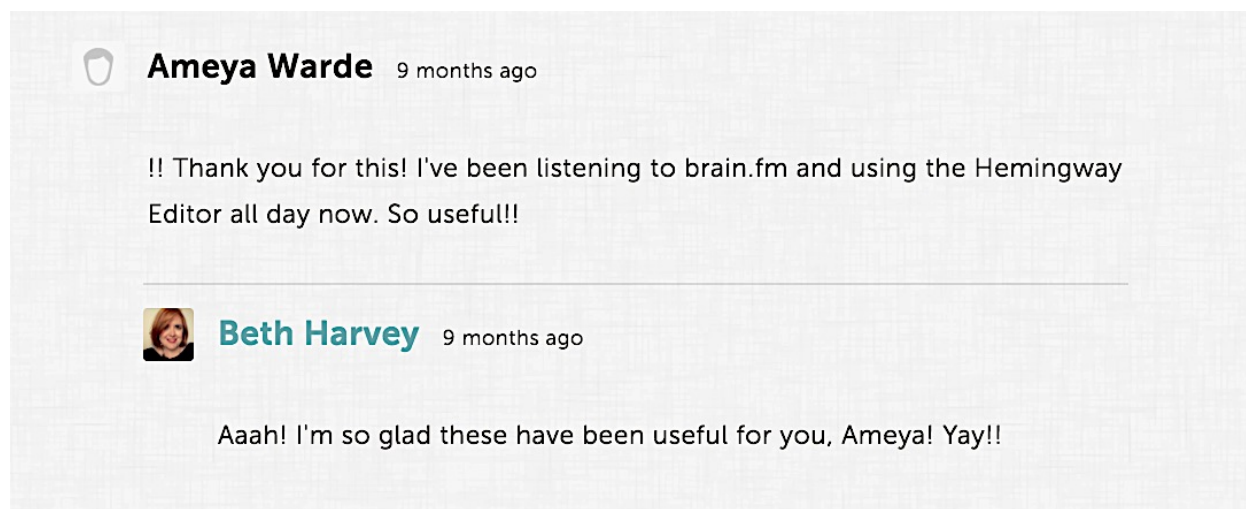


Figure 3: An exchange between a commenter and Harvey about the effectiveness of some tools for combatting writer’s block Harvey suggested in a post.

Key Takeaways

Young ADHD Women Tell Stories Online To Connect And Empathize With Each Other.

Over the last decade, young ADHD women have increasingly been turning to the World Wide Web as a site (no pun intended) of connection to each other, facilitated through both the consumption and the production of online storytelling.

This makes sense in view of the fact that “Collecting and telling stories can empower a community by documenting marginalization as a shared rather than individualized experience. Stories can articulate and validate experience” (Pratt, 2007, “Working with migrant communities,” p. 96).

According to O’Donovan (2010a),

In order for those at a disadvantage to thrive, they need to be able to reach a degree of self-understanding and awareness that makes possible an overcoming of the barriers posed by these disadvantages. It is also recognized that to turn such knowledge into action requires not only self- advocacy but membership in a supportive community that encourages and makes possible further advocacy and social change. (p. 43)

I would not have been very surprised if my research revealed that my fellow young ADHD women were contenting themselves with a kind of mirror-storytelling and they turned out to be satisfied immediately upon distinguishing an opportunity to commiserate with each other through two-way, reciprocal, storytelling. I quote Montoya: “Speaking out assumes prerogative. Speaking out is an exercise of privilege. Speaking out takes practice. Silence ensures invisibility. Silence provides protection. Silence masks” (1998, p. 282). But the evidence is to the contrary.

They Also Tailor Their Online Storytelling To Reach And Inform A Wider Audience.

More and more in recent years, young ADHD women have been going online and telling their stories of what ADHD is ‘all about.’ These stories are equal parts disability narrative and counter-narrative, but the content and delivery are tailored in such a way that the likelihood of

reaching viewers outside their community, e.g., neuroatypical men and neurotypical women, is heightened. Evidence suggests that this is a concerted effort on the part of vloggers like McCabe (*How to ADHD*) and bloggers like Harvey (*Smart Girls with ADHD*).

