'A Rollercoaster:' Exploring the Narrative of a British Pakistani Muslim Male's Late ADHD Diagnosis and the Impact on his Identity and Sense of Self. Explanation of the Research Process via an Accidental Evocative Autoethnography Approach by a British Pakistani Muslim Female Trainee Educational Psychologist

Mamuna Shahzad

Doctorate in Educational and Child Psychology (DEdCPsy)

School of Education

Supervised by Dr Timothy Sahaja Davies

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Abstract

This study explores how ADHD (Attention Deficit Hyperactivity Disorder) is understood and navigated through the narrative of a British Pakistani Muslim male with a late ADHD diagnosis. Using Narrative Oriented Inquiry (Hiles, Cermak and Chrz 2009) which utilises stages from Lieblich et al (1998) narrative analysis and an accidental evocative autoethnographic approach to reflexivity, the research adopts an interpretivist and social constructionist epistemology to examine ADHD as a sociocultural experience. The global impression (holistic content) of the participant's narrative reveals, through a redemptive story, how he navigates experiencing marginalisation pre diagnosis to becoming an advocate for change post diagnosis. The categorical content stage of analysis revealed four broad themes with aligning subthemes that captured the factors which shaped his identity and understanding of self pre and post diagnosis. Furthermore, it draws upon a TEP's experiences of the research highlighting how it was shaped from an insider researcher perspective and also what the research process revealed to me about the experiences of a British Pakistani Muslim male's journey with an ADHD diagnosis.

Abdullah's journey reveals he goes through a process of (1) self-exploration and identity formation from a young age which poses challenges in multiple domains outlined by the following subthemes: curiosity and exploration, navigating his identity through faith and culture, struggles with authenticity and personal growth and challenges. He describes how he develops his (2) understanding of ADHD through faith and culture, viewing ADHD as divine design, faith as a coping mechanism whilst contending with familial perceptions and community perceptions. His narrative also explores (3) the impact of being undiagnosed where he experiences mental health challenges, having to navigate workplace environments, challenges to his educational experiences and also social relationships. Furthermore, his narrative explores how his (4) post diagnosis and advocacy goals shape his experiences, whereby he goes through a series of emotions and reflections taking him from feelings of grief to clarity, seeking support and resources himself and becoming an advocate for change in communities. The categorical form stage of the analysis highlights the cognitive processes and emotions he used to convey his story including mental verbs, rhetorical questioning and laughter whilst recalling emotional and happy moments. Furthermore,

the critical analysis stage explores how he positions himself in the narrative as a curious, spiritual, marginalised self to an advocate for the ADHD community.

This study advocates for culturally responsive educational psychology practices to improve assessment, support and early identification in minority communities. It also highlights the need for more culturally diverse voices within the field. Furthermore, it positions narrative storytelling as a valuable resource to deepen the understanding of minority children and young peoples' experiences of ADHD.

Chapter 1 – Introduction to Research Area

1.0 – Overview

This research project evolved through navigating a series of methodological and practical obstacles. My experiences of researching ADHD in the British Pakistani Muslim community revealed many obstacles and deep personal reflection on how the research was unfolding. Initially I had conceptualised that this research would explore the experiences of multiple British Pakistani Muslim adolescent male participants and the impact an ADHD diagnosis had on their identity and sense of self, however I encountered significant recruitment challenges which will be discussed in the methodology section and therefore resulted in adapting my research aim to incorporate the narrative of an adult male instead. The change in participant age gave a retrospective, rich and meaningful account.

The silences in my recruitment process began to emerge as meaningful experiences which in my view reflected important broader systemic and cultural barriers in researching this area. This required further reconsideration of my reflexive orientation and involved the decision to utilise an accidental evocative autoethnography approach to my reflexive experiences as a researcher. Ultimately, I am embedded in the same culture and systems my participant had to navigate. I used a series of stories to shed light on my positionality and experiences which are in numbered story boxes throughout the research. Alongside this approach, I employed a narrative research design to explore a single in-depth participant narrative. This dual approach allowed for the exploration of marginalised voices to be amplified.

In this section, I introduce the reasoning behind my research area through my own personal accidental evocative autoethnographic account which highlights the context in which my research idea developed and was ultimately guided by my own positionality. As a British Pakistani Muslim woman my decision to explore the lived experiences of a British Pakistani male with ADHD is rooted in a shared intersectional identity and the experiences of navigating them. However, I approach this from the perspective of a woman aware that masculinity, disability and mental health are mediated differently for men in my community.

This research idea was initially conceptualised during my first year as a Trainee Educational (TEP) where I began to realise there was a disconnect between formal diagnostic classification systems and the lived experiences of children and families from culturally diverse backgrounds. I became aware of how neurodivergent diagnostic labels were understood/misunderstood and interpreted in light of the stigma and silence within my community. I was particularly drawn to British Pakistani Males whose voices are underrepresented in research and who are often the subject of debate and cultural misrepresentation in broader society.

This research is particularly pertinent to the context in which I am currently undertaking my placement. The city, which is not named here to preserve confidentiality, has a high concentration of individuals of Pakistani heritage who identify with the Islamic faith. Notably, at the time this research was conceptualised, it had a large number of children from this demographic identified as having Special Educational needs (SEN) particularly in relation to social, emotional and mental health needs.

Story 1: Why this area of research? The Silence of Neurodivergence in the Pakistani Community

I remember sitting in a meeting room with a wide table, surrounded by the white sterile, lifeless walls that added to my feelings of apprehensiveness. It was one of the very first tasks I was doing independently as a TEP. However, I was also overcome with a little bit of enthusiasm at the thought of stepping into unknown territory. I introduced myself to the young man who was experiencing a period of exclusion. Using my one-page profile, we then discussed his interests. He appeared at ease and smiled often, I sensed he was comfortable as he engaged in banter. Once I knew he was comfortable I set forth seeking his internal perspectives around his school experiences and his disability, hoping to reflect his voice in a way that felt authentic to him. When I asked him what ADHD meant to him? He stopped smiling looked at me and then turned his head to the side and appeared to stare at the wall voicing in a quiet tone:

'*I'm not disabled …. ADHD means nothing to me.'*

It was during this encounter it dawned upon me that it was the first time I had met a young British Pakistani Muslim male who had an actual diagnosis of ADHD. I was curious as to how and why this young person from my community struggled to accept this part of him.

As his narrative unravelled, he appeared to carry a weight of cultural and parental expectations surrounding hidden disabilities and social misunderstandings. I saw glimpses of his world, his challenges of navigating parental mental health, a low-income household and unmet needs in a school system that he felt did not understand him. I also saw his glimmers of hope, which was a testament to his resilience, not only did he want to better his own life but also his family's. This encounter pieced together a narrative that was as much about understanding him, but it was also redefining my own understanding of his experiences as a person with an ADHD diagnosis from my own community.

Being of this ethnic background myself and having worked with children and young people from these backgrounds throughout the entirety of my career, ADHD or other neurodivergent conditions were rarely discussed or perhaps interpreted differently within my community. Children and young people are meant to be resilient considering what their parents went through to come to the host country. Therefore, energy and restlessness were perhaps perceived as part and parcel of being a child.

I am reminded of the many times since my training began, I have sat with parents of the same background, and they are expected to make sense of western medicalised terminology. I recall, when I met Kareem's mother. She sat across the school meeting room, her hands tightly clasped, tears trickled down her face, her voice edged with emotion. She inhaled deeply before she spoke, '*I sold everything to come here,'* she began, her accent enriched with familiar echoes of my parents' homeland. *'I left Pakistan, so my son could have a better education and choices.'* She recalled how he was a curious, quiet child, maybe just a bit *'stubborn'* at times and perhaps in his own world. The school staff sat across from her nodded politely, however *'Mrs Ali, it's important that we get him the support that he needs.'* I could sense she was not quite grasping why he needed the support. '*We are also thinking of putting in a referral for an autism assessment, we think he is displaying social*

communication difficulties.' Kareem's mother looked puzzled, '*so you mean it's speech problem? He will catch up!'*

I felt this reaction reflected the taboo of neurodivergence in my community. However, it made me think for people who have not been exposed to such narratives did she even grasp the context of what was being relayed to her and what exactly did a social communication need mean to her for there were no words to my knowledge in her language to describe this.

I later reflected upon my meeting with this young man and wondered what the reasons behind his lack of acceptance surrounding his diagnosis meant for him and his self-acceptance. I wondered if any of his views were commonly held views and experiences amongst this section of society. I also wondered if his parents and school's understanding around ADHD in minority young people affected his chances of accessing appropriate support and impacted how he viewed himself. This young man's story and the unanswered questions I was left with remained etched in my mind.

Chapter 2 - Literature review

2.0 – Overview

To respond meaningfully to the research aim, this section will foreground my philosophical positionality, emphasising how and why I approach this literature review from an interpretivist and social constructionist paradigm. I also explore the importance of marginalised voices in research, the classification and prevalence of ADHD and the differing perspectives regarding its aetiology centring around neurobiological and socio-cultural explanations. I then consider why marginalised voices are important in educational psychology research when investigating lived experiences of marginalised groups. I also consider psychological theories and research concerning self and identity formation during adolescence to adulthood. Furthermore, I consider the process of identity formation with emphasis on the intersectional nature of identity and how diverse factors such as ethnicity, gender, religion, disability and mental health interweave and collectively shape the lived experiences of British Pakistani Muslim males with an ADHD diagnosis.

2.1 - Positionality Statement

I came to this research via my own intersectional identity and experiences which shape how I see the world. I am a British Pakistani woman, who is also a TEP. I care deeply about supporting children and young people with special educational needs in diverse communities and understanding their experiences. These parts of who I am influenced my research area and the questions I ask, the way I chose to engage with the literature and my interpretations of what I read and as well as my research design. Overarchingly, I believe knowledge is not fixed but is shaped by our relationships, culture and the language we use. This viewpoint aligns with a social constructionist paradigm. Also aligning with social constructionism is an interpretivist viewpoint which influences my beliefs that meaning comes from understanding people's experiences, not from trying to measure or generalise them. I value stories and emotions as I try to listen to what is said and what is left unsaid.

My professional practice deepened my understanding of culturally situated viewpoints. I have witnessed firsthand how adopting a culturally relevant lens, both personally and

professionally, highlights the importance of culturally responsive practice where shared language and faith help facilitate relational engagement. My insider status as a TEP combined with a shared intersectional identity, enabled me to build trust and create culturally safe spaces to co construct meaningful interpretations of topics such as neurodivergence.

Therefore, working within a social constructionist and interpretivist framework, I approach the diagnosis of ADHD not as purely a fixed biological entity, but as a socially constructed label. By taking this perspective, the broader literature review demonstrates that this does not mean that ADHD and its associated traits are non-existent but rather a deeply personal experience shaped and interpreted by different cultural and social processes.

By viewing ADHD through a biomedical lens, it often fails to address the underlying issues of poverty, trauma, systemic inequalities and differing values placed on behaviour in different cultures, often prioritising pharmacological interventions. Therefore, this viewpoint socially constructs that the problem is within the brain. In my own practice I have seen families express their frustration when medication does not produce the meaningful change they anticipated. I have also encountered children who thrive in practical hands on and creative activities but are considered highly disruptive in tasks in school that involve being seated for long periods.

While I critique the foundation of a medicalised understanding of ADHD, through the process of the literature review and by listening to and interpreting Abdullah's story, I also acknowledge the pragmatic benefits of a formal diagnosis. In my practice I have also witnessed how receiving a diagnosis can provide a sense of clarity and validation for those diagnosed with ADHD or other neurodivergent conditions. Families, children and young people can reframe their struggles leading to better emotional wellbeing and identity formation. It can also serve as a gateway for educational support, therapeutic interventions and workplace adjustments. By focusing on the meanings individuals attach to their diagnosis it has shown me that labels can be empowering when delivered sensitively.

Therefore, my positionality informs the critique of the literature through an insider perspective. I have personally navigated cultural stigma, gendered expectations and

silences surrounding neurodivergence within my practice within a Pakistani Muslim context and I recognise how western psychological paradigms based on individualistic values and medicalised viewpoints do not necessarily address the nuances surrounding ADHD within these different cultural contexts.

2.2 - Marginalised Voices in Research

Whilst conducting key word research i.e., ADHD and South Asians, to find qualitative accounts of ADHD and identity, there was limited literature which gathers the voices of children, young people and adults especially those from ethnic minority backgrounds. This absence reveals how the dominant research surrounding ADHD has focused on positivist assumptions and have historically prioritised medicalised, deficit-based understandings of ADHD over culturally situated voices (Nordby et al, 2023)

According to Ringer (2019) 'several researchers' have highlighted that if we are to understand how children perceive their ADHD diagnosis and their experiences of life and identity then we need to acknowledge their views to develop 'effective interventions.' Harding and Atkinson (2009), emphasise that 'legislation, literature and research' promote the importance of listening to children's perspectives and views in decisions that affect their education and wellbeing. This practice aligns with the principles in the United Nations Convention on the Rights of the Child (1989 cited in Harding and Atkinson, 2009), Every Child matters (DfES, 2003, cited in Harding and Atkinson, 2009) which places emphasis on the importance of pupil participation and The Education Act (DfES 2002b, cited in Harding and Atkinson, 2009) under a section entitled "Consultation with Pupils" which highlights the importance of young people actively engaging in discussion about their education. According to Vingerhoets and Wagner (2016) EPs have an integral role in advocating and involving children and young people in decisions for their EHCP as specified in the (SEN Code of Practice, 2001, cited in Harding and Atkinson, 2009). However, they highlight in practice this is not as straightforward as it appears as children and young people's views can become lost due to 'the profession lacking confidence' in ensuring that the decisions are essentially 'child initiated,' (Vingerhoets and Wagner, 2016)

Furthermore, Shevlin and Rose (2022) argue that although governments globally have signed up to promoting 'greater equality and inclusion,' through the development of policies, there is significant 'divergence' in how children and families in marginalised communities experience them. They also highlight that the labelling of individuals by i.e., gender, disability and culture have 'excluded' individuals from engaging fully with social and educational purposes in comparison to the majority. Therefore, Shevlin and Rose (2022) advocate that by listening, valuing and respecting the voices of 'all' individuals can serve as a crucial initial step towards meaningful change. Schulze et al (2018) further emphasises for greater equity, if all members of our society are meant to 'physically and psychologically secure' then it is important to understand the voices of those that are misunderstood and marginalised in our education systems and special educational needs (SEND) provision. These viewpoints align with my own practice, particularly when working with Pakistani families where I have encountered first hand narratives that challenge western medical understandings of neurodivergence through a range of cultural lenses. Some families viewed them as standalone behavioural issues, others as a spiritual issue. Some avoided naming for fear of stigmatising their child, or simply because it was the first time they had encountered such labels. Equally, some viewed it as an act of God and others felt they were better informed aligning their viewpoints through a western medical lens.

2.3 - Definition and Prevalence of ADHD

According to Mills (2014, cited in Williams et al, 2016) ADHD is the most commonly diagnosed psychiatric disorder amongst children globally. The global prevalence of ADHD is estimated to be around 5 % while studies based on US populations (where prevalence is the highest) estimate 8% - 10% (National Institute for Health and Care Excellence Guidelines (NICE, 2018). Within the UK, ADHD UK (2022) state:

"There are 2.6 million people in the UK with ADHD (708,000 children, 1,9m adults) based on The Lancet and NICE giving a childhood ADHD incidence rate of 5% and an adult ADHD incidence rate of 3-4%."

NICE Guidelines (2018) state that an ADHD diagnosis should only be sought by qualified health professionals who have training in diagnosing ADHD such as paediatricians and psychiatrists. They also state:

“Diagnosis of ADHD should also be based upon a full clinical and psychosocial assessment, a full developmental and psychiatric history, and observer reports of the individual’s mental state.”

Banaschewski et al (2024) emphasise that the concept of ADHD, like the concepts of other psychiatric disorders, has undergone refinement and development over the past ‘five decades,’ to its current inclusion in DSM-5 and ICD-11 which are the two main classification systems that are used to diagnose ADHD. The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders*,* American Psychiatric Association, 2013, cited in Banaschewski et al, 2024) which is used in America defines ADHD as:

“a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development”.[7]

The DSM-5 (cited in Banaschewski et al, 2024) also classifies ADHD as a neurodevelopmental disorder which is ultimately a condition which affects brain development and resulting behaviours across a lifespan. Thus, impacting on social and academic performance. The ICD 11 *(*International Classification of Diseases, World Health Organization, 2019, cited in Banaschewski et al 2024) which is used in the UK and globally, characterises ADHD as a:

“Persistent pattern (at least 6 months) of inattention and/or hyperactivity-impulsivity that has a direct negative impact on academic, occupational or social functioning.”[6]

Both classifications (DSM - 5 and ICD 11) systems assert that the symptoms of ADHD must be present before the age of 12.

ADHD is also recognised under the SEND Code of Practice, 2020, cited in Russell et al 2023) which is statutory guidance for working with young people and children with special educational needs and disabilities and categorised under the social emotional mental health needs in the areas of need. Children with ADHD often require an Education Health and Care Plan (EHCP) due to the multiple difficulties they experience (Tutt and Williams, 2015 cited Russell et al 2023).

Blum et al (2008) state that some of the ‘overload’ that children and adults experience with ADHD include increased sensitivity to environmental stimuli i.e., sight sound and touch, focusing, limited concentrating especially outside of their interests and

organisational skills. Classi et al (2012) further highlight that difficulties occur with social and emotional skills and can be problematic often resulting in social difficulties with families, peers and emotional regulation.

In addition, ADHD is often associated with poor long term educational, health, social and relationship outcomes. Some of the difficulties include high rates of comorbid mental health difficulties as well as increased chances of having other neurodevelopmental conditions such as Autism and increased risks of experiencing substance misuse, homelessness, underachievement in academia and learning difficulties (Asherson et al, 2022).

While these challenges highlight the significant impact ADHD can have on individuals and families, it is also important to consider how broader social and systemic factors influence the way ADHD is understood and diagnosed. Banaschewksi et al (2024) note that that the observed occurrences in diagnoses and medication use may be influenced by multiple factors, including educational practices, greater media attention and improved awareness among healthcare professionals and families, these developments can be seen as part of a broader effort to recognise and support individuals with ADHD, yet they also raise important questions about how societal expectations and systemic pressures shape our understanding of the condition. Therefore, Banaschewksi et al (2024) advocate for a nuanced approach that acknowledges the benefits of early identification alongside the risk of oversimplifying complex human experiences. Therefore, from a social constructionist and interpretivist lens, ADHD prevalence cannot be understood in isolation from societal norms and expectations therefore highlighting a need to consider subjective experiences when evaluating diagnostic trends.

2.4 - Aetiology of ADHD

ADHD has received significant research attention, whether it is centred around what causes it, concerns about treating children with medication (Smith, 2017), it's over or underdiagnosis (Lehti et al 2016), or the effect on long-term outcomes for children and adults (Smith, 2017).

The literature suggests that the aetiology and treatment of ADHD is a source of contention. The neurobiological discourses indicate the disorder is within the child's brain and thus requires medical treatment (Smith, 2017). Rubia (2018) states that several reviews have been published on the neuroimaging findings in ADHD which indicate an impairment in cognitive functions or to structural or functional differences in certain regions of the brain. However, Romeo (2021) highlights while the history of ADHD diagnosis and treatment is rooted historically in a medicalised understanding of 'minimal brain dysfunction,' contemporary debates emphasise the controversy around overdiagnosis and is shaped by what is deemed as educational norms, pharmaceutical influences and the role of stimulant medication and societal tolerance of differing behaviours. Therefore Romeo (2021) proposes that the contemporary viewpoint supports the view that ADHD is not a fixed biological trait but is a socially mediated construct.

Furthermore Singh (2008) highlights the dopamine theory of ADHD which suggests that individuals with ADHD have an imbalance of neurotransmitters in the brain which affect the executive function system in the prefrontal cortex. Other theories suggest that ADHD may be related to other neurotransmitters such as norepinephrine or serotonin (Blum et al, 2008). While these explanations offer a medicalised rationale, Mills (2013) advocates that by framing children's needs by referencing a 'disordered brain' helps families access 'the limited financial support' available to schools whilst also further reinforcing the 'psycho pathologisation' of children. It could also be argued that references to disordered/different brains historically and currently in an educational context has contributed to the exclusion of generations from mainstream education and life (Billington, 2017). Therefore, these medicalised framings of ADHD risks reducing complex lived experiences to a diagnostic label often ignoring the sociocultural context contexts in which behaviours are interpreted. My belief in support of a social orientated understanding of ADHD aligns with the view of social constructionists. Mather (2012) argues that ADHD is best understood as a cultural construct due to the many factors that may cause the set of behaviours associated with the label. Whilst some cultures may find the label and traits useful, in other cultures they not be not necessary. Therefore Mather (2012) calls for a shift towards strength-based and relational approaches that honour neurodivergent traits rather than suppress them.

Furthermore, Slobodin and Masalha (2020) suggest that while ADHD has been extensively studied in the past decades, the role of social and cultural practices in its assessment, diagnosis, and treatment has been often overlooked. Therefore, it is imperative that 'social and contextual variables' that 'influence' 'the severity' of ADHD symptoms are not overlooked. For example, Craig et al's (2020) literature review suggests that there is a link between ADHD and the 'maltreatment of children.' Furthermore, Thapar et al's (2013) narrative literature review delves into the risk factors associated with developing ADHD. They suggest there could be genetic risks posed by families. Those whose siblings or parents have a diagnosis are potentially 'two to eight times' more likely to inherit ADHD. However, despite family, twin and adoption studies highlighting heritability as a cause they suggest that these estimates should be viewed critically. From an interpretivist standpoint, this reinforces the need to consider how meaning is constructed around 'risk and inheritance' rather than as fixed truths. Thapar et al (2013) highlight that adoption studies do not discount the 'interplay of gene-environment.' They suggest that 'prenatal' and 'postnatal adversity' can increase susceptibility by operating on 'manifest phenotypes through environmental mechanisms.' The intertwinement of gene-environment also includes environmental toxins and diet (Thapar et al 2013, cited in Shahzad, 2022).

In addition, Thapar et al (2013) highlight a correlation between family adversity and low income and the effects on children's mental health but caveat that this is yet to be proven as a risk factor. A Swedish study found a significant overlap between ADHD and Posttraumatic Stress Disorder (PTSD) with approximately 90% of children diagnosed with ADHD meeting the criteria for PTSD. A higher prevalence of ADHD was also evident in refugee children and adolescents whose parents had experienced trauma (Daud and Rydelius, 2009 cited in Slobodin and Masalha, 2020). Therefore, Damico et al (2004) highlight that within the socio-cultural orientation, it is imperative that 'social and contextual variables' that 'influence' 'the severity' of ADHD symptoms are not overlooked during the diagnostic process as the behaviours used to diagnose young people is not 'devoid' of the context especially those children who may have experienced developmental trauma. Therefore, they advocate that those involved in the diagnostic process should consider these factors when gathering data within the context of those children who may have experienced developmental trauma. However, Craig et al (2020) suggest that this needs further investigation especially in the interest

of ‘clinical and public health interest.’ Therefore, Banaschewski et al (2024) further reinforce that decisions to diagnose and treat ADHD should follow a ‘person centred approach’ prioritising ‘functional impairment’ within a socially constructed, context dependent ecological contingent model. On reflection, in my own practice as a TEP and working with children and families in an inner-city environment where behaviours such as inattention, hypervigilance, restlessness and emotional dysregulation are viewed through a diagnostic lens, sometimes were better understood when considering factors such as early adverse childhood experiences, poverty, living in unsafe housing or frequent moves and attachment difficulties. I have often felt in these situations it is incumbent to explore the interplay of social and relational contexts as opposed to prioritising and reinforcing pathologising narratives. Therefore, listening to the narrative of young people and their families has required recognising that functional impairment does not exist in isolation and may be an adaptive response to unsafe environments.

2.5 - The diagnostic process

The formal classification and understanding of ADHD, as outlined in diagnostic manuals like the DSM 5 emerged primarily from Western medical and psychological frameworks (Smith, 2017). Smith (2017) highlights that while ADHD was conceptualised in the USA in the late 1950’s, the way it is perceived in different countries is vastly different. Therefore, the diagnostic process alone raises questions around the level of subjectivity involved in determining disorders such as ADHD (Honkasiltas and Koutsoklenis, 2022). Timimi and Taylor (2004) therefore argue that ADHD is best understood as a cultural construct given the absence of definitive neurological markers and the wide prevalence rates across countries. Therefore, a social constructionist lens invites us to interrogate how institutional frameworks, cultural expectations and societal tolerance shape the boundaries of normal behaviour and influence who is labelled as disordered.

2.5.1 - Teacher involvement in the diagnostic process

Ward, Kovshoff and Kreppner (2021) suggest that in the UK and USA observer accounts are generally sought from the parents and teachers in the first instance and it appears that teachers seem to be the ‘primary evaluators’ of children’s behaviours.

Referrals and diagnostic questionnaires are deemed as reliable sources. Teachers are also at the frontline communicating with parents and delivering interventions (Ward, Kovshoff and Kreppner 2021). However the literature appears to indicate that teachers generally do not feel equipped or feel they have knowledge of ADHD (Gwernan-Jones et al, 2016). Therefore, this raises questions about the level of bias and problematisation involved in the diagnostic process.

On reflection as a TEP, I have observed whilst in consultation, school staff acknowledge that they may have misunderstood a young person's neurodivergent needs, particularly in the case of young males of South Asian heritage until much later in their educational journey. In some instances, the delay has been at the opposition of parental viewpoints whereby they have thought their child should have been assessed for a diagnostic label. These moments of professional reflexivity have been significant in revealing how behaviours attributed to ADHD may not be fixed truths as they reveal how they can be filtered through school staff, parent and a child's own cultural lenses and institutional expectations in particular where emotional dysregulation or disengagement may have been interpreted as defiance.

Slobodin and Masalha (2020) literature review findings conclude that much of the literature regarding ADHD diagnosis points to underdiagnosis and undertreatment of neurodevelopmental conditions among ethnic minorities. Most of the literature surrounding ADHD diagnosis renders results from USA (Gulati, 2021). Chung, Jian and Paksarian (2019) report 'substantially lower rates of detection among minority racial/ethnic subgroups of children and adults in the United States. Siegel et al (2015) highlight that four recent national research reported lower prevalence in ethnic groups with White children found to be higher than Hispanic children and equal to higher rates within Black children. Gulati's (2021) research in a local context (ADHD clinic in Northwest England) with a significant Pakistani population indicates that children from ethnic minorities are underrepresented with White British at 85% and Pakistani accounting for 0.83%. Gulati (2021) suggests her findings highlight that her results represent the literature globally. However, from an interpretivist lens perhaps such patterns are not universally applicable as quantitative accounts overlook the lived experiences of families navigating stigma, mistrust and limited understanding and familiarity around ADHD discourse.

I justify my positionality further by reflecting on the findings of Slobodin and Masalha's (2020) literature review which highlights that ADHD does not occur in a vacuum on its own but intersects with race, disability and systemic inequities in diagnostic practices with some studies highlighting disproportionate representation of ethnic minority children with neurodevelopmental disorders and disabilities in special education. Lehti et al (2016) nationwide study in Finland found those children with immigrant parents received a diagnosis of ADHD more often than those who whose parents were born in Finland. They attributed this to 'environmental risk factors and to cultural, linguistic, and racial biases.' Slobodin and Masalha (2020) highlight that some studies advocate that minority children experience systemic forms of prejudice' whereby their abilities and behaviours are problematised. Race On the Agenda (ROTA 2013) raises concerns around how practitioners distinguish between ADHD and social, emotional and behavioural problems linked to educational inequality and post-traumatic stress, which ethnic minority Londoners are more at risk of experiencing. Zilanawala et al (2015) research into ethnic differences in children's socioemotional difficulties and observed inequalities highlights that in the UK Pakistani, Bangladeshi, and Black Caribbean children had significantly more socio- emotional difficulties than white children. Therefore, reinforcing the viewpoint of Banaschewski et al (2024) who advocate for a context dependent, person centred approach to diagnostic categories.

Emerging literature from the USA, Degroote, Brault and Houtte (2022) highlight that 'attitudes of teachers' may play a crucial role in the diagnostic process as teachers' awareness of young people's difficulties and academic challenges are often the primary reason for an initial referral for a diagnostic assessment. Hart and Lindsay (2024) state teacher reports could be attributed to the disproportionate placement of African American and Hispanic students (USA) into disability and special education categories. Studies of commonly used ADHD rating scales suggest teacher bias may contribute to placement discrepancies as teachers tend to rate Black children's externalising behaviour high compared to Black parents. McClemont et al (2012) systematic literature review also highlights that the racial identities of both teachers and students can influence teacher evaluations of student behaviour as a result of contributing to overidentification of ADHD symptoms amongst marginalised communities. Implicit bias can lead teachers to view student behaviour as disruptive or threatening, and sometimes they set low academic expectations for minority

children. Hart and Lindsay (2024) highlights that there is increasing research that highlights the benefits to Black children being matched to same-race teachers. Therefore, McClemont et al (2023) recommend that ADHD rating scales should be 'interpreted with caution' and assessment practices should adopt culturally and racially sensitive approaches to ensure accuracy and fairness. From my interpretivist stance, the literature highlights how the assumption that ADHD can be reliably identified through standardised checklists and teacher ratings, fails to account for the different cultural contexts within schools and homes particularly in Pakistani families in the UK who are often navigating dual cultural identities.

2.5.2 - Parental involvement in the diagnostic process

Whilst the research suggests that the epidemiology of ADHD shows a greater prevalence in the rates of diagnosis amongst males than females, far less is known about the variations in ethnicity (Rowland, Lesesne and Abramowitz, 2002). The diagnostic process raises questions about the likeliness of parental input in the diagnostic process from ethnic minority communities. Patel et al (2024) hypothesise that:

"Cultural norms, societal expectations, and family dynamics unique to this group may influence how ADHD symptoms are perceived, managed and addressed."

Timimi (2005, pp16-17) suggests that ADHD is a label attributed to young boys who do not conform to classroom practices. However, he explains that there is a great deal of cultural differences in the management of behaviour employed by parents. Therefore, from a social constructionist perspective, parental involvement in the diagnostic process cannot be understood in isolation from cultural and social contexts. Slobodin and Masalha (2020) suggest that in some cultural contexts there are 'varying thresholds' that parents tolerate in order to differentiate 'normal from abnormal behaviour.' Therefore, it is important to study parenting practices in a cultural context. For example, Timimi (2005, p62) explains how Pakistani parents are less likely to take their children to the GP for their child's behaviour. The concept of parenting practices amongst Pakistanis is also different from the Western cultures, in the sense that Pakistani culture is a traditional collectivistic culture dominated by cultural and religious practices (Saleem, Mahmood and Daud, 2017). Patel et al (2024) further highlight

South Asian values of prioritising academic success, collectivist values and hierarchical family structures can influence how ADHD symptoms are viewed and managed. Franschelli and O'Brian (2014, cited in Iqbal and Golombok, 2017) state that Pakistani parents draw upon the centrality of 'Islamic upbringing' to help with behaviour management through values of morality. Also, previous research has placed parenting practices in Pakistani families in a negative light i.e., Pakistanis respond to change at a slower pace which includes 'lower economic activity amongst females' and large family sizes (Berhoud, 2000 cited in Iqbal and Golombok, 2017). However, Iqbal and Golombok (2017) found that second generation Pakistani had changing attitudes to parenting more in line with other communities. For example, Yaqoob (2025) research indicates that young British Pakistani's found that their parents who had migrated from Pakistan had limited knowledge of mental health and therefore prioritising conversations round this topic was limited. Whereas those whose parents were born in Britain may be more open to have conversations about mental health due to more exposure. Therefore, to understand the decisions of parents in diagnostic processes it should be understood through the subjective meanings parents attach to behaviours. In my own practice as a TEP I have encountered families of Pakistani heritage where cultural norms and parental expectations significantly shaped the diagnostic process such as in the case of children with suspected ADHD, parents expressed that being 'energetic' were normal behaviours for boys and therefore they emphasised the importance of academic achievement over behavioural concerns. From a social constructionist perspective this illustrates that what school staff may have viewed as an impairment was interpreted by the parents through cultural norms and collectivist values.

2.6 - Development of identity and self

The prevalence of ADHD in recent years has increased, yet Eccleston et al (2019 cited in Frick et al, 2025) highlight very little literature delves into how identity is impacted after receiving a diagnosis in particular in the adolescent years whereby a pursuit for a coherent identity is sought (Jones and Hesse, 2018). According to Jones and Hesse (2018) by defining adolescents with ADHD by their 'brain and mind' it can be linked to 'self-image and personality.' From a social constructionist perspective this reflects a biomedical discourse that constructs ADHD as a deficit and influences how young

people view themselves. Therefore, Jones and Hesse (2018) further suggest that when a young person is diagnosed, they somehow must come to terms with this label and what it means for their 'self-image and identity.' Therefore, understanding the subjective experiences young people with a diagnosis requires listening to narratives and recognising that identity may not just be negotiated by diagnostic criteria alone. Thus, they are actively interpreting what ADHD means for their sense of self.

Identity is one of the most extensively studied constructs and a fundamental aspect of human development. The core question it asks is 'Who are you? (Schwartz, Luyckx and Vignoles, 2011, p2). Early developmental psychologists such as Erikson (1968 cited in Crocetti et al, 2022) emphasised that individual identity is a stable process and is ultimately a lifelong endeavour, which involves a series of stages. He proposed that achieving a stable sense of identity during adolescence (identity vs role confusion) is essential in achieving long term psychological health outcomes. According to Waterman (1985, cited in Cheboud 2001, p44) adolescent development and 'subsequent commitment' occurs in a variety of domains.' including career selection, political ideology, worldview, and the adoption of social and sex roles. If commitment in these domains is not established, then there is a significant risk of 'role confusion.' Furthermore, Tajfel and Turner (1979, cited in Crocetti et al, 2022) Social Identity Theory conceptualises an individual's identity through the lens of membership to social groups. However, Schwartz, Luyckx and Vignoles (2011, p3), emphasise that identity is not 'static' but rather a complex and multidimensional construct that changes. Thus, from a social constructionist perspective, identity is not fixed but develops over time through the influence of personal, social and cultural contexts and institutional practices.

2.6.1 - Adolescence and ADHD

Most people who receive an ADHD diagnosis are diagnosed as children or adolescents (Jones and Hesse, 2018). Adolescence is a chapter in life whereby the foundations of identity are more apparent (Jones and Hesse, 2018). This is when they begin to explore their sense of self thorough relationships, societal roles and their values. This stage of development can pose many challenges and feelings of stigma for young people diagnosed with ADHD (Jones and Hesse, 2018).

Eccleston et al (2019) literature review exploring ADHD and identity identified the overarching themes that are important to adolescents' understanding of ADHD within the context of a diagnosis. The themes suggested that there are differing perspectives of ADHD such as it being a ‘physical condition, academic disadvantage, part of my personality, behaviour and emotions, and being normal’. Societal pressures such as stigma, feelings about medication and a ‘maturational shift’ were also key themes. These themes Illustrate the interpretive work adolescents engage in as they negotiate meanings of ADHD within social contexts, aligning with an interpretive stance that places emphasis on subjective sense making.

Identity development is core to an individual’s sense making of self and how they interact, navigate and view the world. Although in some literature the self and identity and are used interchangeably (Oyserman, Elmore and Smith 2012, cited in Leary and Tangney 2011, pg69) highlight there is a differentiation between the two. However, (Schwartz, Luyckx and Vignoles, 2011, p3), conclude that differentiating identity and self as an arduous task due to the plethora of research without any clear guidance. However, Leary and Tangney (2011, pg74) views highlight that the self encompasses essential psychological processes which allows a person to direct their conscious to themselves ‘spontaneously and purposefully’. Attention to self essentially impacts thoughts, emotions and behaviours and is therefore essential to understanding the self and requires a great amount of self-regulation. Krueger and Kendall (2001) suggest that children and adolescents with ADHD have major impairment in their sense of self, firstly due to the stigma and negative appraisals given to them by society but also by a multitude of ‘secondary difficulties’ related to the executive system. Barkley (1997a, pg13 cited in Krueger and Kendall, 2001) highlight that from a young age persistent and frequent criticisms on ADHD behaviours from ‘authority figures’ fosters a negative self-concept. An interpretivist lens emphasises how these experiences are internalised and narrated by individuals highlighting how ADHD cannot be understood as purely a brain-based difference but is co constructed through interaction with societal expectations in schools and families.

The school context is considered an important factor in identity development during adolescence (Verhoeven, Poorthuis and Volman, 2019). Gwernan-Jones et al (2016) suggest ADHD represents a significant challenge for young people with a diagnosis

with regards to their self-concept and has in part grown from the difficulties individuals experience within the school environment. From a social constructionist perspective, I have noted in my own practice that these norms reflect cultural assumptions about what ‘good learning’ looks like. For example, a young person who may thrive in movement-based activities may be labelled disruptive in seated activities, thus this narrative often frames ADHD as a deficit as opposed to recognising the value of different learning styles.

Gwernan-Jones et al (2016) systematic review of qualitative literature on the influence of the school context on ADHD symptoms sheds light on how the school environment can aggravate ADHD symptoms. The expectation for pupils to sit still, focus for long periods and remain quiet trigger challenges for children with ADHD. Therefore, teachers and students attribute the difficulties to the individual, or their parents as opposed to the environment. From a social constructionist perspective these norms position ADHD as an individual deficit rather than interrogating how school structures construct what counts as problematic, revealing a positivist stance which privileges symptom-based explanations over contextual ones. This dynamic contributes to low self-esteem and diminished self-confidence which makes it difficult to make decisions independently. Therefore, Champ, Adamou and Tolchard (2022) suggest that there is an ’unconscious’ reliance to seek external validation and define this as ‘contingent self-esteem.’ This essentially can feel unstable for the individual because of ‘public stigma’ resulting in self-stigma and an ‘internalisation of a ‘new degraded identity’. Miller (2017) further highlights that ‘several studies’ link the process of internalisation to comorbid disorders such as ‘anxiety, depression, and low self-esteem.’ Eccleston et al (2019) advocate that identity and self-esteem of children with ADHD is significantly impacted by the stigma as well as interpersonal conflicts and feelings of dismissal and rejection of their views that are in contrast to authority figures. From an interpretivist lens this is not simply a psychological outcome but a meaning making process shaped by repeated experiences of judgment and exclusion. Therefore, young people require effective support strategies to build resilience, foster independence and support with empowering their capabilities.

Harpin et al’s (2016) systematic literature review further explains that as well as self-esteem, social function is also an important outcome in identity formation and sense

of self for those with ADHD, specifically adolescents. Jones and Hesse (2018) summarise that belonging to a diagnostic category can mean a battle between acceptance of belonging to the ADHD community but also accepting the 'limitations associated with the disorder.' While this insight is valuable, it reflects a positivist stance that locates difficulties within the individual rather than critiquing how social norms construct what counts as a limitation. From a social constructionist perspective these tensions are shaped by cultural narratives and institutional expectations. For example, in my practice working in diverse communities. I have observed families interpret an ADHD label and the subsequent challenges that occur i.e., heightened emotional and sensory regulation as a threat to academic success and family reputation which risks amplifying the stigma making identity formation a more complex process.

Morris et al (2021) explain that social functioning involves adapting behaviour to meet social demands in different contexts. *(*Nixon, 2001 cited in Morris et al, 2021) conclude that this is 'indexed' by social behaviour, social cognition, and social outcomes.' Eccleston et al (2019) findings indicate that young people with ADHD have a diminished sense of self and feelings of inadequacy amongst their peers and in social situations due to impairments in their social functioning. Capuzzo et al (2024) suggest social function involves the mastery of cognitive process which enable a person's ability to 'perceive, categorise and interpret and predict mental states.' Morris et al (2021) state social functioning is inclusive of skills involved in emotion recognition and theory of mind. They highlight that studies have provided emerging evidence that adolescents have delayed responses to situational cues, social problem solving and difficulties in interpreting emotional responses in others. However, from a social constructionist these underlying skills of social functioning adopt a positivist stance, presenting social functioning as locating impairment within the young person rather questioning how these difficulties are constructed by social norms which dictate what counts as appropriate social interactions**.** For example eye contact are often treated as healthy social functioning, yet in Pakistani cultures avoiding eye contact can signify respect.

2.6.2 - Adulthood and ADHD

Lorenzo et al (2021) systematic review of long-term outcomes for those diagnosed with ADHD in their younger years highlights that the difficulties associated with ADHD

are now viewed as persisting beyond adolescence and into adulthood. Therefore, lifelong treatment and support are important. There is also a growing number of adults who were undiagnosed in their childhood or misdiagnosed and therefore the traits associated with ADHD result in academic, social, behavioural and vocational problems as well as comorbid mental health disorders including anxiety and depression. (Gingsberg et al, 2014). Asherson et al (2022) highlight that when adults are diagnosed there is limited or under resourced provision for them. Matheson et al (2013) also conclude that adults with unmet need are significant and this highlights a 'wide gap in policy and practice'.

There is very sparse research that explores ADHD, identity and self in adulthood despite it becoming increasingly prevalent (Hallerod et al, 2015). However, Thompson (2021) emphasises that a diagnosis can initiate a period of 'identity reconstruction.' Hallerod et al (2015) findings also suggest that late diagnosis can initiate a period of identity revaluation. This process can be challenging but allows individuals to deliberate and reflect on how to integrate their diagnosis into their self-concept highlighting a 'complex intra- and inter-individual variation of experiences'. Hallerod et al (2015) summarise that within their cohort of participants a late diagnosis:

"Was experienced as providing self-knowledge and increased value but could also cause devaluation and raise questions of identity (identity in focus). It was described as bringing about a better life situation, but also as restricting possibilities and causing disappointment over lack of professional help. Sadness and anger were expressed in relation to a wish for earlier diagnosis that might have spared suffering. A changed view of relatives was described (life in focus)."

Matheson et al (2013) also found that participants diagnosed in adulthood had an increased 'psychosocial burden' and mental health difficulties, due to a 'persistent sense of failure and missed potential'. Schrevel et al (2016) further highlight adults in their research with an existing diagnosis specified that 'core symptoms' of ADHD were deemed a significant challenge for adults with diagnosed ADHD. However, they placed greater emphasis on 'social problems 'and the impact it had on their self-image which were accompanied by feelings of powerlessness, failure and experiences of unconstructive feedback from their social environment.

From an interpretivist lens, understanding ADHD in adulthood requires drawing upon qualitative methods to explore further how individuals make sense of their diagnosis. By exploring personal narratives, it can give further insight into how adults interpret their diagnosis and negotiate identity.

2.7 - Narrative identity

Jones and Hesse (2018) state:

"Nobody arrives at a diagnosis of ADHD without a personal history, a self-narrative and real-life experience."

This perspective resonates deeply with my interpretivist stance which emphasises that understanding ADHD requires exploring the meanings individuals attach to their experiences rather than reducing them purely to medicalised symptoms. Fivush, Booker and Graci (2017) state that how individuals make sense and create meaning of memories and events in their lives is a deeply developmental process and has 'important implications for identity and wellbeing.' However much of the literature adopts a positivist stance privileging a biomedical understanding of ADHD which pathologises behaviours without considering the broader cultural and social contexts that shape what is normal or disordered.