This is heartening, yes, but there is a darker, more serious — but ultimately liberating — side to this as well:

Most who write about storytelling focus on its community-building functions: stories build consensus, a common culture of shared understandings, and deeper, more vital ethics. Counterstories, which challenge the received wisdom ... can open new windows into reality, showing us that there are possibilities for life other than the ones we live. They enrich imagination and teach that by combining elements from the story and current reality, we may construct a new world richer than either alone. Counterstories can quicken and engage conscience. Their graphic quality can stir imagination in ways in which more conventional discourse cannot.

But stories and counterstories can serve an equally important destructive function. They can show that what we believe is ridiculous, self-serving, or cruel. They can show us the way out of the trap of unjustified exclusion. They can help us understand when it is time to reallocate power. They are the other half — the destructive half — of the creative dialectic. (Delgado, 1989, p. 2414-15)

Thus, we find ourselves faced with my ultimate takeaway:

These Women Are Telling Stories Online Because They Feel Alienated ‘IRL.’

According to Uma Narayan, “It should not come as a surprising revelation to feminists ... that a great many cultures have had a fairly poor record when it comes to their treatment of ... women who constitute the vulnerable, the dispossessed, the disempowered, and marginal members of their society” (*Dislocating Cultures*, 2013, p. 134). This aptly describes what I believe we should ultimately take away from my research: *Young ADHD women are engaging in the consumption and production of online storytelling as a result of feeling misunderstood by and isolated from the rest of modern Western society, including and especially their closest demographic peers — young neuroatypical men and neurotypical women.*

In ‘real life,’ i.e., engagement with society not taking place online or in other virtual formats, young ADHD women are among the least-studied, and accordingly, the most poorly as-yet demystified, of all ADHD subpopulations, surpassed, perhaps, only by women experiencing or already have finished menopause. And what little *has* been written about young women with ADHD available in the public domain comes from outsiders to this community. That being so, the literal and metaphorical dialogue is one-sided; young ADHD women are being *told* who and what they are — if indeed they are being told anything.

However, embodying the motto of the modern disability justice movement, “nothing about us without us,” some young ADHD women are harnessing the digital revolution and taking to the Internet to share the stories of their lives – *with each other*. Such endeavors that are not password-protected, including *How to ADHD* and *Smart Girls with ADHD*, enable storytellers to speak to their online audience, non-members of the community of young ADHD women. Similar to what Colker (1996) once observed, “By putting a story behind the labels ... individuals were able to overcome their stereotypes” (*Hybrid*, p. 32).

Yet the fact remains that these women felt compelled to engage in online storytelling at least partly because of a lack of a forum in the so-called real world. This is true of medical scholars (“experts”) and policymakers, but also, regrettably, of much of the modern mainstream Western feminist movement, or at least of many of the feminist scholars who claim membership in and indeed represent that movement.

5. DISCUSSION AND CONCLUSION

Project Summary

Background

In my early '20s, I noticed the medications comprising my then-current ADHD treatment regimen simply were not having an adequate effect on me; my symptoms had started to interfere with my daily life, taking a toll on both my career and personal relationships. Seemingly every day I found myself aimlessly walking around, feeling drunk in a way alcohol had never made me, struggling to start working and continue to work for even small amounts of time, and fearing I was endangering others and myself whenever I got behind the wheel (which, as a journalist with seemingly infinite interviews to conduct, was quite often).

The problem was I had now been tried on amphetamine, methylphenidate, *and* dexamethylphenidate: I had exhausted every stimulant-based ADHD treatment option. I was fortunate to have a primary care physician (PCP) who had the presence of mind to prescribe me the antidepressant bupropion as an adjunct therapy. Yet even though my symptoms lessened, the change was almost imperceptible. The best I could say was I was no longer at rock bottom, and so, experiencing enough symptom relief to sufficiently function — at least for 12 hours of the day — seemed to be a pipe dream.