Narrative identity theory provides an approach which helps understand evolving identity throughout a persons' life through the mechanism of storytelling (McAdams, 2001). McAdams (2001) states that there is extensive research that demonstrates narrators often extract redemptive meanings from 'suffering and adversity in their lives' often leading to increased levels of psychological wellbeing. Fivush, Booker and Graci (2017) explain that narrative identity is a relatively new approach which has been examined through 'autobiographical narratives.' Autobiographical memory is the memory of events in distinction to memory of facts etc. and begins in early childhood to old age and are 'situated in a larger cultural milieu' that derives what a healthy narrative and self is. McAdams and Mclean (2013) further propose exploring the importance of understanding broad cultural contexts through a sociocultural model in the development of narrative identity. The stories people tell, and their perception of the world and society are valuable insight into otherwise unknown territory/realities. McAdam's and Mclean (2013) state:

"*It would seem that different cultures offer different menus of images, themes, and plots for the construction of narrative identity, and individuals within these cultures appropriate, sustain, and modify these narrative forms as they tell their own stories.*

McAdams and Mclean (2013) life story work aims to build upon early identity theories. They highlight that identity theories and McAdam's initial formulations on narrative identity seek to provide an explanation that considers human development as a series of stages in psychosocial development whereby adolescence provides an explanation for 'causal and thematic coherence.' However, McAdam's (2013), proposes that Erikson's theory of identity negates that there is any identity formation prior to adolescence. He concludes that there is a consistent a growing body of research which suggests as people develop and move from late childhood to adolescence, their narratives demonstrate an increasing 'causal and thematic coherence.' This is due to parents exposing their children to early conversations with parents involving 'an elaborated conversational style' which focuses on causal explanation in stories. Indicating the elaboration used with them within the stories help build the foundations to construct stories of self and provide 'cognitive and socioemotional outcomes' in children (Reese, Jack and White, 2010 cited in McAdams and Mclean, 2013). Thus, from a social constructionist and interpretivist lens, narrative identity provides a necessary counterpoint to positivist approaches by emphasising that sense making of ADHD and identity are co constructed though discourse and personal storytelling.

2.8 - Intersectional Identity

For British Pakistani Muslim males with ADHD, identity formation will involve navigating multiple, overlapping identities including neurodivergence, ethnic background, nationality, gender, religious beliefs, and social class. Intersectionality a concept first introduced by Black feminist scholar Crenshaw (1989 cited in Cole, 2009) highlights how multiple identities are interconnected as opposed to being separate and can contribute to the oppression of minority groups. Silverstein (2006 cited in Cole, 2009) emphasises that 'identity, difference, and disadvantage' are interconnected and can influence health and wellbeing outcomes. This will be discussed in the next section in detail.

2.8.1 Gender and ADHD

Skogli et al (2013) summarise that the research on ADHD highlights males are more likely to diagnosed and treated for ADHD with girls being under identified and undiagnosed because of differences in the presentation of the disorder amongst boys and girls. From a social constructionist perspective, this gendered pattern reflects how diagnostic categories interact with cultural norms about acceptable behaviour. Mowlem et al (2019) state that this could be attributed to the way boys with ADHD are most likely to be characterised as presenting with more hyperactivity or impulsivity. This framing assumes a universal standard of behaviour, yet interpretivist approaches reveal that these traits are judged through cultural lenses. In my practice as a TEP, I have observed that physical restlessness in some South Asian families is interpreted as not being lazy, contrasting vastly with western norms that equate stillness with academic readiness.

Visser, Peters and Luman (2024) highlight that there is limited qualitative research which explores the associated stigma of ADHD and gender. Their study into the experiences of young Norwegian men and women with ADHD highlights that there are differing perspectives that influence how they view themselves. They found that young women with ADHD struggled with 'sceptism' about their condition, receiving a delayed diagnosis, challenges in their symptoms, masking their symptoms, experiencing loneliness and challenges in developing their identity. In contrast, young men reported frequently facing rejection, hesitancy to disclose their diagnosis and a reluctance to seek help.

Furthermore, there is limited research which concentrates on the intersection of ethnicity, gender and ADHD. Timimi and Taylor (2004) raise an important question around this debate. Fundamentally what are psychiatrists trying to treat? They suggest that the prevalence of ADHD in different communities and especially in boys highlights the incongruence between incidence and societies tolerance of behaviour that does not fit the atypical expectations propagated by the mass schooling system. Timimi and Taylor (2004) suggests boys are more likely to be diagnosed with ADHD and the ADHD literature is concentrated on the 'pathologisation of boys' in psychiatry and the classrooms within western literature. Ultimately 'boys madness and sadness' is reportedly a catalyst for access to 'resources and dividends.' This critique resonates

with my social constructionist stance, ultimately ADHD is a medicalised label applied when behaviours conflict with institutional expectations. Timimi (2005, P22) highlights through numerous examples how boys' behaviours in different cultures are tolerated and interpreted for example, in collectivist cultures such as South Asian cultures boys' behaviours may be managed through cultural expectations surrounding family structure, discipline and expectations in contrast to Western cultures which place an emphasis on individual autonomy. Therefore, boys who struggle to function independently in a classroom and regulate their behaviour are flagged for ADHD assessments.

2.8.2 - Culture, race and disability

Despite growing populations of South Asians globally such as the US (Patel et al, 2024) and UK (Musbahi et al, 2022) there is still relatively little research on how ADHD is understood and responded to within these communities. Bergey et al (2022) further extrapolate that ADHD is a construct 'shaped' by cultural meanings that remains under researched. This aligns with my social constructionist stance that ADHD can be defined through a sociocultural lens, for instance the UK education system bases their standards of behaviour based on compliance such as punctuality, quietness and independent work. Therefore, behaviours associated with ADHD are viewed as deficits however in other cultures they may be interpreted as creative or energetic for example Māori concept of 'arorreitni' frames ADHD as 'attention going to many things' highlighting creativity rather deficit (O'Reilly, 2024). In a South Asian context energy maybe viewed as vitality rather than pathology (Patel et al, 2024). From an interpretivist perspective these narratives are co constructed within families and communities and influenced by cultural expectations.

Goodley, Runswick-Cole and Mahanoud (2019) highlight that a triadic relationship between the intersection of disability and culture and their 'host societies' reveal important challenges and also how narratives are reshaped for diasporic communities. Yang, Zhou and Liu (2021) explain that Stuart Hall's theory of cultural identity emphasises the dynamic nature of diasporic identity, describing it as a tension between the orientation toward the homeland and lived realities in the host country. He views diasporic identity as constantly renegotiated and shaped by historical and cultural contexts.

Mythen (2012) highlights that more recently British Pakistanis have been 'subjected to intense and public scrutiny' by 'white society' surrounding multiculturalism and its place in British society. Therefore Mythen (2012) states that:

"Young British Pakistanis have thus had to negotiate and maintain their identities in an environment in which they have been defined as a threat to national security whilst simultaneously being pressurised to align with 'core British values."

Alongside the public scrutiny contesting their Britishness, Mythen (2012) emphasises that young British Pakistanis must also contend with 'private decisions' pertaining to familial influences on their faith (Islam) and navigating this identity in the context of a 'secularist society.' Shakoor et al (2022) suggests that amongst 'acculturative tensions' to sustain and navigate 'traditional, cultural, and religious identities' in the midst of additional difficulties related to islamophobia, highlights the unique challenges they face when maintaining their 'mental wellbeing.' Robinson, Keating and Robertson (2011) findings highlight that religion was reported as core to the identity of Pakistani youth because faith is deemed as a protective factor for many young Muslims in the UK. Shakoor et al (2022) argues that Islamic identity gives Muslims a moral framework which guides adolescents. However, from an interpretivist lens, British values and secularism consider Islamic practices as incompatible with mainstream social norms and therefore for families navigating ADHD or SEN support it can create tensions.

Goodley, Runswick-Cole and Mahanoud (2019) also advocate that an important concept to consider when discussing the interaction between disability and culture is the concept of family. Akbar and Woods (2020) postulate that 'ethnically diverse disabled children and their parents experience marginalisation and are considered hard to reach. Chibra (2023) advocates that in order for EPs to respond in culturally sensitive ways and promote social justice for marginalised groups they should consider the unique challenges they face.

South Asians are reportedly the largest ethnic population within Britain. The South Asian diaspora predominantly includes those from the Indian subcontinents such as Pakistanis, Indians, Bangladeshis, mixed parentage as well as the children and grandchildren of those who settled in the UK (Musbahi et al, 2022). Literature on attitudes to mental health and disability within this population provide a socio-cultural

lens to explores diverse perspectives for children and adults with disabilities in ethnic minority communities. Musbahi et al (2022) caveat that most literature on mental health and disability centres on South Asians as a homogeneous group. However, they suggest that practitioners should be aware that although South Asians may have a shared cultural heritage there are disparities that differentiate them. Furthermore, Wakely (2007 cited in Goodley, Runswick-Cole and Mahmoud, 2019) argue that:

"*Disability studies remain 'broadly Eurocentric and ignores political, cultural and social factors associated with ethnicity, culture and globalisation'*

Abay and Soldatic (n.d cited Chataika and Goodley, 2024) advocate for a decolonial paradigm shift in disability studies in order to include theorists, perspectives and positionalities from the 'global south.' They argue that the word disability is a 'colonial construct' embedded in assimilation practices. Grech (2019, pg30) highlights the medical model of disability resulted in 'enforced normalcy. 'Therefore Grech (2019, pg24) advocates the social model of disability is an important framework in understanding insider perspectives who he describes as the true 'experts' especially within a global health context. From a social constructivist and interpretivist standpoint. The medical model fails to account for the social and cultural narrative contexts in which disability is experienced and understood

Hussain (2003) reminds us that:

"Normalcy is not universal, and impairment needs to be seen in its social and cultural context. The implications of this are especially complex in relation to disabled young people from minority ethnic groups and their transition from childhood to maturity"

Akbar and Woods (2020) highlight that in the last 15 years there has been growing research in SEND which explores minority ethnic minority groups experiences. Hussain (2003) explains that South Asian disabled person's experiences are shaped by 'cultural and religious' factors essentially as a by-product of the family and community they come from and therefore are embedded within a range of ideologies, social practices and social structures.

Akbar and Woods (2019, cited in, Akbar and Woods, 2020) findings highlight a range of attitudes and barriers including disability being viewed as 'challenging' with

additional pressures of ‘stigma’ by family and their community and difficulties experienced through interaction with service providers be that through, language barriers and power imbalances. Rizvi’s (2015) study exploring British Pakistani maternal perceptions of their children’s disability which they referred to as ‘Bimari’ (sickness) highlighted various ‘ideological threads’ that shaped their past and current understanding. They initially rejected a disability diagnosis due to differing perceptions of disability in contrast with medical definitions such as how normal their child looked with reference to societal norms and attitudes. There was also a reluctance to accept their child’s diagnosis due to a lack of disclosure from medical professionals with regards to what the diagnosis meant for their child’s development. Furthermore, they felt education professionals were ‘experts’ and readily accepted decisions around school placements. However, they also acknowledged professionals helped shaped new understandings of special needs. Akbar and woods (2020) advocate that parents of ethnic minority children find that interactions with services were better enabled by having staff with a shared cultural heritage and ‘skilled, qualified’ interpreters as opposed to staff from the school settings helped as this made them feel more ‘heard’ as well as access to explicit explanations of statutory processes and the right support groups.

Rizvi (2015) highlighted in her study that parental responsibility advocated by religion, family networks and support groups helped with understanding the broader experience of disability as their children got older. Akbar and Woods (2019) also reinforce that religion is a protective factor to consider in response to disability for the Pakistani community. Rizvi (2015) suggests that religion is a dominant theme in understanding disability as it links with parental rights and responsibilities and offers a coping mechanism. Al- Aoufi, Al-Zyoud and Shahminan (2012) highlight that Muslim attitude towards disability within Islam is deeply embedded within the core beliefs of the faith highlighted in the Quran which is considered as a source of guidance. Al- Aoufi, Al-Zyoud and Shahminan (2012) affirm that essentially belief in Qadr (divine decree) is where disability could be regarded ‘as an act of god.’ Also, there is the concept of ‘rewards and punishments’ in this life and next life and therefore there is reward for those who are disabled in endurance of their condition and for those who care for them. Therefore, this assurance often inspires individuals to assist those experiencing difficulties, be they family members or strangers. These religious frameworks illustrate

my interpretivist stance that meaning making surrounding disability can be deeply tied to faith. For example, caregiving is seen as a moral duty and source of spiritual reward which can delay engagement with formal services but helps foster resilience within family networks.

2.9 - Help Seeking Behaviours Within Ethnic Minority Communities

Dwivedi and Banhatti (2005) suggest that a disproportionate number of ethnic minority families live in highly stressful environments, thus making their children more vulnerable to hyperactivity. ROTA (2013) also suggests that young people from ethnic minority and lower socio-economic backgrounds who may have experienced traumatic life experiences may not have received the right support in the first instance, highlighting why total reliance on classification systems and medication is not appropriate for all sections of society.

Slobodin and Masalha (2020) suggest that despite the effectiveness of ADHD medication being well evidenced, drug treatment maybe poorly tolerated, and levels of compliance are low for young people. Furthermore, children from ethnic minority backgrounds are found to have no difference in rates of efficacy of ADHD medication. Therefore, perhaps the underdiagnosis of ADHD and underuse of medication could be explained by the help seeking behaviours of those from ethnic minority communities and in particular those with Pakistani heritage. Shakoor et al (2022) highlight numerous factors including underutilisation by ethnic minority communities to use mental health services, with it being suggested that parents from ethnic minority communities may less likely become concerned about a child's deviant behaviour impacting how they seek external support. This framing risks pathologising cultural difference and overlooks the ways in which help seeking is shaped by broader social, historical and institutional factors. Ashraf and Tohid (2016) suggest that a lack of awareness of psychiatry has been overshadowed by cultural beliefs of 'jinn possession and black magic as an induced phenomenon,' so parents are more likely to receive support from an 'Amil.' While such findings are important, they are often presented through a deficit lens reinforcing the assumption that biomedical explanations are inherently superior. As a social constructionist and interpretivist, such literature frames cultural beliefs as barriers rather than as alternative ways of making sense of distress and difference.

In the UK, the Royal College of Psychiatrists (2022) highlight that despite the growing crisis of children with mental health difficulties there is an increasing shortage of psychiatrists. This combined with a growing number of children and adults seeking ADHD diagnosis has led to an increase in waiting lists for ADHD and Autism diagnoses with a mean of 570 days in CAMHS services for children aged 0-17 (Children's Commissioner report 2024, Pg112). This report also highlights that diagnosis and waiting times can be attributed to ethnicity and socioeconomic factors. The dearth of literature suggests that White British children are more likely to be diagnosed with ADHD and ADHD is under identified in ethnic minority children due to cultural differences in how neurodiversity is perceived. However much of this research remains rooted in positivist assumptions privileging diagnostic and pharmacological interventions.

Slobodin and Masalha (2020) highlight that a reason for delayed help seeking amongst ethnic minority families includes limited knowledge about ADHD as well as stigma and suspicion around school and health care professionals. Causier et al (2024) summarise that despite the prevalence of mental health difficulties in Pakistan being significant, the Pakistani diaspora in the UK would likely experience comparable levels of mental health difficulties considering that migration often brings its own challenges including heightened social challenges such as isolation and exposure to racism. However, Yaqoob (2025) highlights notable barriers linked to help seeking for mental health issues include maintaining reputation and a fear of judgment. From a social constructionist perspective, stigma and knowledge concerning mental health are constructed through historical relationships with services and experiences of discrimination.

Ghosh et al (2017) study proposes that cultural disparities in the use of ADHD medication could be attributed to the cultural understanding of expectation, diagnosis and treatment of the behaviours associated with ADHD due to a 'resistance to attribute ADHD to a biomedical cause. Dow (2011) cultural norms and health attitudes that immigrants bring with them from their homelands, highlight that culture shapes immigrants' responses to health and illness and can sometimes provide a coping mechanism. Estrada et al (2019) suggest that the importance of religious/spiritual education in the improvement of physical and mental health of CYP has not been given

importance despite many religions teaching about overall ways of promoting good health and well-being. Therefore, the literature privileges biomedical interventions over cultural and spiritually embedded approaches to health.

Dow (2011) highlights various examples of different cultural beliefs towards mental health and that 'religious commitment' and the importance of religious activities i.e., prayer and meditation amongst ethnic minorities is the 'principal form' of coping with mental health and other life stresses in USA. Forester-Jones et al (2017) highlight that 'spirituality' is used interchangeably with religion and is an emerging area of interest in person- centred approach to mental health in the UK due it being recognised as an indicator of 'quality of life.' Spiritually is viewed in the research as having a multitude of benefits including having increased hope, increased social supports including being part of a faith community, increased wellbeing and self-esteem and also 'decreased depression, anxiety and substance misuse (Snider and McPhedran 2014, cited in Forester-Jones et al, 2017). Furthermore, Dew, Collins and Koening (2022) emphasise that although ADHD frequently occurs with mental health conditions and addiction 'religiosity' remains a relatively unexplored area even though there are indications that ADHD symptoms may affect religious practice.

However, the literature also suggests that South Asians born and raised in the UK express a more varied attitude towards mental health help-seeking than South Asians who immigrated to the UK (Furnham, Raja and Khan, 2008). This could be attributed to them adapting and having a shared understanding with White British participants around help-seeking for mental health issues (Furnham, Raja and Khan, 2008). Therefore, there are findings to suggest that although South Asians are engaging in informal help-seeking, there is also a move towards using professional support. From a social constructionist and interpretivist perspective, it is important to understand how communities negotiate their own frameworks for help seeking which include spirituality and faith as integral to their lived experiences of mental health.

This literature review highlights the significant gap in research surrounding ADHD within the British Pakistani Muslim Community, emphasising the lack of authentic voices that capture the lived experiences of individuals from this demographic. The discourse on ADHD aetiology proposes two perspectives: the biomedical model, which

attributes ADHD to neurodevelopmental factors, and the sociocultural model, which considers environmental and societal influences as exacerbating the symptoms. Thus, some researchers and scholars advocate for a more integrated approach particularly within diverse cultural contexts.

Moreover, the diagnostic criteria present unique challenges, as sociocultural factors influence how ADHD is perceived, identified, and managed. The literature review highlights the intersectional identity of ethnic minorities, particularly British Pakistani Muslims, and how their experiences within educational systems intersect with broader systemic structures. Recognising the complexities of mental health, wellbeing and disability through religious paradigms offers valuable insights for schools, educational institutions and EPs in fostering more inclusive and culturally responsive support frameworks.

Story 2- My intersectional identity – Between Doubt and Belonging

It was a warm summers day in the summer of 2021. Flustered from my walk from the carpark to the university building for a seminar. I was apprehensive about opening up about my life story in front of my cohort whom at the time were relatively new faces. I can still remember when I had to stand up and present, my hands trembling and my voice wavered. As I reflected upon my idyllic life in my hometown, visualising it's landmark somehow helped me to relax. However, I could not help but reflect upon how the majority of my life and career I have always felt a constant sense of unease, discomfort and questioning of who am I? Where do I belong?

I discussed, growing up in the 80's within a safe family unit was often overshadowed by racism, discrimination, othering and not feeling safe outside of my family unit. A trip down to the local park with my siblings would often mean being chased out. The name calling, the stereotypes and physical acts of aggression were all part and parcel of our life growing up. It's now the Summer of 2024 and the constant headlines and newspaper articles that question my very existence as a British Pakistani Muslim now have my 13-year-old daughter, a third-generation immigrant, asking the same questions too.

I cannot help but correlate these experiences with my sense of self within the education and workplaces. My entire career has always had an element of 'imposter syndrome' attached to it having worked in settings where at times I was the only British Pakistani Muslim in the team. I felt these feelings were exacerbated when I entered the field of Educational Psychology. Am I going to be judged? Will me being a quiet reflective person in group situations be misinterpreted? Whilst I relayed my story and listened to other's incredible life stories, doubts about me being on the course such as 'am I the token brown girl' became overshadowed by my work experiences.

I'm reminded of the many encounters I have had with parents and children from very different background in particular the Pakistani parents. Most of the time I could sense their relief that I understood their language, values and traditions and had a level of insight into their experiences.

"*I'd never heard of ADHD before my child's diagnosis…. we don't talk about it in our community"* The child's father said as he folded his arm across his chest and looked towards the floor.

The words we, 'our, community' resonated with me. Perhaps they considered me a part of their collective community, perhaps there was an unspoken shared understanding.

I have often thought when communicating with children and parents, yes, I base my knowledge in my day-to-day work upon Western psychological paradigms but have often an inner echo, how can Psychology be cultivated when working with parents who also draw upon this belief system as me to help them cope and understand their child's disability, behaviours, themselves and their experiences?

During a virtual consultation a parent described their child's emotional needs,

'He is *always angry…. I'm not sure what to do,'* relayed the child's mother, as she looked up at the camera with her hijab loosely shaping her face. She appeared worn down and at breaking point.

During discussing emotion coaching with her, I could sense this was not resonating her. I suddenly felt the tension of wanting to relay some of the wisdom from the teachings of the Prophet Muhammed (Peace be upon him) on dealing with anger such as a change of posture as noted in the following hadith (recorded sayings, actions and approvals by the Prophet Muhammed):

"When one of you becomes angry while standing, he should sit down. If the anger leaves him, well and good; otherwise, he should lie down. (Sunan Abu Dawud, Hadith 4782, online)

The divine guidance from the Quran which places emphasis on patience, hope, resilience and gratitude when experiencing heightened emotions has helped my own personal lifelong journey with anxious feelings. Experiencing a sense of anxiety upon embarking upon one of the biggest projects of my life, this thesis, intertwined with the many difficult life circumstances I endured trying to complete this research, I draw upon the following quotes from the Quran which have helped alleviate some of those emotions and helped me accept that I am exactly where I am meant to be according to divine decree.

'*Verily in the remembrance of Allah do hearts find rest.'* (Surah Ar-Ra'd,13:28, Quran)

'Indeed, after hardship there is ease,' (Surah, Ash-Sharh, 94:6, Quran)

'Allah is the best of planners' (Surah Al-Anfal, 8:30, Quran)

Chapter 3 - Methodology

3.0 - Overview

In this chapter, I aim to discuss the philosophical positioning applied to this research and how it impacted my choice of research design which included a narrative research methodology. I also describe the tensions of my recruitment strategy and how I adapted the research design to incorporate an accidental evocative autoethnography approach to my reflexive experiences. I draw upon my own evocative autoethnography stories to highlight these tensions but also give further insight into my positionality and experiences and how they shaped the research. Furthermore, I will outline the ethical considerations I accounted for and the implications for the quality of the research.

3.1 Philosophical Positioning

3.1.1 – Ontological stance

Ontology is described as the study of the nature of reality. It concerns beliefs about the existence of a universal truth (Slevitch, 2011). Spencer, Pryce and Walsh (2020, cited in Leavy, 2012, Pg81) analogy of ontology considers it along a spectrum. On one end of the spectrum there is an objective paradigm which advocates the belief that reality is objective and that 'universal truths' (right or wrong) about it can be discovered through objective measures and deductive reasoning. This aligns with a positivist stance that maintains that there is a clear distinction between science and personal experience. Therefore, there should be distance between the researcher and participants in order to create a sense of 'emotional neutrality' (Junjie and Yingxin, 2022). In contrast, at the opposing end of the spectrum, a subjective paradigm holds that reality is 'subjective and contextual,' implying that a universal understanding of experiences is not possible, as these experiences must always be interpreted within their specific contexts (Spencer Pryce and Walsh, 2020, cited in Leavy, 2012, p84). Therefore 'reality is viewed as an intersubjective creation' (Slevitch, 2011). This is due to the premise that 'multiple social and mental constructions' depend on the perspectives and perceptions that groups and individuals hold.

Therefore, this study adopts a subjective ontological stance which recognises that experiences of ADHD are not universal truths to be objectively measured, rather they

are not devoid of context and culture. The interweaving of my own autoethnographic reflections with the participants reflects the intersubjectivity central to meaning making. In relation to the study this is navigated around understanding how ADHD is navigated within the British Pakistani Muslim community.

3.1.2 – Epistemological stance

Epistemology is a branch of philosophy which is concerned with how knowledge is produced. It essentially yields importance to the consideration of types and specific methodologies used to produce knowledge (Al- Saadi 2014). This study is informed by an interpretivist epistemology which proposes that reality is socially constructed, and knowledge occurs through individuals, societal and cultural meaning making (Lincoln and Guba 1985, pg83). It aligns with the research aim that understanding neurodivergence specifically ADHD within British Pakistani Muslim communities requires attention to the subjective experience of individuals and the social and cultural contexts that shape them. In addition, the research draws upon social constructionist principles which recognises that knowledge and diagnostic categories of ADHD are not fixed or objective but are shaped through social interactions within social and cultural contexts (Burr 2015, p2-5). Furthermore, by utilising a narrative methodological approach and interweaving autoethnographic reflections highlights how social constructionism forms a basis for a reciprocal relationship, thus embracing collaborative reflexivity, an important dynamic for identity research (Spencer, Pryce and Walsh, 2020, cited in Leavy, 2014, p85).

3.2 - Consideration of Qualitative Methods of Research

Pincock and Jones (2020) highlight that qualitative research methods are important in eliciting marginalised voices as they help address the 'structural and relational marginalisation' of groups of people whose voices are often hidden. Before embarking upon my narrative research, I explored different qualitative research methodologies which involve amplifying voices and considered the following before deciding on Narrative Oriented Inquiry (NOI) methodology and analysis (Hiles, Cermak and Chrz, 2009).

Interpretive Phenomenological Analysis (IPA)

I had initially considered using IPA as I felt this aligned with the research aim. It is rooted deep in human experience and on a personal level I have always had a profound interest in listening to and understanding peoples multiple lived experiences. Whilst theory enhances knowledge development, I believe people's experiences can give insight into complex human phenomena.

However, IPA is less focused on narrative and places emphasis on a specific broader moment in time as opposed to a temporal timeline which is essential in research exploring identity development. Also, the analysis is ultimately derived from establishing themes across participants accounts which can diminish individual voices and experiences which ultimately are a very personal journey (Noon, 2018).

Case Study

Case study methodology is something I had considered later in my research journey when I struggled to recruit. During conversation with peers regarding the experiences I had with my recruitment of participants many mentioned considering a case study approach. However, I felt from the onset of reading about this method, it was not appropriate as I was aware that case studies omit the researcher as an 'intersubjective instrument' as well as the nuanced shifts in personal identity focusing primarily on the broader contextual factors (Levitan, Carr-Chellman and Carr- Chellman 2017). In hindsight, the importance of the intersubjective relationship and experiences were a key factor in my research.

Discourse Analysis

I also explored discourse analysis; however, I felt it could be limited to explore language use and patterns, social interactions and power dynamics. It tends to focus more on the social aspects of society and how people position themselves and others through language. It struggles to capture the fluidity of identity as well as an individual's internal motivations and emotional connections (Hiles 2007). Therefore, narrative research is best suited to my research as it is capturing individual values and beliefs as opposed to the underlying assumptions behind a participant's words. Hiles (2007) summarises that discourse analysis does not do 'justice' to participants stories and how they are told. A key factor is that it does not consider the 'elements' that make up a story nor the story as a whole.

3.3 – Overview of Research Design

In line with my philosophical positioning, I adopted a qualitative research design to explore the lived experiences of British Pakistani males with an ADHD diagnosis. I utilised a semi structured interview as the primary method of data collection. The study is grounded in NOI methodology. To guide this research, the following research questions were developed:

3.4.1 - Initial Research Questions

1. What do British Pakistani males' narratives reveal about how they understand and identify with ADHD?
2. What do the temporal framings (past, present, future events and challenges) of participants stories reveal about their identity positionings?

Questions 3 and 4 were added once I decided to incorporate an accidental autoethnographic approach to my reflexivity.

3. How have my experiences as a researcher shaped the research?
4. What do my experiences tell me about the experiences of British Pakistani Males with an ADHD diagnosis?

3.4 - Narrative Oriented Inquiry Methodology

The methodology I chose to frame my research was NOI through the means/method of semi structured interviews. Narrative methodology provides an epistemological framework that focuses on knowledge creation which is intersubjectively negotiated in order to gain access to the difficult questions of identity, transformation and meaning (Murray 2003, cited in Smith, 2015, p115-116). One key advantage of narrative research is its ability to capture the subjective experiences of individuals, which may be difficult to quantify or measure using other research methods. Narrative research can also be useful for exploring sensitive topics (Josselson, 2007 cited in Clandinin, 2007, pp537-538).

According to Hiles and Cermak (2008, cited in Willig and Stainton- Rogers, 2008, p149) Narrative research methodology is essentially a means to help people ‘organise’ and

‘order’ most often difficult experiences through storying. It is a tool which ultimately analyses participants experience of a wide range of social issues. These stories are not just passive representations of reality, but active processes of meaning-making and interpretation that reflect the social, cultural, and historical contexts in which they are situated Bruner (1991, cited in Mileham, 2015). Hiles and Cermak (2008, cited in Willig and Stainton-Rogers 2008, p149) conclude that narratives are not simply collections of stories but are a framework for ‘performative human action.’ Herman and Vervack (2019, cited in Tomaszewski, Zaretski and Gonzalez, 2020) advocate that narrative research should have some ‘some kind of event or experience’ that has created some sort of change ‘within the person or specific situation’ or as Greenhalgh, Russell and Swinglehurst (2005) concludes they should have a causal sequence.

NOI is suited to this research as it enables a close examination of how British Pakistani Muslim males construct meaning around diagnosis and identity. Rather than treating the narrative of participants as a construction of a series of events, it also focuses on the telling or how the narrative is told (Hiles, Cermak and Chrz, 2009). Central to this approach is narrative intelligence which Hiles, Cermak and Chrz (2009) describe as the human capacity to organise life events into coherent and meaningful narratives that provide a sense of identity and purpose across time and context. They postulate that intelligence is not just merely a set of cognitive processes but also interpretive as it reflects how individuals draw upon a mix of cultural beliefs, personal feelings and the language available to them to shape how they understand and express their experiences. This approach aligns with the research aim which is centred upon exploring ADHD as a lived and narrated experience by males with intersecting identities.

3.4.1 - Narrative storytelling

Bruce et al (2016) position narrative inquiry as the study of experience as a story and a way of thinking through storying.’ According to Bruce et al (2016) storytelling deeply encompasses the essence of ‘living, telling, and retelling experiences.’ Hiles and Cermak (2008, cited in Willig and Stainton-Rogers 2008, p149) state that narrative storytelling is not merely a ‘literary genre’ but an act of the mind which translates experiences.

Riessman (2008, pp3-4) asserts that narratives 'often synonymous with story' involve 'oral storytelling' and can include written and visual materials too. Essentially a connection is made by the narrator around a series of event which the narrator wants listeners to perceive as carefully selected, organised and meaningful. There is a beginning, middle and end with a plot which essentially is used to evoke emotions within a target audience. Clandinin and Connelly (2004, pp19, 29) assert that 'Temporality' is a key feature of narrative inquiry which helps researchers translate those experiences. Incorporating a temporal dimension to the data collection method is core to the principles of sensemaking. Therefore, in narrative research as interviewees tell their story, researchers construct stories from their data.

3.4.2 - Narrative identity positioning

Hiles (2007) proposes that in order to achieve identity positionings, narratives are core to how we construct the person we are. McAdams and McLean (2013) studied the process of creating life stories and proposed that integration of the self happens by weaving past present and future experiences and this starts in adolescence due to the onset of 'formal operations' (McAdams and McLean 2013, cited in, Shahzad 2022).

Freeman (1992, cited in Clandinin 2007, p227) further postulate that 'first person narratives' are an important factor in 'securing knowledge and understanding how the self-evolved over time. I hoped that the narrative approach would provide a framework to extrapolate those first-person narratives and shed light on participants identity positionings within a broader sociocultural context.

Story 3: Narrative – A Professional and Personal Connection.

Stories and narratives are all around us, from the moment my children burst through the door eager to narrate the events of their day, to the quiet evening listening to strangers bare their souls on podcasts or narrators narrating someone's life story in a documentary, genealogy programmes stir something ancestral in me. Lately I've been captivated by lives of Victorian Muslims and how they contributed to nurturing some of the first Muslims communities in Britain despite being othered and ostracised by their own White British communities, something which feels familiar.

Even the travel vloggers I watch are not just filming but narrating people's cultures, their ways of living and often include delightful descriptions of local cuisines. Stories are not just how I engage with the world; they are how I make sense of it.

Perhaps being of Pakistani Punjabi heritage (2nd generation immigrant), I am deeply connected to a storytelling culture. Stories and folklore are an important part of Punjabi culture and a way of imparting knowledge surrounding history and culture. I have often taken a deep interest in listening to my parents and their siblings' stories of their lives in Pakistan. Their experiences of the partition were often embedded in struggle. The colonialist past and the effects of separation and movement on families, friends and neighbours, now deemed as 'others,' had a detrimental effect on every aspect of their lives.

I am further reminded of memories of listening to the stories my late Abujee (father), relayed to my siblings and I in the early stages of his battle with Dementia. During more lucid moments, as he began to lose his speech, these lucid moments were like gold. He would reminisce on his childhood and his struggle to educate himself. The quiet determination of a boy who despite his father passing away when he was young bore his responsibility with pride. In 1950's rural Pakistan, land was more than livelihood it was a deep connection with family and identity. As he narrated, I envisioned a young boy, walking into a vast field at dawn, the sky still dim, he coaxed crops from the ground and stacked wood for a fire. He would then kiss his widowed mother on the forehead, bid her farewell and walk miles to school. As he relayed this to me and my siblings, it appeared harsh but to him it was his responsibility as the eldest son. When I think of this narrative, I hear how he redefined his hierarchical inherited role as the head of the household at a young age to that of care and resilience.

Furthermore, creating narratives in my professional practice as a TEP is in essence piecing together a story of human experience/phenomena in the context of a set of social structures and systems. An EP will often use voice from parents, child or young person and educators to establish a child's narrative around their difficulties. Without the mechanism of a triangulating these voices they would remain scattered and the story incoherent and perhaps biased. I was reminded how often in my

practice children and young people's voices were missed from their own narrative perhaps captured in an all about me page which would be collected and lost in a digital abyss.

This mirrors the main concern in my area of research. Ultimately through using a narrative approach it restores a sense of agency in individuals to have their say, to be heard, to give sense to how they navigate their ADHD within broader cultural society. This personal and professional connection to stories has shaped my understanding of the importance of narratives as central to my philosophical stance and as a TEP and researcher.

3.5 - Reflexivity in Research

Hiles and Cermak (2007) stresses the importance of transparency and reflexivity within narrative-oriented inquiry. Therefore, it is important to consider an insider/outsider perspective. Yip (2024) recommends that researchers should carefully consider their positionality when conducting research. Therefore, through an insider perspective, I acknowledge I belong to the same ethnic and religious group I am researching and therefore have my own insights into the cultural and faith practices of my community and also some of the anecdotal assumptions surrounding ADHD and identity development. I also share the same nationality, British of Pakistani descent which on a personal introspective level brings with it the experiences of belonging to two different cultures. However, I identify as a female and also do not have an ADHD diagnosis, therefore my deeper personal insights into these areas are limited.

In narrative research, reflexivity involves recognising and acknowledging the role of the researcher in shaping the narrative and the meaning that emerges from it. One way to practise reflexivity in narrative research is through the use of reflective journaling or memoing (Bold, 2012). I used post it notes and also a journalling application on my phone, omitting personal details, I record my personal thoughts, emotions and observations throughout the research process this is because I wanted to capture my thoughts and reflections as they occurred. I did this by text/voice recording and drawing. Ultimately, reflexivity in narrative research is important

because it promotes transparency and rigour in the research process and helps researchers to better understand the subjective nature of knowledge production.

3.6 - Procedure

This section of the chapter will outline the procedure designed to seek the narratives of British Pakistani males with an ADHD diagnosis. It will give an overview of the recruitment strategy, participant criteria, consideration of and adherence to ethical standards, the data collection method used and the data analysis framework (NOI).

3.6.1 - Initial criteria of participants

The initial focus of my research was to explore the identity of 3-4 adolescent British Pakistani Muslim males with an ADHD diagnosis. I had chosen to interview a maximum of 4 participants which intended to include data from a pilot study. The poster (various versions in Appendix 1) and recruitment email specified that the potential participants should be aged 16-19 and accessing a post 16 course (level 2 and above). I decided on the educational criteria as it was possibly an indication that the participants were settled and engaging on a course. Also, I anticipated that they would be able to articulate and reflect retrospectively on their life experiences and diagnosis. I also specified that they were required to live in the location where my placement was. I therefore used purposive sampling method as it was the most appropriate due to 'better matching' of the sample to the aims and objectives of the research (Campbell et al, 2020). Purposive sampling uses many types of sampling techniques and for the purpose of this study, criterion sampling was used in order to cater for a very specific pre-established criteria, adolescent British Pakistani males initially (Shahzad 2022). However, I came across many obstacles in recruiting participants and eventually had to change my criteria to older males from anywhere within England and ages 18 and above. The reasoning behind this and implications are discussed later.

3.6.2 - Exclusion criteria

My exclusion criteria consisted of recruiting those who have a diagnosis of ADHD and were diagnosed before the age of 16. Also, I anticipated that if they were on a level 2 course, they would not have comorbid conditions of complex cognitive needs or

speech, language and communication difficulties (SCLD). I also anticipated that if they were settled on the course this would be an indication that they should not have had any recent traumatic or psychiatric events. This was because I was aware that drawing upon the participant's memories may revive some difficult experiences, and this would therefore limit harm. Due to the nature of how my recruitment process was navigated, I eventually searched for males aged 18 and above and would have received a diagnosis at any point in their lives.

Also, I was mindful that there is evidence to suggest that those with ADHD may present with some SCLD. Tomblin and Mueller (2012 cited in Chan and Fugard, 2018), state that the most common comorbid conditions associated with ADHD are SCLDs. However, Chan and Fugard (2018) findings highlight that CAMHS clinical services involvement in identifying SCLDs are not routinely screened or identified explicitly. Therefore, I was aware that although I had an exclusion criterion, there may be some participants that have comorbid SCLDs that may not have been identified.

Therefore, I developed tools to elicit participants stories using scaffolding techniques for example I used a PowerPoint presentation with the questions on them and visuals to evoke memories (view appendix 5). Written questions (view appendix 6) were provided before the interview; this gave the participant time to process the questions and formulate responses or key points. These scaffolds were also used to help keep participants attention on the questions and topic. I also developed a PowerPoint to introduce myself and the research for the introductory meeting but to also elicit whether participants would require any reasonable adjustments for the actual interview which I would use to adapt the interview (appendix 4).

3.6.3 - Focus on diagnosis

I chose to recruit Participants with a formal diagnosis (made by a multidisciplinary team) of ADHD as opposed to those who may self-identify with ADHD to explore the nuanced journey from being undiagnosed to receiving a formal diagnosis. Whilst self-diagnosis has become increasingly common place specifically with the rise of online screening tools as well as social media influences (Carrick 2024), there is often systemic barriers to gaining a diagnosis and gaining the right support faced by many people such as those from lower socio-economic backgrounds, women and ethnic minority

communities as well as those that may mask their symptoms (Tapia et al, 2024). Therefore, due to the barriers that are faced by those who self-diagnose, they will have their own experiences around being undiagnosed and the barriers they face.

I was particularly interested in how participants made sense of their challenges before a diagnosis and how their understanding of self and identity was impacted by receiving a diagnosis. I also wanted to gain insight into how they sought support as well as the relational impact of diagnoses in particular how others' perceptions changed/did not change. Within British Pakistani communities where mental health, neurodivergence and disability can be stigmatised, it felt important to capture the emotional and cultural weight of pre and post diagnosis. Also as highlighted in the literature review a formal diagnosis can often shape access to support in educational pathways (Mills 2013). Therefore, shaping identity narratives in ways that self-identification, while valid and meaningful, may not yield the same systemic support as well as capture the temporal fluidity which anchors the moment of diagnosis. Essentially, capturing this transition was essential to understand how identity is negotiated in culturally complex contexts.

3.6.4 - Implications of changes to participant criteria

Due to the difficulties, I had with recruiting participants from a younger cohort, I decided to change the participant criteria from a vulnerable group (16-19) to a non-vulnerable group (18-25, 18+). I did initially feel that the younger participants would require an element of parental involvement through the process of consent and perhaps the interviews. I had explored previous research which suggested that researchers who had interviewed younger participants felt their voices became diluted or they were not as relaxed in the interviews due to parental involvement or expectations in the interviews (Edwards 2022, p124). However, I do acknowledge that parental involvement with child interviews can also have a positive effect as they can remind children of events they have forgotten (Edwards 2022, p33). As I wanted to explore participants experiences retrospectively, I felt this turn in direction was perhaps more suited to the aim of the study and also remained authentic to first person narratives. I also wanted the participants to be as relaxed as they could be without any external influences.

I changed the criteria to the following: Participants must be working or studying within England. They must be British born Pakistani Muslim males, aged 18-25 and have received a diagnosis before the age of 16. However, after again receiving no genuine or committed responses I decided to change the criteria again to 18 and above and received a diagnosis before or after 16. I felt the stories of those diagnosed later in life could shed light on the experiences of those who go undiagnosed until later in their life. I anticipated that this should not affect the research aims and questions.

3.7 - Ethics

My research was approved by the University Research Ethic Committee (view ethics approval letter in appendix 12). Narrative research is fraught with the ethics of a research relationship as it is 'inherently a relational endeavour.' Therefore, it centres on ethical practice that should ensure consent from the participants to take part, confidentiality of the data collected and the reduction of harm (Josselson 2007 cited in Clandinin, p549). I ensured these principles were followed through in the following ways:

Consent and withdrawal

Initially due to the age of the participants, it was essential to gain consent from the young people's parents as well as the participants. It was anticipated that once participants had been identified by the setting contacts then potential participants would contact me to express their interest, I would then send them, and their parents' consent forms and information sheets to their emails. Parents/carers had the option to call me for more information prior to signing the consent form. In my application I did caveat that during the process of recruitment from settings sencos or senior leadership may have knowledge of who the potential participants would be. However, I acknowledged that details of places in the interview and participants identity would be omitted or changed.

When the participant criteria was changed to an older cohort. Participants had the freedom to contact me directly after expressing their interest and I sent them the information sheet and consent form.

The right to withdraw prior to the interviews and also the right to withdraw during and after the interviews was also outlined in the information sheet and the introductory meeting. However, I specified that there would be a time limit of 2 weeks after the interviews to express whether the data is required to be withdrawn. After this period if participants wanted to withdraw, they would have to provide a reason.

Confidentiality and anonymity

Confidentiality and anonymity were outlined in the information sheet. All participants and any mention of characters/third parties within the narratives would not be identifiable as they were omitted or anonymised. Participants were also notified that any information related to demographics outside of age, diagnosis and ethnicity will also not be identifiable. The participant was assigned a pseudonym (of their own choice) for the data analysis and write up of the research. However, duty of care was also outlined with regards to safeguarding and any illegal behaviours on the information sheet and also during the introductory meeting.

Data handling and protection

The consent forms were saved to the university secure drive. The interview took place virtually and I used Google meet which also has a recording and transcribing function. The files were uploaded to the University secure google drive after the interview. This information was all specified on the information sheet so that participants were aware of what they were consenting to.

Debrief

The participant was advised that he can have support and be provided with a safe space for containment to discuss any issues that have arisen after the interview. I specified on a debriefing sheet what the protocol after the interview will be that I will check in with them within a week of the interview to ensure they are psychologically well. Abdullah shared he was well and that he enjoyed taking part in the interview.