In desperation, hoping against hope there might yet be a medication I had not tried, I did the least clinical, most seemingly dilettantish thing one could think of: I googled it. I googled ADHD; I googled ADHD and women; I googled ADHD medications. I combed through academic, jargon-ridden journal articles on Google Scholar and I pored over the back archives of posts on the website of the ADHD magazine *ADDitude*. This was how I discovered Intuniv (aka

guanfacine), a medication that had originally been marketed as an antihypertensive but was later found to have a palliative effect on some of the symptoms of ADHD, as well.

I have a degree in journalism, and I have always been an avid web surfer. But I wanted to know whether using the Internet as a source of information vis-a-vis my ADHD, unavailable to me through traditional channels (such as through conversations with my PCP) was only useful to, and being used by, people like me, or, in fact, other young women with Internet access were doing the same thing, regardless of their prior educational background (or lack thereof). And even if I were indeed the only young ADHD woman whose treatment had come up short in following the protocol of the CDC, would it not still be true that our medical researchers and medical policymakers had failed to provide for comprehensive women's health? As Tallis (2012) notes in her book on a different women's health issue, HIV/AIDS, "Common problems experienced by women receive little attention if they are not seen as part of women's reproductive role" (p. 109). If *that* were the case, what did this mean in the context of feminism?

Past Research

Although I was not very surprised, I was still disappointed when my initial search for past literature on the topic of young ADHD women yielded few results. Over and above that, seemingly all the sources — books and academic journal articles alike — dealt with young ADHD women in the context of college; if they were not, at the time of research, enrolled in university studies, or if they had been but were not during the recruitment process, their lives did not contribute to the results, and like so, the conclusions, relating to young ADHD women.

This did not signify a total absence of writing on the subject of *female* ADHD, however: Biederman, along with different coauthors, has produced several studies at least in part involving little girls with ADHD, albeit framing each of them in comparison to the symptomatology and

other manifestations of the disorder in little boys. After an extensive review of the available scholarship on ADHD, the only thing I found was a significant lacuna of research with young ADHD women as their subjects. And that being the case, there were no public-domain articles, peer-reviewed or otherwise, concerning the *Internet habits* of young ADHD women — this, despite the fact the Internet is woven into the fabric of day-to-day life, in particular for so-called millennials, or at least those of them (us) in the Western world/Global North. There was a body of work centered on the usage of the Internet for positive ends by *children* with ADHD or *parents* of children with other disorders such as Autism. Nevertheless, proving the oft-invoked conclusion women with ADHD are at once the most chronic and the most isolated sufferers, that gap in the literature turned out to be wholesale.

As unsavory as this may be to the major — that is to say, published — voices in the written canon of ADHD, the fact remains, “Written texts are also the basis of the exercise of power and domination” (Mohanty, 2003, p. 19). In short, failing to engage in deliberate and exclusive research on the digital lives of young women with ADHD, the only ones who have de facto authority on the subject of ADHD as a whole — its mainstream knowledge-producers — are engaging in the erasure of an entire subpopulation therein: mine.⁵

Implications

For Future Studies

No matter how comprehensive the research, no truly significant contribution to the canon of a given subject exists in a vacuum. That being the case, I consider this, my thesis project, to be a success above all because I feel I can reasonably be satisfied that the research involved in it has

⁵ There are multiple published works discussing the exclusion of and even aversion toward ADHD, and those who live with it, more so than other disorders and disabilities. I found several passages describing this phenomenon in O’Donovan (2010a), and an entire book on the subject, Hawthorne’s *Accidental Intolerance: How We Stigmatize ADHD and How We Can Stop* (2014).

paved the way for future studies by other scholars. After all, “Academic writing is ... about weaving your contributions together with what came before into the fabric of scientific thought, for the sake of those who will come after you” (Lee, 2011).