3.8 - Process of Recruitment

3.8.0 – Overview

The stages of my recruitment strategy are outlined in Table 1 below. Participants that were interested in taking part were sent the recruitment poster (Appendix 1) participant information sheet (Appendix 2) and consent form (Appendix 3)

The recruitment of participants was a difficult process which encountered many obstacles along the way, and I had to rethink my strategy and submit addendums to my ethics application regarding the participant criteria. The implications of these are described in story 3. Table 1 describes the stages of my recruitment process:

Table 1: Recruitment process

Stages of recruitment	**Outcome**
Stage 1 Sent email with recruitment advert to EPs within my EPS service asking if they could send it to Post 16 contacts or provide me with details of contacts	I contacted all the post 16 settings within the local area some with follow up emails but there was no response. A colleague in my service suggested I should attend a post 16 network group and present my research there.
Stage 2 Presented my research objectives and recruitment process at post 16 network group	I managed to engage one representative with a follow up meeting. The representative advised that the students who fit my criteria with education and health care plans only had SEMH as a primary need and no diagnosis of ADHD
Stage 3 Broadened recruitment avenue by posting on social media	I contacted ADHD charities and some neurodivergent content creators as well as ADHD support groups and Muslim ADHD parent support groups who had a social media

	presence and asked them to publicise my research on their social media. I gained some interest from potential participants however when I sent the information sheet and consent forms, I did not receive any back. However, I did receive some interest from older males and parents who wanted to take part.
Stage 4 Continued publicising research on social media and approached religious societies and mosque representatives.	I added a £10 reimbursement fee and changed the layout to my poster. I once again asked the charities to publicise my research and finally gained some more interest, however I was hesitant about the responses The expressions of interest from potential participants did not fulfil the criteria. After supervision, I decided to contact university Islamic societies. A charity representative had also suggested I contact the local Imams. Once again, I did not receive responses to my emails.
Stage 5 Success in recruitment	I approached some social media content creators again and charities. I had some expressions of interest and finally Abdullah came forward. Abdullah was aged 30, identified as British Pakistani and male and had an ADHD diagnosis later in life and was working. Abdullah had also received a very recent diagnosis of Autism.

3.8.1 - Participant recruitment constraints

Challenges surrounding my participant recruitment, particularly those shaped by cultural and institutional silence or reluctance and genuine expressions of interest prompted a revaluation of my reflexive position as a researcher (View appendix 11 for reflection on the different stages and story 4 for details on recruitment and my perceptions as a researcher). I encountered barriers which ultimately limited representation and engagement of my target participants however my experiences felt pertinent to the research and was very much intertwined with the research.

3.9 - Crafting an Accidental Evocative Autoethnography approach to reflexivity

Due to the difficulties, I had with recruiting participants, I was left feeling a sense of unease and perhaps sensed that the profound silence meant something deeper than envisaged. There was also a sense of frustration around my experiences of recruitment. As a culturally embedded researcher I felt it was necessary to incorporate these subjective experiences into my research through an autoethnographic approach. Through this reflexive approach I hope to highlight not only the struggles of undertaking research but also how my experiences have shaped the research. Oakley, Fenge and Taylor (2022) highlight that researchers experience of undertaking qualitative research into 'sensitive topics or with marginalised groups,' can involve a range of 'emotional labour.' Furthermore, Bochner and Ellis (2000, cited in Ellis, Adams and Bochner, 2011) postulate that evocative research is:

'Grounded in personal experience, that would sensitise readers to issues of identity politics, experiences shrouded in silence, and to forms of representation that deepen our capacity to empathise with people who are different from us.'

Autoethnography is a branch of qualitive methodology which encourages the researcher to be aware of how their personal lived experiences link with wider cultural, political and social meanings (Bochner and Ellis 2000, cited in Ellis, Adams and Bochner, 2011). Ellis et al (2022 cited Keles, 2022) stipulate that autoethnographers utilise 'autobiography and ethnography' to reflect and share their personal experiences. They therefore stipulate that autoethnography should not break away from its roots in ethnography which is the foundation of this approach. There are many forms of autoethnography including evocative or analytic autoethnography. Conventionally,

while conducting autoethnographic research the researcher often ‘assumes the dual role of the research and the researched (Keles, 2022).

As I was exploring the identity of individuals who shared some of the same intersectional characteristics as me. I could not help but draw upon my own experiences of belonging to this group within the wider social cultural context. (Clandinin and Connelly, 2004, p63) suggest that researchers come to the research whilst being in the midst of their own, ongoing stories.’ Therefore, I consider it is also important to position myself not only as a researcher but also as a trainee practitioner researcher of educational psychology. Ultimately, I am deeply embedded within the systems and cultures in which children and young people with SEN and their families are experiencing and are often trying to make sense of.

Autoethnographic research has been undertaken in many different ways and there have been attempts to streamline the approach (Silverman 2017 cited in Cooper and Lilyea, 2022). In his book *Accidental Ethnography: an inquiry into family secrecy (*Poulos, 2018), uses autoethnography to uncover secrets in his own family but also what purpose do secrets serve in a wider cultural context. Poulos (2019 cited in Levitan, Carr-Chellman and Carr-Chellman, 2017) describes the unintentional creation of an autoethnographic account of one’s own experiences as accidental ethnography. Overarchingly, research is often thought of as a future endeavour, however unexpected turns and ‘unsettling moments’ can occur which disrupt the ‘normal flow’ of the research journey. Levitan, Carr-Chellman and Carr-Chellman (2017) refer to, ‘accidental as post hoc practitioner data and experiences.’

In response to the challenges around my participant recruitment and the broader silences embedded in cultural narratives of ADHD. I adopted an evocative autoethnographic approach to reflexivity to ethically ground my experiences whilst navigating the research process.

I therefore crafted my evocative stories based on Poulos (2009, cited Levitan Carr-Chellman and Carr-Chellman, 2017) viewpoint who advocate, that this particular approach does not utilise a specific methodological structure but draws upon the evocative approach. Bochner and Ellis (2000, cited in Ellis, Adams and Bochner, 2011). describes the primary goal of this approach is to focus on connecting with the reader

‘intellectually and emotionally through layered and reflective accounts.’ Poulos (2019) describes accidental ethnography as a process of ‘being attuned’ to the creation of stories based on personal experiences to explore important meanings. Furthermore, Keles (2022) advocates that this approach does not have a specific ‘criteria-based design’ and it is ultimately founded on the notion of ‘freedom,’ to personalise, transcend and diversify popular academic discourses.

The stories I share are shaped by the principles described previously. They reveal the soul searching that shaped this research. Through the stories I explore how cultural identity, gender, faith and neurodivergence intersect in broader and personal contexts as well as the silences and barriers I experienced. I draw upon my own memories growing up within intersecting identities as well as someone culturally embedded in the same systems as the participant. I also draw upon my motivations and emotional responses whilst doing this research and how they eventually shaped the research design. I then discuss these stories in my discussion to answer research questions three and four which I added later in the process when I decided upon incorporating an autoethnographic account. I relate these insights to broader cultural and social contexts in the discussion.

I believe in order to diversify the field of Educational Psychology as well as research it is important to draw upon minority voices in the field. Willliams’ (2020) editorial ‘The Whiteness of Educational Psychology’ highlights that there are very ‘few educational psychologists of colour.’ Therefore, Wright (2020) advocates for the experiences of underrepresented groups to make contributions to the field of educational psychology.

Koopman, Watling and LaDonna (2020) propose that due to the nature of autoethnographic research, it is an ‘avenue’ to engage in deeper more meaningful reflexivity of reflecting the personal to the cultural. As mentioned previously, reflexivity is a core criterion of narrative inquiry research. Willig (2008, p10) emphasises that ‘reflexive considerations’ can be integrated throughout research. Therefore, I have scattered 5 stories across my research to give insight into how my positionality shaped the research throughout. I have used Poulos (2019) and Bochner and Ellis’s (2016) process of evocative storytelling to engage in this process. I feel their stance is better suited to my research positioning which is invested in storying. I did not use the analytic

approach because Bochner and Ellis (2016, p62-63) suggest that analytic auto ethnographers are 'story analysts 'as opposed to 'storytellers.' Therefore, they disregard this approach due to the emphasis placed on 'generalisations, distanced analysis and theory building', omitting the understanding and inspiration that emotive storytelling can have on the readers to help them think critically about their personal lives.

To reinforce, although autoethnography is sometimes presented as a discrete methodology in its own right, in this research it was employed solely as a reflective tool to add depth to the intersubjective experiences of being a researcher with an insider perspective in order to enhance emotional depth rather than an additional data collection method. The inclusion of brief autoethnographic reflexive stories are similar to reflexive boxes. As no new participants were involved, no additional data was gathered, and the reflections were used to contextualise my own experiences and thinking through the research experience. I therefore felt that it was not necessary to seek ethical approval as the reflexive component functioned within the original ethical clearance and did not introduce any new ethical considerations or risks.

To summarise, although my research aim was to explore the identity positioning of my participant, I could not escape from how my experiences were influencing my thinking and shaping the research. Jameison, Govaart and Pownall (2023), propose that the reflexive process in autoethnography is ultimately based around the question "What is the research process and how am I influencing it?" My reflections on these questions are considered in my discussion section.

I decided to incorporate the following questions into my research in order to give a more layered account of my experiences as a researcher:

- How have my experiences helped shaped the research?
- What do my experiences tell me about the experiences of British Pakistani Muslim Males with an ADHD diagnosis?

3.9.1 - Power and privilege in qualitative research

It is important to recognise that as a researcher I am forced to acknowledge power imbalances within the research process. First and foremost, I highlight that by using

evocative autoethnography as a reflexive approach does not intend to amplify my voice over my participants. Bochner and Ellis (2016, p62) highlight that critics of autoethnography postulate that the approach privileges the researcher's voice and is an act of seeking' self-fulfilment.' However, I did not want to take voice away from the those who participated as their experiences are essentially what I was seeking to amplify. I feel privileged that the chosen participant gave me his time and trusted me with his story. Ultimately, I hope by placing his narrative in dialogue with my own evocative storytelling honours the way in which our experiences converge and diverge.

Secondly, I acknowledge my philosophical position ultimately guided my choice of methodology, data collection and analysis and therefore by taking an interpretivist stance when devising the interview questions and the analysis there comes a particular sense of power and responsibility when interpreting the data (Oakley, Fenge and Taylor, 2022). I am aware that due to the time limit of my research, the co-construction aspect of my research was limited in the context of Abdullah giving his views on my analysis. However, I feel by making this intention clear with my participant prior to the interview this reduced possible harm.

Story 4 – Research unfolding like a sinking ship with a lifeboat

It was meant to be different, clean, structured interviews lined up, British Pakistani Muslim males with a diagnosis of ADHD voices keen to tell their stories about a world that othered them. I had envisioned a research process that unfolded in a linear manner however I was met with silence, a long silence.

It was the summer of 2024, and I had submitted my final portfolio. Gutted I had not managed to recruit participants meant I would still be continuing my role as a TEP. Alongside the frustration of how the research was unfolding, I was drowning in my roles as a TEP, mother, wife, daughter, sister, carer. No role felt easy, no role allowed for stillness. I felt like I was navigating a sinking ship.

One summer's day, feeling defeated, I drove to my favourite beauty spot for some green therapy. I gazed upon the crevasses in the hills and looked up at the blue sky which I often think has a thousand stories to tell too. I am so in awe of this place and its vastness; however, I felt a feeling of melancholy come over me. As I looked back

on my journey with recruitment so far with educational institutions in trying to recruit adolescents, their silence resonated a deep burden of overworked staff with budget and time constraints. In my day-to-day practice I could see the fatigue etched in their expressions, one more email asking for help with research was perhaps too much in that moment. I was also guilty of overlooking emails that aimed to recruit participants for research, if only I had more time I would want to help.

Turning to social media support groups and organisations presented its own challenges, whilst it offered visibility, some who did not fit the criteria responded with curiosity, some women, some undiagnosed, some adults, some parents. Some said they did fit the criteria but did not provide appropriate details. I decided to contact local mosques and university Islamic societies and use some of my own contacts in the community. Again, I was met with silence. I had so many questions and thoughts running through head, what did this all mean? Maybe community settings were not ready to talk about this? Was there a lack of awareness? Were individuals with a diagnosis of ADHD even accessing religious spaces? What if potential participants did not want to feel exposed and felt silence was safer? What if they just were not ready to talk?

Their reluctance hinted at deeper cultural issues of possible, shame, misunderstanding or perhaps of trust in the objectives of the research. I even thought, was I touching on some sort of controversial taboo subject? I could not ignore these silences and what they spoke to me. From the absence of participants and discussion in a supervision session I decided I had my own stories to tell from a culturally embedded research perspective. However, despite my love for listening to stories I questioned if I was a storyteller. I was always a quiet presence, someone who took notes at the back of the room, who turned reflection inwards but did not share them aloud. Yes, I had written stories as a child and kept a diary when I was a teen which served as a container for my teenage angst. However, embarking on the autoethnographic approach felt different. It felt like exposure and now I understood why so many may not have wanted to share their story especially in cultures which project, men are strong! Men do not talk about their mental health!

3.10 - Semi Structured Interviews

Schütze (1977, cited in Jovchelovitch and Bauer, 2000) set forth that the narrative interview should be underpinned by a basic premise to 'reconstruct social events' from participants using a direct approach. It should envisage to stimulate participants to tell a story from the 'perspective of informants' as directly as possible.

The research intended to use a semi structured interview. The questions I devised were based on McAdam's life story interview (2007). McAdams and McLean, (2013) advocate that life stories are underpinned by narrative identity, individuals form an identity by integrating their life experiences into an internalised, evolving story. The questions in his interviews are grounded by psychological theories and underwent various pilot studies to ensure rigour. The questions I used centred upon aspects of McAdams life story interview including, key scenes, challenges, personal ideology and existential questions including values and future aspirations.

I included questions around faith, culture as these were identified in the literature review as important tensions that intersectional identities bring with them especially in the context of diagnosis and wellbeing for British Pakistani Muslims. I also incorporated questions around family, school experiences and experiences of diagnosis as these were also identified as factors in identity development in the literature review.

3.11 - Pilot Study

In my ethics application I had specified I had intended to complete a pilot study however recruiting participants was challenging due to the specific inclusion criteria and the limited pool of participants who were willing to take part or even aware of the research. This was further impacted by time limitations that preceded recruiting my participant.

While acknowledging this limitation, I did prior to embarking upon recruiting my participant discuss my questions and their suitability to the research aims with my research supervisor. I understand that going through the motions of conducting a pilot study and reflecting on the experiences retrospectively may have added more rigour

to the research process. However, I am confident that Abdullah's story adds value and meaningful impact to the area of research.

3.12 – Narrative Oriented Inquiry Analysis Process

I chose Narrative Oriented Inquiry as a framework for data analysis (Hiles, Cermak and Chrz, 2009) due to its structured, transparent and dynamic way of interpreting data. Hiles, Cermak and Chrz (2009) highlight that this framework draws upon 'several complementary' approaches including Lieblich et al (1998, cited in Hiles, Cermak and Chrz, 2009) and Emerson and Frosh (2004, cited in Hiles, Cermak and Chrz, 2009). It is overarchingly exploratory in nature and adopts a 'situated-occasioned action perspective.' This position draws upon Mishler's (1986, cited in Hiles, Cermak and Chrz 2009) view that narratives provide a basis for 'knowledge production' and Emerson and Frosh (2004, cited in Hiles, Cermak and Chrz, 2009) idea that Narratives are also a means to explore tensions between 'ideal and real, self and society.'

In summary, the framework's aim is for narrative researchers to explore and understand how people relay their life experiences through narrative and how they construct how they see themselves and their place in the world. I used the framework to explore research questions 1 and 2. A brief overview of how I used the framework is in Table 2:

Table 2: Brief overview of data analysis methods (NOI)

Steps	**Tools / Resources**
Research questions	Hiles and Cermak (2008, cited in Willig and Stainton-Rogers, 2008) specify that the basis of NOI requires a research question. My research questions consisted of the following: 1. What do British Pakistani males' narratives reveal about how they understand and identify with ADHD?

	2. What do the temporal framings (past, present, future events and challenges) of participants stories reveal about their identity positionings? Questions 3 and 4 were added once I decided to incorporate an accidental autoethnographic approach. 5. How have my experiences as a researcher shaped the research? 6. What do my experiences tell me about the experiences of British Pakistani Muslim Males with an ADHD diagnosis?
Narrative Interview Semi structured format	The questions I used were structured and adapted around McAdams (2007) life story interview. They involved exploring the different phases i.e., past, present and future through a life story timeline. However, the questions also focused on topic questions around diagnosis and personal ideology.
Audio text The narrative interview requires an audio recording to generate an audio text	The interview was conducted virtually through Google Meet. This had a recording and transcribing function.
Raw Transcript The audio text was transcribed via Google Meet to produce a raw transcript	The interview was transcribed via Google Meet. However, I listened to the interview to ensure all the words were transcribed correctly. All personal

and any 'personal identifiers' were removed as deemed necessary by Hiles, Cermak and Chrz (2009) to respect confidentiality	identifiers were removed. A rule that was followed through the transcription process was that the transcript was not to be 'tided up' (Hiles, Cermak and Chrz, 2009)
Reading transcripts x7	I read the transcript several times as Hiles, Cermak and Chrz (2009) and Lieblich et al (1998) advise. working through the six representative techniques featured in the model (described below). I used highlighters and a colour coding system to develop the themes and subthemes
Analysis (brief overview) **1.** *Sjuzet* **-** *Fabula* (bounded and unbounded parts of the narrative) **2.** *Holistic - content* *3. Holistic - form* *4. Categorical - content* **5.** *Categorical - form* **6.** *Critical analysis*	Fabula - Establish the content of the story Sjuzet - How is the story being told? Holistic - content (overarching story and subthemes) Holistic - form (plot, genre) Categorial - content (themes in relation to identity) Categorical - form (cognitive processes, emotions) Critical analysis - what kind of narrative account of their life are participants constructing for themselves? How do participants position themselves with respect to their sense of self?

Initial phase of analysis

Whilst reading the transcript, Hiles, Cermak and Chrz (2009) advise breaking down the transcripts into segments and numbering them. They define these as 'moves' or self-contained episodes. I followed this through by placing the transcript in a table with another wide column for notes. I annotated and made notes down the side. This formed my working transcript (see appendix 7)

Stage 1 – Establishing the Sjuzet and Fabula

Hiles, Cermak and Chrz (2009) advise once the segments are established it is then important to distinguish the Sjuzet from the Fabula. Hiles (2007) defines the Fabula as bounded parts of the narrative and consists of establishing the events of the narrative as they occur. The Sjuzet consists of unbounded parts which essentially 'bracket the fabula', offering 'context, emphasis, reflection and subtle positions' illuminating the events being relayed.

Herman and Vervaeck (2001, p46), state that stories are abstract and are often no longer presented in logical chronological events therefore the motif/parts form the basis of the narrative. Hiles (2007) align with the view of Herman and Vervaeck (2001 cited in Hiles 2007) and state:

"Bounded motifs are fixed by the story that is being told, which if altered, will change the story as well. Unbounded motifs are not fixed, and while not essential to the story, are crucial to how the story is being told."

As advised by Hiles, Cermak and Chrz (2009) underlined parts of the transcript which were viewed as the Sjuzet in red. They advise that Fabula is not underlined as these are straightforward 'flat accounts.' These were numbered in the wide margin and given summarised titles. However, Hiles (2007) advises ultimately it is the 'subtleties' of the Sjuzet which are the essential components of how participants construct their identity positions and make sense of their lives.

Stage 2 – Establishing the Holistic Content

Hiles, Cermak and Chrz (2009) define Holistic Content as exploring links across the story. This stage of analysis is influenced by the work of Lieblich et al (1998). They

advise firstly reading the transcript with an empathic and 'open mind 'several times and to 'pay attention' to aspects/fabula of the life story according to the story and its context. Lieblich et al (1998) advise using Brown et al's (1988 cited in Lieblich, 1998) reading guide to help establish how individuals construct their identities and moral voices through storytelling. The guide involves reading the text four times, each with a different aim:

- Reading 1 - Establish the overarching story/global impression
- Reading 2 – Look for agency by considering any challenges participants face
- Reading 3 – Identify experiences of justice and injustice and consider the relationships and events and how they are framed as well as power dynamics
- Reading 4 – Identify care and carelessness, which involved looking for connection and isolation and how they are framed in relationships and events

Lieblich et al (1998) further advised establishing the content by identifying core themes related to identity which reflect the essence of the story (view appendix 8).

Stage 3 - Establishing the Holistic Form

Hiles, Cermak and Chrz (2009) advise using NOI 'flexibly' and therefore I have omitted this stage of analysis. The reasons underpinning this decision is because Lieblich (1998) advises that establishing the holistic form involves assigning the story into four favoured literary genres (romance, comedy, tragedy and satire), however due to the way in which the interview was structured, the story did not neatly fit into the proposed genres or follow the typical plot of these genres.

Stage 4 – Categorical content

Hiles, Cermak and Chrz (2009) further advise submitting the 'self-contained episodes' to a thematic analysis to establish the categorical content. I refined the broader themes and subthemes that were established from the holistic content section to capture the essence of the narrative. I then developed a colour coding system for each subtheme and aligned the episodes that aligned with the theme into categorical content tables (view appendix 9). In the findings section where I interpret the themes, I reference the direct quotes by underling them and also reference the episodes they align with. I also reference the overall sense of aspects of the quotes with numbered episodes too.

Stage 5 – Categorical form

Hiles, Cermak and Chrz (2009) describe this stage as 'careful analysis of the Sjuzet.' It involves analysing the 'extra linguistic components' which shed light on the features of the telling such as nonverbal communication. I identified aspects in a categorical form section (view appendix 10) which were interesting aspects of the stories. I decided to focus on Abdullah's use of, mental verbs, rhetorical questioning and his use of laughter throughout the interview to convey his emotions. I noted his body language throughout the transcript and laughter appeared to be a dominant action during happy and emotive parts.

Stage 6 – Critical analysis

Hiles, Cermak and Chrz (2009) advise answering two questions at this stage. This stage involves the process of highlighting the narrative account the participant is constructing for themselves and what are their identity positionings. I have illustrated how Abdullah positions himself in the working transcript by naming them IP 1, 2, 3, (view appendix 8) and then provide an interpretive lens to demonstrate how he positions himself.

3.13 - Quality Issues

Andrews (2021) asserts that Narrative research can be problematic due to the 'lack of consensus' regarding what constitutes narrative research' and nor is there a standardised protocol for determining evaluation. Therefore, Andrew (2021) proposes that narrative researchers should consider the following quality issues. I addressed the quality issues in the following way:

Truthfulness	Narrative research is often criticised for lack of validity, reliability and generalisability. However, the aim of the research not being centred on seeking an absolute truth. My main aim was to seek 'verisimilitude' based on experiences (O'Dea, 1994) as opposed to an 'objective and verifiable truth' (Andrew, 2021).

trustworthiness	*"The reader must have a sense that they are in trustworthy hands*" (Andrew, 2020). Therefore, the interpretation of the 'temporal framing' of stories should consider whether the critical literature review captures not only how the stories may support it but also if it does not and why not. This is reflected in the discussion section.
Critical reflexivity	I reflected on my own positionality throughout the process and recorded this. Andrew (2021) proposes concentrating on two questions *"who one is, and who one is not, in relation to the subject of the investigation."* These aspects are reflected in the reflexive autoethnography stories.
Scholarship and accessibility	When disseminating my findings I will need to consider the audience and how accessible the research is. I have described where I will disseminate my findings below and consider the style of writing that is suitable to each audience.
Ethical sensitivity	Throughout the process I was aware of my privilege as a narrative researcher and the power dynamics during the entire process from recruitment of participants, data gathering and data analysis process. Prior to the interview, I introduced myself and the research to the participant. This helped to build rapport. I also gave the main questions to the participant to help him prepare prior to the recorded interview. This enabled more transparency about the process.

Co construction of meaning	Narrative research centres upon how meaning is created. Therefore, I have tried to be sensitive to how meanings are created and how they are portrayed to the potential audience and participants.
Attention to the untold	I have considered aspects of the narrative that may not have been discussed in depth such as the elements of the story participants are not comfortable discussing or elaborating on.
Awareness of temporal fluidity	I also considered questions such as 'what stories are told, and what remains unsaid?'
Multilayered stories	I have considered the interconnectedness between micro and macro stories i.e. individual stories and their relation to dominant cultures and communities the participant belongs to in my discussion.
Contextualisation of the research	My anticipated audience first and foremost will be those within the educational psychology field. I also anticipate that those interested in identity and ADHD in other communities and cultures will also find this useful.

Chapter 4 – Findings and Interpretation

4.1 Explanation and Clarification of the Applied Analysis Process

This section presents a multilayered analysis and interpretation of Abdullah's narrative by utilising the steps outlined by Hiles, Cermak and Chrz (2009) in their Narrative Oriented Inquiry which draws on stages used by Lieblich et al (1998) and Emerson and Frosh (2004, cited in Hiles, Cermak and Chrz, 2009) to answer the following two research questions:

1. What do British Pakistani males' narratives reveal about how they understand and identify with ADHD?
2. What do the temporal framings (past, present, future events and challenges) of participants' stories reveal about their identity positionings?

The analysis of Abdullah's narrative draws upon five stages of Narrative Oriented, Inquiry (Hiles, Cermak and Chrz, 2009). The process of analysis is explained by a summary of how each stage was applied. This is then accompanied by a visual diagram (section 4.1.1, p77) to simplify and clarify the interpretive process. I then demonstrate the relationship between each stage through the findings section. The findings are structured to reflect the layered analytic process and highlight that they are not isolated interpretations but are linked to each stage.

**Initial Phase* – In the initial phase of my analysis I focussed on numbering the moves/episodes in the working transcript (appendix 7) under the 'Data' column. I did this by reading through the narrative and marking a new number whenever I noticed a shift in topic, event, time or focus. My aim at this stage was purely for organisational purposes in order to break the story down into manageable self-contained units as advised by Hiles, Cermak and Chrz (2009). Although Hiles, Cermak and Chrz, (2009) describe this as a straightforward process, I found it challenging at times as real life narratives are not linear, often topics overlapped and deciding where one episode ended and another begins required careful judgment.

Stage 1 – Establishing the Fabula and Sjuzet

To establish the Fabula (the chronological events) which I separated according to experiences, location, time (past, present, future events) and relationships. I bulleted

each event and numbered them, i.e., '*Fab 2, Went to university.'* In the analysis and interpretive commentary margin. This was so I could keep track of the sequence of events in Abdullah's life. Hiles, Cermak and Chrz (2009) highlight that the fabula is made up of flat accounts and are the bounded parts of the story.

To establish the Sjuzet (how the story is told) drawing on Hiles, Cermak and Chrz (2009) method and informed by Labov and Waletsky's (1967, cited in Hiles, Cermak and Chrz 2009) focus on linguistic and paralinguistic features, I identified and coded the sjuzet to capture thoughts, feelings and expressive elements including body language and emphasis on words in the narrative. I marked the paralinguistic features using Jefferson conventions as noted in Edwards (2022, p124), analysis by separating, pauses, intonation, nonverbal information and overlapping speech. To make this clear in my transcript I underlined the sjuzet in red and provided an interpretive commentary which is highlighted in green font and numbered in the right margin. They were numbered because there were multiple interpretations within the episodes. This stage of the analysis helped capture a richer understanding of the narrative and its meaning.

Stage 2 – Holistic content

I applied the Holistic content approach as described by Hiles, Cermak and Chrz (2009). This section gives an overall global impression of the story by linking specific content from the story to the overarching narrative. This involved reading the transcripts several times with an open mind, guided by Brown et al's (1988, cited in, Lieblich et al, 1998) guide, to explore the context and identify core themes (view appendix 8). In this stage of the analysis, I also drew upon McAdams (2007) work by looking for an overarching narrative theme. He highlights that certain narrative themes occur across life stories such as agency, communion, contamination and especially redemption. This helped me identify how Abdullah constructed meaning and identity through his storytelling paying particular attention to moments where adversity was transformed into growth and positive outcomes, creating a redemptive story.

Stage 3 – Holistic Form

This stage was omitted from the process (see methodology chapter, 3.11)

Stage 4 – categorical content

Following Hiles, Cermak and Chrz (2009) process of analysis, I submitted the self-contained episodes to a thematic analysis to establish the categorial content. I refined the broader themes and subthemes identified during the holistic content stage to better capture the essence of the narrative. To organise this, I developed a colour coding system for each subtheme and grouped the relevant episodes into the categorical content table (see appendix 9). In this section I interpret these themes by referencing direct quotes and underline them and indicate episode numbers to clearly link my interpretations to specific parts of the narrative.

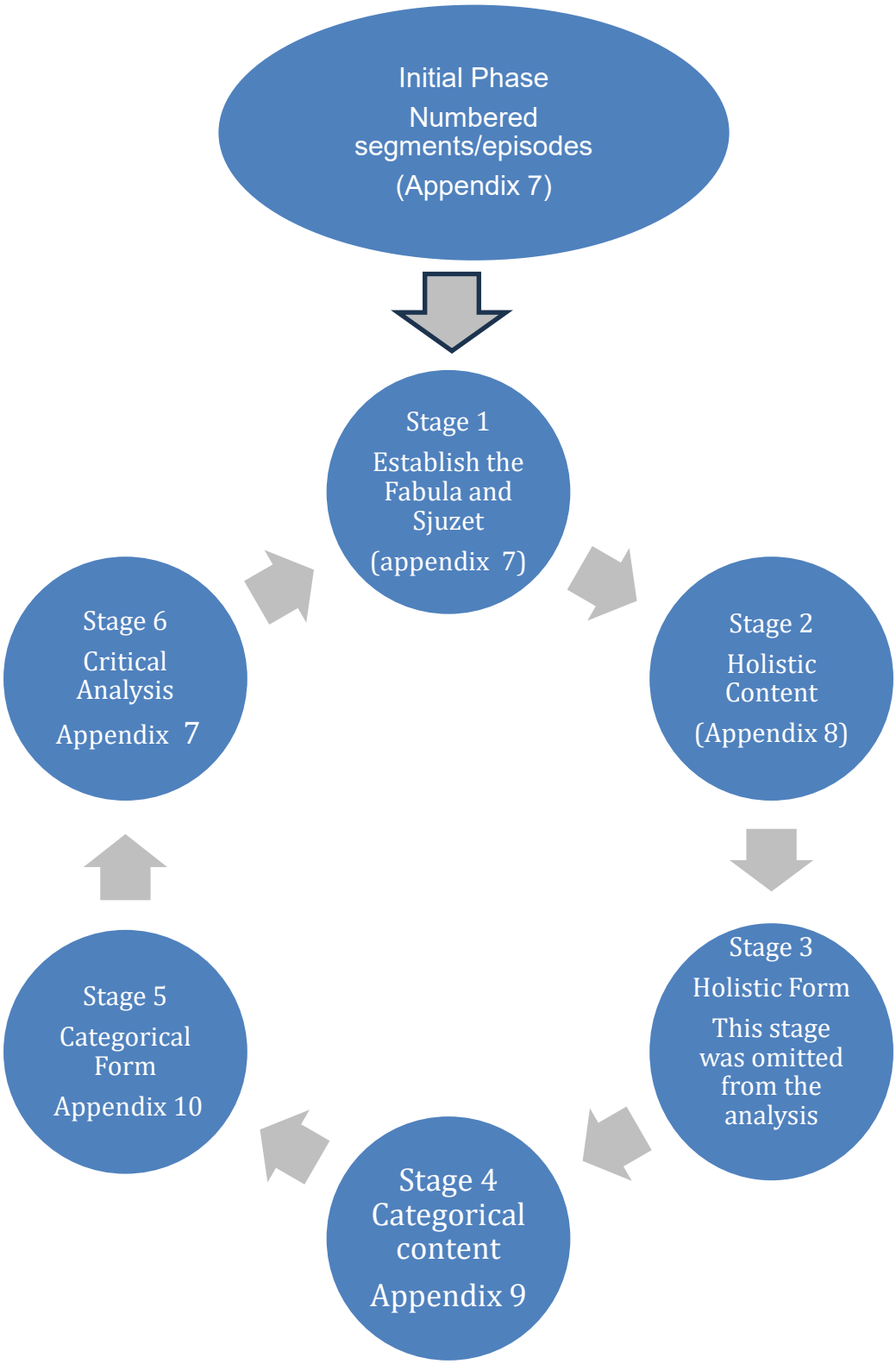
Stage 5 – categorical form

In line with Hiles, Cermak and Chrz (2009) recommendations, I analysed the cognitive skills reflected in the narrative. I drew upon linguistic and paralinguistic features which were identified when establishing the sjuzet (see stage 1). By noting these features throughout the transcript, I was able to highlight the emotions presents in the narrative gain deeper insight into Abdullah's cognitive and emotional processes. I chose to concentrate on Abullah's use of mental verbs, rhetorical questioning and laughter as they appeared to be dominant features of his storytelling.

Stage 6 – Critical analysis

Following Hiles, Cermak and Chrz (2009) who incorporate this stage from Emerson and frosh (2004, cited in Hiles, Cermak and Chrz (2009). I analysed how Abdullah positions himself within the narrative, particularly in relation to his experiences before and after his diagnosis. This stage of analysis focuses on his identity positionings by examining the ways Abdullah expresses multiple identities through his reflections and how he viewed himself such as marginalised, curious, spiritual and an advocate which were labelled as i.e., IP1, IP2. This approach allowed me to gain insight into how he actively constructed his identity throughout the narrative.

4.1.1 Visual diagram of the analysis process



4.2, Stage 2: Holistic content

This holistic content analysis provides the global impression and overarching narrative that frames the subsequent stages of NOI. The themes identified here are explored in greater detail in the categorial content (themes and subthemes), categorical form (cognitive processes and emotions), critical analysis (identity positioning). The processes of data analysis highlighted in this summary are further evidenced by direct quotes and interpretive commentary in the working transcript (view appendix 7). The holistic content synthesises insights from the Fabula and Sjuzet moving beyond isolated themes to a richer understanding of how Abdullah's identity is constructed through a temporal timeframe.

Overarching Global Impression: 'A Rollercoaster'

Abdullah's interview is a rich and meaningful example of narrative storytelling as it incorporates a temporal timeframe which centres the narrative around his life experiences. Abdullah frames his life story as 'a roller coaster' a metaphor that captures the emotional highs, lows and unpredictability of his ongoing search for meaning and belonging. The overall meaning I attribute to his story is that of redemption. Through his emotions, choice of linguistic and paralinguistic features he showcases how he overcomes adversity by turning negative experiences into a positive outcome.

His story unfolds across his childhood, adolescence and young adulthood. His experiences through this temporal timeline highlight a consistent thread of curiosity. His curiosity shapes his approach to his identity formation, positioning himself as always remaining authentic despite feeling marginalised by being true to his spiritual self and determined to advocate for others. His identity positionings are underpinned by his experiences of living with undiagnosed ADHD and his experiences of education, employment, faith, culture, relationships, pursuit of personal growth and the clarity his eventual diagnosis of ADHD provided.

Early life experiences

From the outset he describes his story as one of '*self-discovery'* stating: *'Since I was very young, I always liked discovering …what is to do the with the world but actually*

over the years, learning about myself.' From early childhood, Abdullah's curiosity shaped his worldview. He was eager to learn, full of creativity and ideas. However, beneath his inquisitiveness was a hidden struggle of undiagnosed ADHD symptoms which became more profound when he entered the schooling system, affecting his home life and his experiences of his community. His story highlights moments of inclusion and exclusion within primary school, mosque and his family life. His early years were marked by questions of belonging and identity, a theme that echoes throughout his life story narrative.

Turning points

A major turning point in Abdullah's narrative is his move to university, which he describes as an '*interesting period'* and a time of '*actual discovery*,' he reflects, '*especially when I moved for the first time, it was a very interesting period*.' This transition marks the beginning of Abdullah's feelings of greater independence and self-awareness. He thrives on new experiences including starting business ventures, meeting new people from diverse backgrounds. However, alongside these achievements there is a sense of uncertainty and self-doubt '*it was very volatile'* he admits. '*I felt lost and unaware.'* Yet his desire to succeed by *'always being on it'* masks the inner turmoil he experiences.

Navigating undiagnosed ADHD

Abdullah's experiences of being undiagnosed with ADHD (later autism and dyspraxia) are central to his story. He references his '*brain always looking for the next thing to work on'* and describes himself as a '*very creative person.'* However, these traits were often misunderstood by others leading to criticism and feelings of marginalisation: '*always being criticised by people…especially for how my symptoms are playing out.'* The lack of awareness around neurodivergence in his family, community and school meant that his behaviours were often seen as *'just behaviours'* resulting in self-doubt and internalised blame: '*I didn't know how to maintain them and control them…it just felt like I was going insane'*

Cultural context and identity negotiation

Alongside navigating undiagnosed symptoms of ADHD, Abdullah's narrative is deeply embedded in his cultural context as a British Pakistani Muslim. He reflects on the dual pressures of British and Pakistani cultural expectations, the impact of stereotypes and the lack of awareness around mental health and neurodivergence in South Asian communities: '*it's not even talked about and is unheard of in our communities. It's just seen as behaviours.*' He describes the challenge of navigating multiple identities *'having an identity crisis as a Muslim Pakistani British, working class person'* and the influence of intergenerational trauma and institutional racism, particularly in educational settings '*there was institutional racism as well that we faced…being told by a headteacher…you're not gonna make it'*

Faith and spirituality

Abdullah's faith strikes me as giving him a profound source of strength and meaning throughout his narrative especially whilst being undiagnosed. He describes his relationship with God as *'a personal thing'* stating, "I *never gave up my belief in God, Allah. I knew he understood when nobody understood me."* Religious practices, such as prayer, provided routine and grounding for him, *'as much as I can, I try to be present in the moment…with the five prayers and trying to read them since I was actually like 17 years old*.' Faith was also an anchor when he was diagnosed. It helped him reconcile how he felt about the quality of his faith practices which offered a framework for self-compassion and acceptance, *I'm not shaming myself for struggling…reducing that self-shame and guilt has allowed me to become better with my faith.'*

Diagnosis – a moment of clarity

Some of the pivotal moments in Abdullahs journey towards diagnosis give me the impression that they were grounding for him. When life throws further challenges his way, the breakdown of his marriage, it was a significant event that forced him to pause and reflect. Moments such as these also served as a catalyst for growth and his eventual diagnosis. An interaction with a manager who asked the right questions sparked his journey towards self-diagnosis and his eventual utilisation of workplace resources to access support and a diagnosis. For Abdullah his diagnosis was more than a medical label but actual clarity which '*pieced together missing and*

misunderstood parts of me,' having suffered with mental health difficulties '*depression and anxiety'* Abdullah embraces his neurodivergence as divine decree and although a part of his identity it is not his whole identity.

Resiliency agency and advocacy

Despite the significant challenges he faces throughout his life, Abdullah's story gives me the impression of how resilience and agency were essential to him crafting his identity. He highlights his determination to remain authentic '*always being me…I never sort of given up on myself*' and his proactive approach to seeking support post diagnosis, '*I had certain coaching, certain counselling…ADHD coaching that helped me out.'* He expresses a strong desire to advocate for others '*my aim is to help neurodivergent people worldwide…to make it normalised in our families and communities.* His narrative closes with a message of hope and unity. '*We all have one life…just because our brains are designed differently, doesn't meant we should be at the wrong side of society.'*

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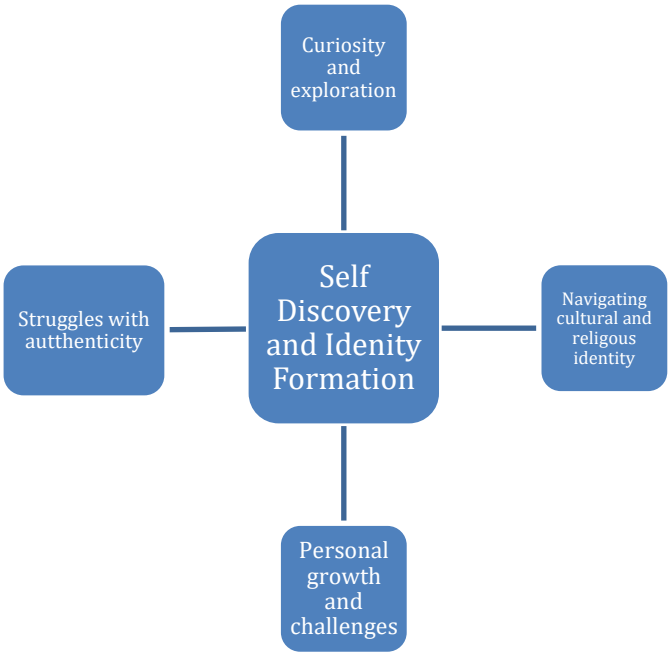
4.3, Stage 4: Categorical Content

The relationship between holistic and categorical content is central to NOI. Just as the holistic content provides a global impression of the narrative, the categorical content focuses on identifying recurring themes and subthemes within the narrative. Hiles, Cermak and Chrz (2009) reinforce that by emphasising the parts of the story, they enrich the meaning- making process which links back to the holistic perspective which helps maintain authenticity and depth in understanding Abdullah's lived experiences.

Diagram 1: Theme 1, self-discovery and exploration



Self-Discovery and Identity Formation

This theme demonstrates how Abdullah constructs his identity by navigating his curiosity around self-discovery from an early age to his adult life. His journey reflects a deep exploration of self-awareness which appear to be shaped by an intrinsic yearning to 'learn' (2) and 'discover' himself (1,2,53) which eventually leads to his diagnosis of ADHD.

Curiosity and self-exploration – 'Since I was very young I always liked discovering'

A particular pivotal moment is his journey of self-discovery is when he moves away from home and embarks upon his degree in international relations which he deems as an 'adventure' and 'novelty seeking' (179). It helped develop his understanding of the world (10). This appears to be a positive moment in his narrative where he connects with others (12) and learns of other 'cultures and religions'(11 and 12) and is provided with opportunities to travel. He references his brain 'being on it' (8,25) through this period highlighting a period of hyperfocus whereby he was in a constant state of curiosity and engagement with world. His focus on entrepreneurial ventures (6, 2) at this time reflects his exploratory mindset demonstrating that his search for meaning extends to career development as well as personal development.

However, he appears to experience a dissonance when reflecting back on his adolescent years where he highlights that his momentum for self-discovery during this time left him questioning himself. He describes his teenage years as particularly 'volatile' (4). He reflects on 'risk taking' (161) and 'being on the edge' (30, 53) signalling an intense period in his narrative in the absence of an ADHD diagnosis which often left him questioning his own behaviours 'what's going on?'(55). The latter being shaped by 'criticisms by people' (54) including, urging him to 'figure out' (55) how to help himself by drawing upon his problem-solving skills.

Navigating cultural and religious identity – 'I'm born in Britain, so I have overlap of them cultural influences'

An important aspect of Abdullah's narrative on his journey to self-discovery is how he negotiates multiple aspects of his identity (British, Pakistani, Muslim and being neurodivergent) which results in an intersectional experience. During his adolescent years his narrative highlights the complex way his cultural and religious background shapes his understanding of self and ADHD, creating both a source of strength and internal conflict. Abdullah appears to develop a deeper understanding of his faith during a period of bereavement in his adolescent years (127-130). During a visit to Pakistan, he observed the elders of the family practicing their faith and in particular reading the Quran in their old age despite their difficult life experiences and perceived it as a source of support for 'wellbeing'(129). His deeper awareness of Islam appears to influence the way Abdullah appears to navigate his understanding of himself and

ADHD via the centrality of his faith and his 'personal'(34) relationship with God, 'I never gave up my belief in god, Allah' (33) despite the many challenges he faced and feeling let down by those around him. His post diagnosis reflections appear to position ADHD within a religious framework which he deems as divine decree, 'it's {something}, that I've been created with' (71). He emphasises that it was divine intervention that helped him navigate his life to where it is now, 'He brought me through to this side'(34).

He further delves into navigating his dual identity of being British with Pakistani heritage, 'I'm born in Britain, so I have overlap of them cultural influences'(149). He acknowledges that there are aspects of his Pakistani culture which are beneficial 'clothes, food, customs (143) but his faith composes a 'broader'(143) role in his identity development and sense making. His adolescent years were also the cause of a deeper conflict with his identity, 'then having an identity crisis as a Muslim, Pakistani British, working class person'(63) reflecting a broader complex interplay between diasporic identity, faith and socioeconomic status.

His Pakistani culture presents challenges to the understanding of 'neurodivergence, mental health, intergenerational trauma'(143) due to stereotypes and therefore he expressed these topics are not widely discussed in his community. He further appears to question whether the dismissal of ADHD symptoms as 'behaviour' (143) in his community are possibly a universal experience, it 'makes you think of the symptoms as behaviours and whether that's neurotypical culture or British culture or Pakistani culture.'(148).