On that note, there are several possible new directions for research arising from or relating to my original study: (a) whether the trends described herein are transnational or confined just to middle-class women of the Western World/Global North; (b) relatedly, what effect race and/or ethnicity might have on the applicability of the conclusions delineated in this study to women of color; (c) what, if any, impact sex and/or gender and/or sexuality have on the self-preservation habits of self-identified young ADHD women, Internet-related or otherwise; (d) whether the rise of the Digital Age has played a part in shaping young women’s ultimate decision to self-identify as having ADHD; and (e) relatedly, what influence online storytelling and/or the Internet, in general, might have on young women with ADHD in the future.

For Medical Policy

According to Dill & Zambrana (2009), “Knowledge production, and its application to individual, group, and societal problems, has an important role in shaping the attitudes of future generations as well as policymakers. ... Nonhegemonic knowledge production is a strategy of resistance and challenges the power of institutions to ‘do business as usual’” (Emerging Intersections, p. 17).

If young women with ADHD are feeling inadequately supported in Western society, as is my contention, signifies not only intolerance on the part of the greater population, but also of problems on a structural level, of an institutional failure to account for them on the part of medical policy, and by extension, medical practice. An ideal U.S. government (this, of course, being only one example of a Western nation and its governing body) would have its policies set

forth by those whose lives afford them unique insight into that which is being governed; i.e., laws pertaining to ADHD, which fall under the jurisdiction of the CDC or FDA, would be established by policymakers who identify as having ADHD themselves. But failing that, guidelines for best practice in the diagnosis and treatment of young women with ADHD should be informed first and foremost by the recommendations of young women with ADHD, based on their personal experiences, because as things are now, according to O'Donnovan (2010a), "While the criteria for what constitutes an ADHD person are understood by those conducting research, providing therapy and engaging in advocacy work on behalf of ADHD persons, the role of gender in the diagnosis, treatment and lived experience of ADHD is frequently overlooked" ("Feminism, Disability, and Women with Attention Deficit Disorder," p. 41).

At the very least — and indeed, a bare minimum must be defined, since that is too often the most that change makers are willing to provide — policies concerning young ADHD women should be developed *with young ADHD women in mind*. Even if those in power claim insufficient time or funds to directly engage with us, they would have no reason to exclude from their decision-making our insider knowledge of the young-ADHD-woman experience. By means of the medium in which it takes place, much of our online storytelling exists in the public domain and can be accessed years or even decades after it is first posted. That is to say, if policymakers want a more accurate understanding of what it is like to be a stakeholder in their policymaking — a young ADHD woman — and what is in that stakeholder's best interest, these lawmakers need only have Internet access and a cursory grasp of the basics of purposeful web searches. And not for nothing, one would hope that any person in a policymaking position in Western society would know how to google!

For Medical Practice

Like so, the importance of reconfiguring the standard *treatment* of female ADHD in general and perhaps especially as young women experience it cannot be overstated.

If a woman is diagnosed, she still faces major hurdles. The treatment regimens reflect no awareness or consideration of the significant changes in the biological mechanisms of ADHD brought on by variations in estrogen levels; monthly fluctuations in estrogen levels affect the same brain mechanisms that ADHD medications do, altering the effectiveness of treatment both monthly and over the life span. (“Feminism, Disability, and Women with ADHD,” p. 42)

I totally and completely attest this assessment by O’Donnovan (2010a), for the simple reason that it aligns fully with my personal experience, as well as the scientific explanation I have found for it: The level of the neurotransmitter dopamine, whose function is responsible for functions such as impulse control, concentration, and verbal acuity, is proportionate to the amount of estrogen in a woman’s system from month to month and throughout her life starting with her reproductive years. This is why, for example, I find that I am at my best on the first day of my menstrual cycle and my symptoms increase in severity every day thereafter; why I felt less “ADD” while I was in high school, experiencing the surge of hormones associated with puberty; and why if I ever choose to start a family, my symptoms will again abate during my nine months of pregnancy. Thus, “Given the subtle but important differences in presentation and developmental course of ADHD, it is essential that both clinical practice and research be informed by awareness of these differences in order to better identify and promote improved quality of care to girls and women with ADHD” (Nussbaum, 2012, p. 87).