Struggle with authenticity - 'always masking pretending I was concentrating, but I was always falling back'

During Abdullah's journey of self-discovery, he experienced moments of what he terms 'masking' (114,164) of his neurodivergent traits whilst being undiagnosed to fit in due to cultural and societal expectations. He reflects on his transition to high school, 'adult world'(163) being a pivotal moment in sowing the seeds of self-discovery, 'you are kind of discovering yourself' (164). However, as well as trying to fit in, he explains he was 'always masking pretending I was concentrating, but I was always falling back'(182) in order to meet academic expectations within school and also being questioned within the mosque setting due to his struggle with his 'attention span' (114). Due to feelings

of judgement around his 'symptoms' (98) specifically the psychological effects on his emotional regulation, had him feeling branded as 'mad', insane' (155). This forced him to create an emotional space from others, 'distance', 'hide yourself' (152, 172) however this is not received well by others and he feels judged further. Despite his struggles to understand himself, he holds onto his creative identity in particular his expression through art, this appears to keep him grounded in his authentic self, 'I was an artist, I was always me' (166, 167). He emphasises he also remained 'reflective' (169) and did not conform, 'I didn't bend'(167) and was also 'real with people.'(167) whilst at the same time preserving and protecting himself and not giving 'time and space' (174) to those who he felt judgement from. Indicating how he maintained his sense of agency, resiliency and empowerment over who he chose to engage with.

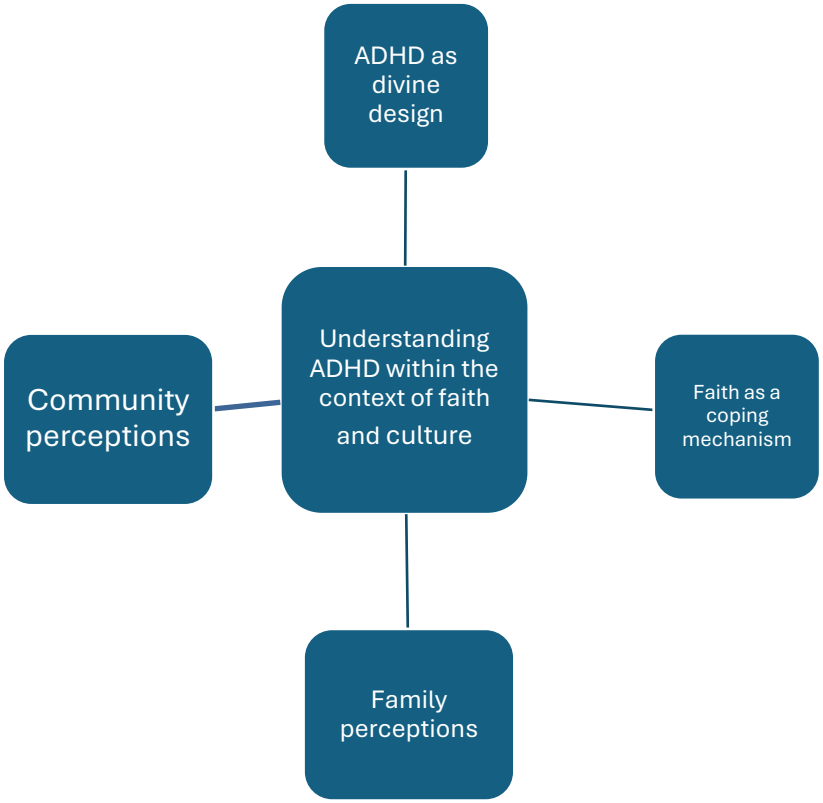
Personal growth and challenges – 'no matter what, I always believed in myself'

Despite Abdullah's early struggles with the symptoms of undiagnosed ADHD, academic challenges and societal expectations, he views his journey as one of personal growth. His self-awareness and internal resilient mindset appear to help him navigate his undiagnosed symptoms, whilst at the same time cultivating a strong sense of purpose. Abdullah often reinforces his internal resilience through his narrative 'no matter what, I always believed in myself'(17). His self-belief and self-reliance helped him through educational and employment challenges, 'its always been me first' (194). His problem solving and creative identity appears to shape his resilience further in the absence of a diagnosis as he developed coping strategies (57). During his transition to high school, he found the environment and interactions with 'humans' (39) particularly challenging (39-41). He places value on establishing a routine and the importance of spending time on his own in a 'quiet' environment in the library during his GCSE years, 'God knows that's one of the most helpful things' (174) as he did not feel the family home environment was conducive to his learning (175). During this time, he started to develop leadership skills by 'mentoring, leading assemblies, leading youngsters, (190).This reflects a period of success and determination despite his challenges with feeling judged and the low expectations placed on him by school staff, 'that's where my fire began, I don't like to be told I can't do something.'(188).

He further emphasises his growth and achievements by narrating how he completed his degree, which is something he felt he had agency over, 'I chose to do it' (27) despite the challenges he had with his undiagnosed symptoms, 'High chance I wasn't gonna get my degree' (20). He emphasises that he made adaptations and pre-empted his struggle with planning and time 'I knew that subconsciously it would take me longer to write' (26). His emphasis on his degree appears to be a core achievement in his narrative.

His challenges during his employment years, appear to have had an impact on his mental wellbeing,' some places which were good ((laughs)). Some were like challenging my sanity' (29). In particular, during the covid 19 period he was having to explain to colleagues how he works and takes longer with tasks despite being competent at his job (96-97). However, it was the structures, conversations around his symptoms and support he received within the workplace that were pivotal in him being curious and researching his symptoms and seeking a diagnosis (95-97,100). He draws upon his internal resilience and takes it upon himself to seek support through the access to work (196) programme and other modes of support which helped him 'improve' (68).

Diagram 2: Theme 2 - Understanding ADHD in the context of faith and culture



Understanding ADHD Within the Context of Faith and Culture

This theme highlights how Abdullah makes sense of his ADHD diagnosis through a critical faith-based lens. It also highlights how he negotiates the familial and cultural misconceptions around his ADHD symptoms.

ADHD as divine design – 'He's created us in this way but for certain reasons with certain strengths'

Abdullah views ADHD as divine design as opposed to a medical or behavioural issue, 'it's {something}, that I've been created with' (71). He places an emphasis on brain differences 'my brain is structured differently' (73). This framework appears to help him reconcile the emotional turmoil he experienced and oppose how he felt positioned by society as 'insane'(48) whilst being undiagnosed, 'yo wait, this is what's going on?

I'm not the insane one '(72). He further views ADHD as 'separate to me, but it's a part of me' (73), this emphasises the tension that ADHD is part of him but also something distinct. He also views ADHD as having a divine purpose in a person's life, 'He's created us in this way but for certain reasons with certain strengths' (122) further explaining ADHD is not something to be viewed as negatively all the time, 'it's not doom and gloom' (122). He is also able to reconcile the guilt he felt whilst performing religious prayers where there are certain routine practices you undergo to complete the prayer, 'I probably under prayed and over prayed.' (134), but 'now I realise it is my ADHD' (135). By negotiating his diagnosis via a faith-based lens it highlights his journey towards self-acceptance and self-compassion (119).

Faith as a coping mechanism – 'reducing shame and guilt allows me to become better with my faith'

Abdullah's faith appears to serve as a significant adaptive coping mechanism for his ADHD. It allows him to overcome self-blame, instead of viewing his symptoms as a limitation. He is able to reframe his struggles through his faith; I am not shaming myself (120). He expresses how faith provides both flexibility and reassurance rather than imposing unrealistic expectations, 'reducing shame and guilt allows me to become better with my faith' (121) and practice self-compassion (119). He is also able to reframe his understanding of God (Allah's) characteristics, as 'more compassionate.' (121). He explicitly states that Islamic practices are beneficial for neurodivergent individuals as they introduce routine and discipline, helping with their executive functioning. He further likens Islamic practices to that of mindfulness and grounding from western psychological paradigms,' what they call mindfulness… Islam…had... these practices embedded within it' (130, 131). He demonstrated through his narrative how he adapts his environment to help him be more present, mindful and grounded in his prayer, including using a prayer mat, quiet room and setting his intentions, 'who am I standing in front of? Allah.' (137).

Family perceptions – 'why you labelling yourself….why you trying to escape things?'

Abdullah's narrative appears to position his family as playing a significant role in his identity formation and understanding and acceptance of ADHD. His views appear to be complex and layered. Although he views family traditions of his elders as providing

stability, 'I started to pray because I was really inspired by my grandad' (126.127). He also describes his family's expectations regarding adherence to religious practices and his behaviours as conflicted with his ADHD traits such as memory issues, 'doing extra Sajdahs (prostration)…praying with my family and all of them thinking what's going on with you? (135). He also questions why certain family members responses to him 'forgetting instructions' (110) when growing up' perhaps felt disproportionate. Abdullah forgetting instructions appears to allude to difficulties with his attention.

Abdullah explains postdiagnosis, his family perceptions are only more recently starting to shift to a place of understanding surrounding his diagnosis and the support he is receiving (194); however, he appears to explain that perhaps the family are less inclined to know the details of how he is receiving support. His past experiences highlight that there was often confusion around his emotional regulation growing up which led to his difficulties being labelled as just 'behaviours' (150). These perceptions shaped Abdullah's sense of self due to being misunderstood and perhaps feelings of shame due to a lack of awareness from others. This led him to feeling isolated and distant from them, 'it's like your pushed away from everybody' (151) creating further self-doubt. He discusses being blamed, 'blame game'(152) for his behaviours possibly due to it being perceived as avoidance or irresponsibility (152). His diagnosis appears to reveal his family's indifference toward ADHD as labels perhaps reflecting a broader cultural scepticism towards a diagnosis, 'why you labelling yourself….why you trying to escape things?'(152).

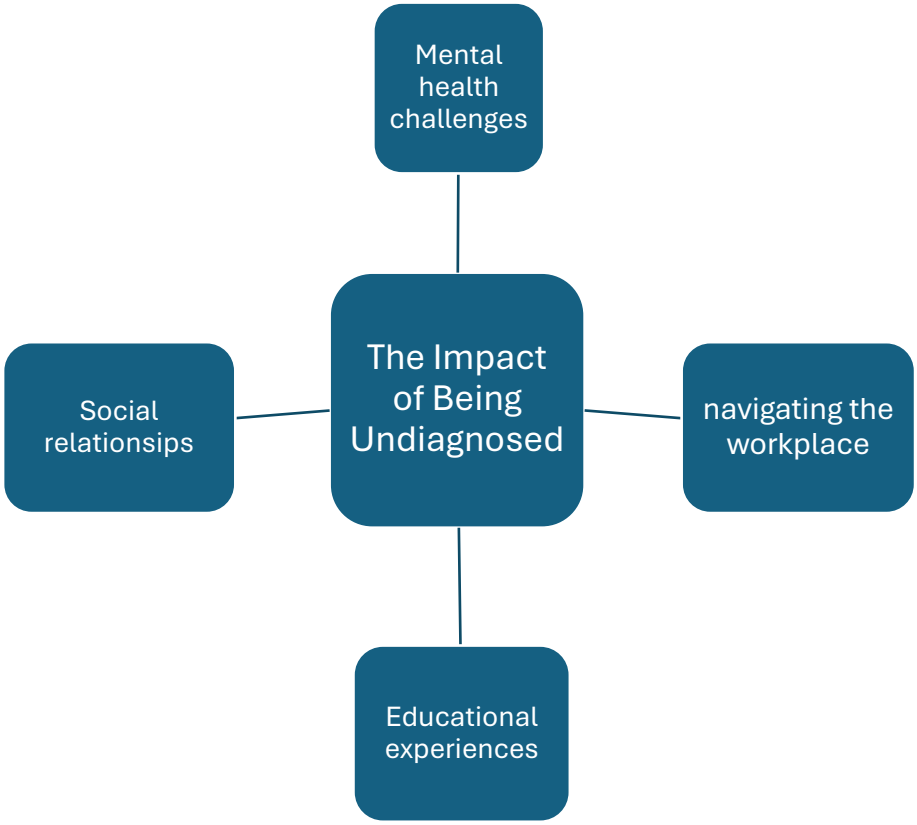
Community Perceptions – 'why was I always told off?'

Furthermore, he explains that he believes ADHD is perceived negatively in his culture due to 'stereotypes' about 'mental health' and further connecting this to' intergenerational trauma and history' (143) suggesting marginalised communities may overlook neurodivergent experiences due to a historical need for survival and adaptation.

Abdullah further reflects on his experiences within the mosque environment when he was younger noting that despite his perception of staff being 'nice'(112) he recalls significant challenges in engaging with religious practices, specifically struggling to read the Quran due to his attention span (113), a need for movement (113,114),

prolonged sitting on the floor and posture issues (115) exacerbated by concerns about his posture and body weight. These difficulties contributed to a complex interplay between self-esteem and body image concerns, physical discomfort, neurodivergent traits and societal expectations. He questions, always being 'told off'(110) by mosque staff around his behaviours suggesting that his struggles were not necessarily understood within the framework of ADHD reflecting a broader lack of awareness and recognition of neurodivergence within religious and community settings.

Diagram 3, Theme 3 - The impact of being undiagnosed



The Impact of Being Undiagnosed

Abdullah's narrative exemplifies how his experience of being undiagnosed can exacerbate mental health challenges. The process of navigating personal, social, structural and societal pressures without the understanding of others leads to psychological distress, isolation and feelings of inadequacy in his adolescent years and adulthood.

Mental health challenges – 'It just felt like I was going insane, I was always insane'

Abdullah frequently refers back to periods of distress and emotional turmoil in the absence of a diagnosis growing up which he describes as an 'intense' (104) period. Abdullah had not acquired the language and framework to understand his challenges leading to anxiety about why he seemed to struggle. Abdullah explains how he was

‘unaware’ (104) of his symptoms and how they ‘impacted’ his life (46). He often places emphasis on the symptoms he had and the effect they had on his psychological mindset, ‘It just felt like I was going insane, I was always insane’ (48).

He further refers to his struggles as, ‘his brain not working’ (56) reflecting the frustration and self-doubt he felt. This appears to be exacerbated by always being criticised by people, especially for how my symptoms are playing out (55). He shares he experienced challenges due to being ‘unaware’ of his ‘symptoms’ (46) which he felt he did not know ‘how to control them’ (47). Also, he was ‘unaware’ of the ‘emotions’ he was experiencing (48)

He refers to his symptoms within a framework of executive function skills, including:

- Bouncing from one direction (31),
- Always up and down (32)
- Mistakes and distractibility (98)
- Not knowing when to switch off (105)
- Struggling to take instructions (110)
- Always on the go (175)
- Moving positions (113)
- Posture issues (114)
- Being distracting (178)
- Hyperactive and inattentive ADHD (179),
- Lack of focus (180)
- Always forgetting (181)
- Pretending to concentrate (182)

In hindsight, he was able to articulate his difficulties with emotional regulation and how it made him feel:

- Making me insane (29)
- Feel lost and unaware (42)
- Trauma (48)
- Uncomfortable in my own body (49)

- Internal struggle (50)
- On the edge (53)
- Intensity (104)
- Blamed myself (109)
- Self-shame and guilt (120)
- Feeling distance (151)
- Angry (154)
- Overstimulated (154)
- Burning out lots (87)
- Don't know how to support yourself (84)
- Masking (113)
- Masking your identity (163)
- Masking especially when told your argumentative (170)

Later in his life he appears to suffer from Burnout 'burnout' (87) from 'masking' his symptoms (113) where he felt he had to 'hide' aspects of himself in numerous contexts. He sought advice from his GP and explains two years prior to his diagnosis he was diagnosed with anxiety and depression. He emphasises that neurodivergent people have the 'odds against us' (83) highlighting that neurodivergent people are disproportionately affected by mental health issues, 'suicide, relationships difficulties and higher prison rates.' (83).

Educational experiences- 'feeling enclosed and strangled…I just felt very caged and stuff.'

Abdullah's experiences in education reveal the significant challenges he faced due to being undiagnosed. His perception of primary school appears to be one of ease and freedom, 'there's no sort of expectations' and somewhere where 'play' is encouraged (161). In contrast he struggled to navigate the structured expectations of high school where he had difficulties with transitioning to a new environment and meeting new people (161). Despite his curiosity to learn, I was always asking questions (181), he experienced difficulties with his executive functioning skills and emotional regulation which were often misinterpreted or misunderstood by school staff, 'They can't figure me out' (180). He explains, my reports you could work harder, he needs to stop being

distracting (179), this appears to be a result of difficulties with planning and organisation skills including 'lack of focus', (180), forgetting where I was in exams (183), and running out of time (182), difficulties processing information, sleep issues, and 'daydreaming' (182-183). Abdullah further recalls a period of exclusion from school which he describes as complex (186), however he explains this was the beginning of his 'identity crisis'(187) further suggesting that his difficulties were not just personal but as a result of systemic barriers, in Abdullah's case institutional voices reinforcing a narrative of failure rather than support which he believes was underpinned by 'institutional racism'(186). His example includes the low expectations applied to him by senior staff members, 'being told by a head teacher and stuff, you're not gonna make it with three GCSE's or A- levels or go to uni.' (187). This appears to be a time of deep emotional turmoil, where he describes 'feeling enclosed and strangled…I just felt very caged and stuff.' (.90).

In contrast, his educational experiences within a higher education setting were overall positive because it was something he enjoyed and he chose to do it, giving him a sense of agency and choice over his future goals (27). However, his executive function skills and emotional regulation appear to have caused him difficulty. 'I did it sleeping through lectures erm, I was over stimulated the entire time at Uni' (24) emphasising the mental and physical toll trying to juggle academic success with the effect undiagnosed symptoms had on him. However, his determination and intrinsic motivation to succeed in his chosen course signifies his resilience.

Social relationships - 'certain battles you always win and lose like friendships, relationships'

Throughout Abdullah's narrative he refers to social relationships and his commitment to remaining authentic in his relationships, 'I was always real with people'(167). He summarises his experiences as 'certain battles you always win and lose like friendships, relationships.'(170) implying that undiagnosed individuals go through a process of navigating social pressures of acceptance and rejection in a nonlinear way.

He describes his peer relationships during his time at high school as 'good friendships and bad friendships'(159) marked by connection and disconnection. Although he summarises that 'he always got on with people' (158), he remained cautious 'If I kind

of got a gist that something wasn't' right, I'd distance myself '(168). He further explains that his way of coping with people was to 'hide himself away' (172) and indulge in activities he found solace in such as art and charity work. This enabled him to not 'deal with people's nonsense' (172). Retrospectively he believes this was divine intervention, 'God took them out my life' (23) to steer him away from peers with unhealthy behaviours. However, he recalls on how working in schools with neurodivergent children, he found 'he got on with them '(101).

Abdullah further reflects on particular poignant emotional moment in his life where he was 'forced to take a pause,'(65), which was when his marriage broke down. Abdullah emphasises that had he had a diagnosis perhaps the outcome of his relationship would have been different highlighting how undiagnosed ADHD can affect intimate relationships.

Navigating the workplace – 'Some places which were good. Some were like challenging my sanity.'

Abdullah's difficulties in the workplace played a crucial role in leading to his ADHD diagnosis, it highlighted and deepened the struggles he had with his executive dysfunction, focus and overstimulation which had previously gone unnoticed or were misinterpreted.

Abdullah describes his work experiences as challenging to his 'sanity' (29) which emphasises the mental and emotional strain of navigating professional environments with undiagnosed ADHD. In his narrative, Abdullah places particular emphasis on the frustration he faced working in the fire brigade during the Covid 19 period where he mainly worked from home. It appears this way of working exacerbated his difficulties; this may have been due to the absence of structure in a workplace environment in particular 'communications through the phone'(96). Abdullah struggled with 'overworking' (98) due to time keeping difficulties (98), 'distractibility' (98), mistakes in his written work (99), focus during 'reading' tasks despite his love for reading (109), retention of information (109) and self-doubt, 'I was making mistakes. It's like what the heck?'

A key relationship that helped him reflect on his difficulties was his line manager, by validating his strengths, ‘you’re really good’ but… making mistakes’(97) and also having what appears to be supportive conversations, ‘what’s up, what’s going on?’(97). However, he also appears to make a connection between working amongst ‘ex journalists’ who are generally highly skilled in writing led to his difficulties feeling more pronounced because he had previous successes with academic type tasks. His workplace relationships appear to be a catalyst for his realisation that his workplace difficulties were not a result of his personal failing but ADHD. This triggers an urgent and intense period of research and self-education in the context of ADHD (102). It appears through the learning support department he was able to seek support and have an assessment which led to his diagnosis.

Diagram 4: Theme 4 - Post Diagnosis and advocacy

4.0, Post Diagnosis and Advocacy

Abdullah received his diagnosis when he was 25 during early adulthood. His experiences of receiving an ADHD diagnosis reflects a dual emotional response, grief of the past and clarity for the future. His journey highlights how receiving a diagnosis helped him reconstruct his identity from that of being misunderstood and marginalised to self-acceptance and an advocate for change.

4.1, Grief versus Clarity – 'It's kind of like there's a lot of grief and shame and guilt. My life and the way things could have been'

Abdulllah's frames his experience of receiving a diagnosis as a process of realisation and clarity. His initial feelings highlight the process of feeling 'anger and sadness' (88) and grief, shame and guilt (89). He appears to mourn the years he spent believing that his struggles were personal failings which appear to intensify his feelings of regret as he reconsiders how different 'things could have been' (89) with early recognition and intervention (89).

He reflects retrospectively on his experiences of realisation post diagnosis, in particular how much he struggled 'when I looked at it backwards, I realise how much I did struggle' (108) and how he could have avoided feelings of frustration and self-doubt, 'It wasn't my fault, but I blamed myself for the symptoms.'(109).