Final Thoughts

Lessons Learned

Ruminating on the implications of the original research portion of my master’s thesis has been perhaps the most meta, pseudo-self-referential part of the entire process by which I have

brought it into being. Throughout, I have been reminded of my particular contact with, and like so, insight into, The Movement, at least in the graduate school setting. This is natural; and again, I have made every effort not to let my personal life negatively impact my scholarship. Nonetheless, I feel I would be remiss of me not to tackle issues brought to my attention through my experience.

I matriculated to my master's degree program with an MO aligned with that of Li (2011), "understanding ... feminism as a movement that strives to welcome diversity of both experience and thought falls right in line with LD/ADHD empowerment, which literally celebrates thinking differently" ("Empowerment in Soft Focus," p. 55). I was under the impression that "both feminist and disability scholars are interested in issues of sameness and difference, independence and dependence, and the relationship between power, knowledge and values, and both are critical of prevailing cultural attitudes toward the body" (O'Donovan, 2010a, p. 31). However, during my first year of graduate studies, what I found instead was that the young-ADHD-woman experience might not be compatible with mainstream feminism, especially within the academy, characterized, as ADHD is, by frequent fallibility. When I exhibited the unfortunate but very real upshot of the vicissitudes of ADHD: not always saying or doing the right thing; obviously requiring assistance; being vulnerable in any way. It seemed that O'Donovan's assertion was doomed to be incontrovertible: "Even the work of feminist disability theorists is marked by a kind of cognitive ableism" (Ibid, p. 33).

The 1970s women's movement and the feminists who rose to prominence in its wake tended either to ignore disability completely or actively distance themselves from disabled women. The trouble was that, from their point of view, disabled women's "weak" and "dependent" status detracted from attempts to present women as strong and independent. (Thomas, 2006, p. 183)

Perceiving disabled women as childlike, helpless, and victimized, non-disabled feminists have severed them from the sisterhood ... to advance more powerful, competent, and appealing female icons. As one feminist academic said ... "Why study women with disabilities? They reinforce traditional stereotypes of women being dependent, passive, and needy." (Fine & Asch, 2009, p. 4)

Collins writes, "As individuals, we are each deemed to be the sole cause of our own successes or failures, each individual is responsible for fixing any problems ... she may have" (in Dill & Zambrana, 2009, p. x). But the project of feminism is too important not to include the voices of women with disabilities, and too important or for women with disabilities not to try to fight back against the failure to do so. I was pleasantly surprised to find that the students I met during my second year of graduate studies had risen above the type of ableism I have described above, and as a result of their acceptance of my ADHD, we were all able to work together and produce what I feel was much more meaningful and powerful feminist work.

To wit, I urge my fellow feminist scholar-activists, as well as my fellow women with disabilities inside and outside the academy, to heed the words of Alice Walker (1983):

Remember, especially in these times of group-think and the right-on chorus, that no person is your friend ... who demands your silence, or denies your right to grow and be perceived as fully blossomed ... Or who belittles in any fashion the gifts you labor so to bring into the world. (Quoted in Collins, 2002, p. 36)

Where does that leave us? I believe (and I hope that I am right) that through my findings from this research I have made a real, discrete (but not discreet) contribution to the study of FDT. Yes, I have helped bring to light for the academy the phenomenon of young women with ADHD adopting the Internet as their place for storytelling production and consumption. But my true contribution, I feel, is the deeper significance of the object of my light bringing. One need not engage in a great deal of deconstructing before hitting on the subtextual lesson to be learned here: Young women with ADHD are turning to the Internet in pursuit of alternative spaces, where we have not found adequate space for us in so-called real life. Our personhood is being

occluded in the “real world,” and as a result, we are now being forced to enact a new form of personhood online.

Similarly, where we are not being provided enough time to tell our stories — the stories of our struggles as young women with ADHD — we are *creating* the time by telling our stories online. And, in fact, we are not just *creating* time; we are, to use the term I learned from Kafer (2013), *queering* time: When we voluntarily tell our stories online, neither deadlines nor the dwindling patience of others binds us. We are flouting that convention that I, as a once and future professional writer, know all too well: completing writing “on time.” Moreover, creators of web-based disability narratives including Jessica McCabe and *How to ADHD*, and Beth Harvey and *Smart Girls with ADHD* — just by virtue of their continued management of these texts — are also solidifying their *future* significance. These writings are thus indefinitely archived; that is, until and unless their owners decide — purely of their own volition — to remove them. In summation, young ADHD women’s online storytelling constitutes for the community to which its authors belong a vehicle for a subversively improved quality-of-life landscape in the present as well as a positively altered futurity.

Advice for the Academy

It is not my intention to say that young women with ADHD should be content with a purely digitally facilitated amelioration to their lot in life. No, it is crucial that we have carved out for us space to live and thrive along with everyone else (“everyone else” running the gamut from those with other types of neurological disorders to completely neurotypical people). This is where feminism comes in, and like so, the feminist/women’s studies academy. It may seem like misdirection on my part to advocate for expanded space for young women with ADHD starting in the Ivory Tower, but, consider: As problematic as conventional academia is, scholars in the

traditional sense have been endowed with the hugely important job of acting as knowledge producers in our society. The mainstream feminist movement, anyway, has been inextricably linked with its scholarly counterpart since its formal establishment in the Western academy. And while changes at the policy level are integral too, in order for young ADHD women to experience a true elevation in status, the lay members of society, and not just the lawmakers, for better or for worse, must be talked into it. And so it is women's studies scholars — especially the credentialed professors — whom I now wish to address directly: You must make a concerted and ongoing effort to include *all* women's voices in your chorus of feminist battle cries, even if you know some of the women to be imperfect by the standards we have followed up till this point.

Students with disabilities comprise an increasingly large percentage of secondary, post-secondary and graduate student populations. The inclusion of such students in the academy ... challenges dominant, Western notions of the nature and function of the academy. These challenges are also an opportunity to reflect on what knowledge is, who generates it, how it is generated, and how the future, intellectually diverse ... academy might envisage the answers to these questions differently. (O'Donnovan, 2010b, p. 172)

With that in mind, I would like to propose several recommendations. To start with, there must be a large-scale *shift to the typical language* of feminist academics: “Ableist metaphors ... slip into scholarly discourse as evidence of any number of negative qualities or attributes. ... [W]e butt up against ableist practices in feminism on a daily basis, whether through peer interaction or on the page” (May & Ferri, 2005, p. 127).

Second, I again invoke Kafer (2013) and her discussion of *crip time* and argue for a fundamental change in the language and to the very temporal paradigm that has so far characterized the women's studies academy. Not until I read the following anecdote (abbreviated for reasons of space), about an incident at a cognitive disability and moral philosophy conference, did I discover I was not alone in believing in a need for *time-based accommodations*:

In apologizing for the lack of breaks, one of the conference organizers explained ... 'we are all "intellectuals," this is what we do.' The organizer ... a feminist philosopher of disability, did not seem to realize that the needs of disabled persons in attendance were disregarded ... For intellectuals with learning disabilities, a ... break between ... sessions is ... *essential* ... to maintain focus, adequately absorb and later recall new information, and actively participate in question and answer sessions. (O'Donnovan, 2010a, p. 36)

My third recommendation concerns *changing the hierarchy of the academy*. I cannot emphasize enough how pivotal it is that the knowledge producers in the women's studies academy, especially (but not solely) feminist disability theorists, ruminate on their practices vis-à-vis which types of disabilities — and by extension, the people with them — are favored with their study in the context of formal scholarship created with a view to publication. ADHD women serve as a prime example of this subject-choice exclusion:

The assumptions of philosophers of disability and feminist disability theorists about attention deficit hyperactivity disorder ... need to change. By not including the standpoints of women with ADHD and learning disabilities, these theorists are unable to give adequate or comprehensive accounts of that which they purport to describe—the lived experience of women with disabilities. More importantly... in order for those at a disadvantage to thrive they need ... self-understanding and awareness that makes possible an overcoming of the barriers posed by these disadvantages. To turn this knowledge into action requires not only self-advocacy and self-awareness but membership in a supportive community that encourages and makes possible further advocacy and social change. (Ibid, p. 49)

The “supportive community” to which I have referred so far has been young women with ADHD who have connected with each other online. But it is paramount that a young ADHD woman has the option to find a sense of community not defined solely by something as trivial (in terms of influence on a person's character) as, when you get right down to it, just a flaw in her nervous system. This brings me to my fourth recommendation regarding the institutional practices of the women's studies academy and a revision thereof, this one, however, a bit subtler than its antecedents: Forget everything you thought you knew about what it means to be a feminist and what it means to be a scholar. The prevailing (read: dominant) wisdom surrounding

both is highly flawed; it fails in spectacular fashion to include women with disabilities and our lived realities; the concepts of vulnerability and care are thus imbricated herein. The long and the short of it is that the mainstream feminist movement, since at least its Second Wave in the major Western nations, has rallied around the assertion that women are *not*, in fact, weaker than (and thus, inferior to) men in any way. Regrettably, this has had led to the feminist movement, as it is most widely known, rebuking women showing any real vulnerability, which I must say is ironic considering that “feminist work on disability has highlighted the ways in which people with disabilities are simultaneously viewed as childlike and asexual” (Carlson, 2016, p. 546). It is also inherently problematic; people with disabilities, including those who identify as women, frequently find themselves abject, requiring some level of assistance. I know I do. At any rate, feminist academics changing their attitudes toward the vulnerable is of vital importance. Sticking to the status quo, at least as it is now, invariably guarantees the continued omission of a wealth of knowledge obtainable only through lived experience — or, to lay out my point, by *listening to and engaging with* those who possess such lived experience.

Finally, scholars of FDT and the greater field of women’s studies should not be satisfied with simply reconfiguring practices of inclusion-versus-exclusion with regard to which types of disabilities, and the women living with them, merit their formal study and reportage in the context of peer-reviewed, published academic articles. Instead, they should take this change one step further and make a concerted effort to support women with disabilities who are *their colleagues* such that the voices of women with *all* disabilities are heard, not just as the subjects, but also as the very *authors* of papers in scholarly journals and books. And that, in turn, leaves us once again with one of the overarching lessons of this project: Storytelling is an invaluable tool

for empowerment of young women with ADHD and women-identified people with disabilities in general.

Coda

As a scholar of social justice by way of feminism, I know only too well that the ability to engage in the act of storytelling, whether in print, verbally, or online, is not universally enjoyed; be it due to disability or socioeconomic status, not all of my sisters in the young-ADHD-women community are equipped with the tools to engage in the kind of counter-narrative-producing storytelling with which my research is primarily concerned. But I throw my weight behind the sentiment “Surely, we who lead ... privileged lives can commit ourselves to continue the struggle for justice, especially on behalf of our sisters ... who cannot write down their pain” (Wing, 2003, p. 17). And at the same time, I am aware that it can be just as transformative for a young woman with ADHD to demand a voice in this society, even if no one ever reads or listens to that voice but her. After all,

change can also occur in the private, personal space of a woman’s consciousness. Equally fundamental, this type of change is also empowering.

... the ultimate responsibility for self-definitions and self-valuations lies within the individual woman herself. An individual woman may use multiple strategies in her quest for the constructed knowledge of an independent voice. (Collins, 2002, p. 118-119).

I have derived newfound empowerment and self-pride from the act of telling stories about other young ADHD women telling stories about themselves. So when all's said and done, perhaps Narayan said it best:

“Perhaps stories about ‘Others’ are inevitably stories about oneself.”

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