He further describes his feeling of clarity postdiagnosis, 'it's been me becoming more aware' (156), 'a feeling I can at least put my hand on it now' (91). His description of how he personally defines ADHD appears to be in line with the classification systems. Furthermore, there is acceptance of his difference and a sense that he no longer seeks external validation to fit societal norms. He views ADHD as his 'brain' being 'structured differently' (74) and that there is variation in human thinking and actions, 'two people doing the same thing but in two different ways' (75). This framework helps him understand his faith better and faith practices better, reducing 'shame and guilt' (121)

Abdullah further places emphasis on feelings of difference and describes 'I know now I am not a normal person' (73) which he does not necessarily view as negative. 'But I feel like who I am is a part of me.' (73). Therefore, his ADHD is something to be viewed as part of his identity. However, he also explains that it is 'separate' to him also, which perhaps signifies that ADHD shapes his experiences but does not define his entire existence.

Abdullah further reframes differences in the brain and neurodivergence through a strength-based lens in the context of past societal roles. He explains that there may have been different practical roles for those who were neurodivergent as society valued roles such as hunter gatherers which required skills such as being vigilant 'certain hunter gatherers…you had people who are awake…keeping an eye on the community and belongings'(72). Therefore, he emphasises that society currently no longer values these strengths and those with these skills are forced to conform to more structured ways of working and schooling.

Seeking support and resources - 'I don't like to leave my life in other's hands.'

Once Abdullah received his diagnosis, he describes what motivated him to seek support and it appears to be his intrinsic motivation to 'sort' his 'neurodivergence' (196) and determination and desire to reclaim control over his identity. 'I don't like to leave my life in other's hands.' (201). This appears to stem from past experiences where he

felt boxed in by cultural, familial or professional expectations where his behaviours were misinterpreted and decisions were made that did not align with his authentic self.

A key structure that helped him with seeking support was the 'Access to work' government initiative within the workplace which he accessed when he was working at the fire brigade. Through this he was able to seek support thought the mechanisms of 'coaching' specifically 'ADHD coaching' and 'counselling' which he believes 'helped me out' (197). He further shares how he later sought support through 'support groups' which also 'helped' him (198).

4.3, Advocacy and Social change - 'without knowledge or sharing the stuff, then there's no understanding.

Abdullah's experiences appear to be a catalyst for change, 'made me realise, I want to do something (92). His hopes for the future include a clear personal mission to advocate for himself and 'neurodivergent people…worldwide,' signifying his ambition for personal development as well as systemic change. His longing to 'normalise' (206) neurodivergence in 'families and communities' (206) highlight his intentions to help shift cultural narratives that stigmatise neurodivergence. Abdullah further expresses a desire for the inclusion, appreciation and equality of neurodivergent identities (208). His belief that neurodivergence is a variation in the brain and cognitive processes highlights that neurodivergent individuals should not be marginalised but have improved accessibility to accommodations, resources and societal understanding, 'without knowledge or sharing the stuff, then there's no understanding.' (209).

4.4 – Stage 5, Categorical form

The categorical form reveals how the overarching narrative (holistic content) and the subsequent themes were conveyed through active reflection, self-evaluation and emotion. Abdullah's journey was not just a series of events but one of resilience and optimism showcased through linguistic and para linguistic features. I focused on his use of mental verbs, rhetorical questions and laughter as they highlighted Abdullah's shifts in his thoughts and feelings throughout the interview.

- *Abdullah's use of mental verbs - 'I think,'*

Lieblich et al (1998) emphasises that the use of mental verbs in narratives are 'indicative' of experiences being explored consciously through 'mental processing.' Abdullah's use of 'I think' appears to convey how he processes evolving realisations of his experiences and how they shaped his identity:

142, *You have certain values which complement the religion. I would say religion plays a more broader part in my life than culture and then I think certain things which are cultural get to become a part of people's worldviews and stuff and that comes, I think, that culture in a way, like (4)*

143, Abdullah: Yeah, the stereotypes (4) ((looks away from camera)) er… about mental health and intergenerational trauma and history and being unaware of neurodivergence and mental health. Errr I think they have a big impact on how ADHD is perceived.

'I think' also reveals how Abdullah processes his emotions whilst recalling how societal expectations, structural barriers and his process of diagnosis made him feel.

95, *I think it was like, where I was working ((touches nose, looks down, keeps hand slightly over mouth)). My work really started getting impacted during the Covid period and stuff*

88, 'I think, erm (2), yes, there's anger and sadness ((looks down)). There's a lot of grief ((looks reflective, squints eyes slightly as he says grief)).'

- *Abdullah's use of mental verbs - 'I realise/realised'*

Abdullah's use of 'I realise/realised' highlights his shifting perspectives, in particular as he recalls events and feelings when he was undiagnosed versus when he was diagnosed. His reflections convey how he shifts from self-doubt to self-acceptance in relation to his faith-based practices, understanding of himself in relation to his diagnosis and is inspired to advocate for neurodivergent people.

135, And I was always doing the extra sajdahs and all that sort of stuff and now I realise it is my ADHD but the amount of times especially praying with my family and all of them are thinking what's going on with you?

91, I realise, there's some people who have gone through it later on in the lives and have gone through a lot more ((keeps eyes down, appears reflective)).

- *Abdullah's use of rhetorical questions*

Abdullah's use of rhetorical questioning through his narrative appears to emphasise some of the internal conflicts and realisations he had trying to make sense of his symptoms whilst being undiagnosed, challenges with faith-based practices, challenging societal norms and the deep frustration he had trying to advocate for his inclusion.

72. *And it was only until my diagnosis. I could actually point out my symptoms and think yo wait, this is what's going on? I'm not the insane one ((shakes head whilst looking at camera and smiling)), so yeah,…*

202, *Yeah, I mean if you don't know what your life has been, for nearly 30 years ((looks back and forth at the camera)) and then you find out something which explains it. Why wouldn't you? I didn't have no time to wait ,like (2). I needed to find out so it's like I needed to work on it.*

- *Abdullah's use of laughter*

Abdullah's use of laughter throughout his narrative account appears to convey differing emotions and purposes in particular feelings of discomfort surrounding difficult experiences. His laughter in these instances appear to indicate that it is a coping

mechanism but also signifies his resilience in recalling difficult experiences when he was undiagnosed:

171, and I think there was certain points of masking that especially when your told your argumentative and this and that ((laughs))

104, I said to my doctor, look yeah ((laughs, looks to camera)) ever since I came to you, my life has been getting more intense. If you could describe it in one word it was intensity. That one word ((looks to camera)) that would define growing up it is on the go non-stop

Abdullah appears to also use laughter as a form of connection and honesty; this exemplifies his authenticity during the interview. It portrays a warm approachable tone and perhaps that he is comfortable with what he had shared.

204, I think. That's all I've got ((laughs))

210, You got that rawest version ((laughs, leans forward)).

4.5, Step 6 - Critical analysis

According to Emerson and Frosh (2004, cited in Hiles, Cermak and Chrz, 2009) critical narrative analysis involves listening to how participants in narrative research 'position themselves in relation to social discourses and moral frameworks.' A number of themes arise in relation to how Abdullah positions himself in his narrative. By exploring identity positioning, this stage of the analysis uncovers how Abdullah negotiates roles, resists dominant narratives and creates meaning about his sense of self. This stage adds interpretive depth by connecting the identity positions to the overarching story. These are exemplified in the working transcript (appendix 7)

Curious self

Abdullah from the onset of his narrative positions himself as a curious individual continuously engaged in 'self-discovery.' His evolving self-awareness appears to be a strategy for meaning making and also a form of resistance against imposed identities by others as a result of his challenges with his undiagnosed symptoms. Abdullah refers to himself as 'reflective' and makes references to being self-aware in various parts of the narrative and links this to the process of self-discovery and personal development. From the outset of his narrative, he describes his life story as 'A Rollercoaster' which signifies the turbulence he endured but also the depth of reflection and personal discovery that followed. He refers to 'learning about myself' and 'constantly discovering which demonstrates his ability to deeply introspect across multiple life stages. This indicates that his self-reflection is not incidental but central to how he engages with meaning making.

Another key aspect of Abdullahs's identity positioning is how he positions himself in respect of his eventual diagnosis of ADHD alongside dyspraxia and Autism (recent diagnosis). Post diagnosis, Abdullah repositions neurodivergence, in particular ADHD not as a deficit but rather a way of being. He frames ADHD as a structural difference in his brain linking it to historical premodern societies where ADHD traits would have been functional and of value. His narrative shift moves away from a medicalised/neuroscientific understanding to a sociocultural interpretation to frame

ADHD neurodivergent behaviours that are predominantly viewed as 'dysfunctional' as more meaningful and purposeful for a person's sense of self and worth.

'"Just because our brains are designed differently, doesn't mean we should be at the wrong side of society."

This statement highlights how Abdullah challenges societal views of neurotypical and neurodivergent differences and asks why differences are treated as a deficit, challenging ableist norms of conformity.

Spiritual self

His evolving self also links with his identity positioning as a faithful Muslim. Abdullah draws heavily on his faith to frame experiences of adversity from his adolescent life to adult life. It is during his late adolescence that he develops a deeper connection with God (Allah). He views this as a coping mechanism which he positions as a stable guiding force within his life. and views it at as divine intervention which steers him away from negative influences.

"I never gave up my belief in God, Allah, and coz I knew he understood me even when nobody understood me."

His religious identity also helps to reconcile his neurodivergent identity allowing him to frame his differences not as flaws but as part of an intentional divine design that challenges labels that are attributed to ADHD behaviours such as 'insane' creating an avenue to for him to explore his ADHD identity through spirituality. He is also able to reconcile his spiritual practices which he appears to have doubted prior to his diagnoses. Overarchingly his belief system enables him to push back against stigma to enable him to reflect on who he is.

Marginalised self

Throughout the narrative, Abdullah recounts multiple experiences of him feeling as though his actions, behaviours and expression of emotions are misinterpreted or rejected by family, peers and institutions. Before his diagnoses his behaviours were

labelled as defiance, insanity and procrastination. These external views affected his self esteem and created feelings of shame, guilt and isolation.

"People can brand you as mad or insane and stuff like that…"

Abdullahs mentioning of institutional racism and cultural taboos around mental and intergenerational trauma reflects how his overlapping intersectional identities shape his meaning making. It appears he feels othered within the context of school, workplaces, religious settings highlighting how Abdullah's selfhood was contingent upon the social consequences of unrecognised ADHD.

Advocate

Abdullah positions himself as an advocate for himself and also the neurodivergent community. Across his life span, he emerges as remaining true to his values of remaining authentic to himself despite the many periods of confusion and marginalisation he endured. Post diagnosis he actively assumes an adversarial role in the community in particular 'our communities.'

"My aim is to help neurodivergent people worldwide... to make it normalised in our families and communities."

This role highlights how Abdullah's narrative shifts from being othered to self-authoring his own story and life outcomes, giving him agency over his own narrative.

Story 5; Listening to Abdullah: A Researcher's Reflection on Identity, Faith, and Neurodivergence

As I ended the interview with Abdullah, I felt an emotional toll, his story of navigating self-discovery, with marginalisation remaining resilient mirrored stories I have heard and experienced personally especially within my own community. Something I had become more exposed to as a TEP in a culturally rich city. His story resonated deeply not just as a researcher but as someone whose identity was intertwined in our shared diasporic background. I did not enter Abdullah's story as a blank slate. As a British Pakistani Muslim woman raised within the warmth of having a sense of

collective community, I was also aware of the unspoken expectations to conform not only to a British societal expectation of assimilation but also Pakistani cultural expectations particularly those aimed at men and suppression of emotions to remain strong and in control. However, like Abdullah I never felt complete harmony in either of the cultures and faith perhaps was more of guiding light in my life due to its explicit structures, routines and moral guidance as well as setting your intentions right for every interaction with people and the environment be they professional or personal. Something I am to do in my everyday practice as TEP. I watched and listened as he used laughter to navigate awkward and painful memories whereby, he discussed performance but also navigating his silences.

As someone of faith and the same community, as someone who understands the taboos around neurodivergence and the terminology and concepts he used, I felt my presence helped shaped the flow of conversation and openness. There were moments in the interview where Arabic terms' *Alhamduliah*', drifted into the dialogue which helped bridge our shared identity and therefore, I did not feel the need for him expand on the terminology he used and made the conversation feel more familiar.

However, his story felt heavy and as I watched back some of my own reactions on parts of his narrative made me realise that It's sometimes easy to forget that as researchers we are all human who come with our own experiences and then we are often absorbing the emotions and turmoil of those we meet. This mirrors some of my experiences I have had as a TEP. However, I often reflect on structure of supervision within the EP profession and how central it can be to our resilience. I am so grateful for having had supervisors who have been supportive of the emotional toll meetings can have on you but also able to share thoughts and reflections on working in a culturally rich city that has its own complexities. Without the moments of grounding in supervision and having supervisors who can share similar experiences of what you are feeling and saying, it would be easy to lose oneself in the weight of it all.

Abdullah contacted me the next day and shared that he felt the interview went very well. This felt reassuring that he had a positive experience. However, he shared he found some people who wanted to contribute to the research but were undiagnosed.

This made me think about how many undiagnosed people in my community there must be who have stories to share.

Abdullah's narrative not only opened my eyes to shared cultural heritage and experiences of growing up with overlapping identities but also his narrative shed light on the added complexity of growing up as a male with neurodivergent traits and being misunderstood. As someone who works within the systems he felt were unfair in their response to him, I realised that there are restraints within my own profession outside the individual interventions we offer was a bigger responsibility to challenge communal understanding of shame and silence.

Chapter 5 - Discussion

5.0 - Overview

This chapter will consider the research findings from all aspects of the analysis including (Fabula - sjuzet, holistic content, categorical content, categorical form and critical analysis) and aim to respond to the research questions 1 and 2 in relation to the literature review in the first half. The narrative told by Abdullah is not to be a generalisable story to the experiences of British Pakistani Muslim males with a diagnosis of ADHD, however it is meant to provide insights and implications that may be of value to the Educational Psychology field. The second half of the discussion will answer research questions 3 and 4 and aim to provide insights into my own reflexive experiences as a trainee educational psychologist narrative researcher who shares the same heritage as the participant through an accidental evocative autoethnography approach to reflexivity.

5.1 – Answering the Research questions

5.1.1 - Answering research question 1

What do British Pakistani males' narratives reveal about how they understand and identify with ADHD?

The original research question was framed broadly to explore the experiences of Pakistani males and how ADHD influence's identity and sense of self within this cultural context. While narrative inquiry does not seek generalisability, it does aim for transferability through thick description. Overall, the research successfully provided a rich meaningful account of one British Pakistani Muslim male's experiences and therefore enables those working with children, young people and adults from this background to consider how these insights might apply in similar contexts.

However, the recruitment of only one participant narrows the scope of the study and limits the diversity of perspectives. The findings should therefore be understood as a highly contextualised single situated narrative. The research was unable to address multiple viewpoints. This means that the findings cannot capture the variations across differences in factors such as socioeconomic status, age and age of diagnosis.

Therefore, this demonstrates why more research with a larger sample is needed to build on the findings.

To reflect the actual scope of the research, the primary research question could be reframed as:

- What does the personal narrative of a British Pakistani Muslim male disclose about the relationship between ADHD and identity in his cultural context?

This reframing aligns with narrative methodology as it reflects the principles of narrative research by emphasising meaning making and lived experience over generalisability. It also represents the research focus on depth and individuality while being transparent about its limitations.

Ultimately, the research explored a single perspective of identity reconstruction, cultural negotiation and personal resilience whilst seeking an ADHD diagnosis. While not representative this study may inform culturally sensitive approaches to neurodivergence. Therefore, the study contributes to a growing body of qualitative research that values individual voices from marginalised communities as well providing a foundation for a broader understanding of the impact of a late ADHD diagnosis on identity.

In the context of Abdullah's narrative, his story highlights that ADHD is not just a diagnosis but is a deeply intertwined aspect of identity and lived experienced for Abdullah. It demonstrates how he highlights how he understands his ADHD through pre and post diagnosis experiences. Pre diagnosis Abdullah felt his life was full of turmoil however his inner resilience kept him going. Post diagnosis Abdullah went through a period of grief and regret of what his life could have been. However, he also gained a sense of clarity and a framework to reevaluate and reconstruct his identity in light of his diagnosis. This shift aligns with Hallerod et al (2015) findings that highlight late diagnosis can initiate a period of identity revaluation. Bergey et al (2022) postulate that it is important to understand how ADHD is constructed by different cultural meanings. Abdullah's narrative gives important insight into different cultural understandings of ADHD and the impact it has on his identity from a marginalised self to an empowered advocate for the ADHD and neurodivergent community.

Acknowledging Abdullah's Comorbid Diagnoses

Although the research aimed to explore ADHD specifically, it is important to acknowledge that Abdullah had multiple neurodivergent diagnoses, Dyspraxia and Autism as well as mental health struggles with depression and anxiety. This complexity appears to shape his experiences and perceptions, influencing how ADHD is understood within his broader neurodivergent identity and his mental wellbeing. Rather than view ADHD in isolation during some of the interview he acknowledges the interplay between the different diagnoses and his mental health struggles, which adds depth to his narrative. Thus, aligning with research that emphasises that those diagnosed with ADHD are more likely to have diagnosed or undiagnosed comorbid conditions including neurodivergent conditions and mental health difficulties (Asherson et al, 2022)

There are some notable similarities and differences in how Abdullah experiences the different diagnoses. Collectively, all the conditions contributed to feelings of being different and the social challenges he faced, shaping how he negotiated cultural and social contexts. However, he also views them through a biomedical lens 'by referencing differences in his brain. As Abdullah explained '*so obviously we can talk about ADHD… but obviously like later, I got diagnosed with autism and dyspraxia. So, I was very uncomfortable in my own body…* He also emphasises his difficulties with his mental health struggles, and emotional regulation including *'masking.*' Masking is viewed as a coping strategy to camouflage neurodivergent behaviours (Saline 2023 cited in Power, 2024) and it is often considered as synonymous with Autism, however it can co-occur with both conditions and can have the 'opposite effects' including 'exhaustion' and 'emotional dysregulation,' (Williams, 2023 cited in Power, 2024).

However, he specifically describes ADHD as navigating 'hyperactivity', inattention versus attention and,' expressing that '*having an abundance of attention and energy, but difficulty maintaining it on something unless it's very interesting.*" Thus, emphasising the association between ADHD and creativity in areas of interest. He also frames his ADHD as a need for movement. He expresses being '*always on the go'* and having a constant stream of thoughts finding it difficult to *'know when to switch*

off'. These insights reflect the unique ways ADHD manifests for Abdullah and signifies the importance of using narrative approaches to research.

Despite the challenges he associates with his neurodivergence, Abdullah's narrative reflects the broader experience of neurodivergence. He describes it as '*actually one of the beneficial things in a way because it allows for that person to have routine, structure and order.'* His neurodivergent identity and all that he experiences is a source of growth for him. He expresses the desire to help others '*my aim is to help neurodivergent people worldwide.'* Abdullah's reflections highlight neurodivergence is not just a challenge but a valued and meaningful part of his identity motivating him to advocate for greater acceptance and understanding.

This complexity is relevant to the research question and is echoed in the literature review. Riessman (2008, pg13) and McAdams (2001) emphasise that identity is constructed through life stories and that late and multiple diagnoses often prompt individuals to reauthor narratives. Abdullah's experiences of receiving multiple diagnoses later in life led to a period of grief and reflection '*there's sadness .. there's a lot of grief.. my life what it could have been*'. This aligns with Botha and Frost (2018) views who suggest that multiple diagnoses intensify the process of identity negotiation, creating layered and sometimes conflicting senses of self. Therefore, supporting Schwartz, Luyckx and Vignoles (2011, p3) argument that identity is not 'static' but is continually shaped by new understandings and life events. Highlighting the importance of considering late comorbid diagnoses and the impact on identity in future research.

Self-discovery and identity formation

Curiosity and exploration

Abdullah's understanding of ADHD is tied to self-discovery with his curious mindset being core to his sense making of himself and the world. His exploration of his identity during his adolescent years is marked by periods of frustration and a fragmented sense of self where he lacked a framework for self-understanding whilst being undiagnosed. He describes this period as 'volatile' due to his undiagnosed symptoms and the judgment of others. His experiences align with the views of Jones and Hesse

(2014) who suggest that adolescence is where identity formation is more apparent and can be more challenging for young people with ADHD due to the stigma attached to the condition.

Abdullah's attention to self and emphasis on being reflective in his narrative supports the view by Leary and Tangey (2011, pg74) who suggest that understanding self requires a conscious effort to self-regulate, therefore demonstrating that despite Abdullah being unaware of his symptoms and periods of feeling overwhelmed he was still consciously reflecting on who he was. Despite his efforts he still had an impaired view of himself echoing Krueger and Kendall's (2001) finding that young people with ADHD have an impaired sense of self due to societal stigma associated with their difficulties.

Despite the negative experiences underpinning his curiosity, his university years were marked by intrinsic motivation where he thrived in a new environment doing a course of his choice as well as engaging in cultural exchanges with peers and entrepreneurial endeavours which he viewed as personal growth. This aligns with research suggesting that ADHD individuals often exhibit intense engagement when hyper focused on their own areas of interest (Nordby et al, 2023). Furthermore, Morinisk et al (2021) raise the argument that much of ADHD research is 'limited' to extrinsic rewards and punishment and its effects on performance, however they propose that self-determination theory (SDT) could offer a framework in which to establish intrinsic motivation in people who have ADHD as it defines motivation as a 'natural human tendency' towards growth which in Abdullah's narrative is a prominent motivating factor.

Navigating faith and culture

Abdullah understands his ADHD through a faith-based lens and conceptualises ADHD as a divine design rather than just a pathologised condition. Abdullah's narrative highlights how his faith is a framework for self-acceptance. His belief that ADHD was part of Allah's (God) intentional creation allowed him to integrate his neurodivergent identity with his spiritual identity. This gave him a framework to counteract the negative self-concept he had built up about himself. His British Pakistani Identity presented additional cultural barriers to ADHD acceptance pre and post diagnosis with familial and community perceptions shaping how Abdullah felt misunderstood. These findings

align with cultural understandings and stigma of mental health and disability research in the Pakistani community such as Akbar and Woods (2019, cited in Sarwat and woods, 2020) who suggest that while disability is viewed as challenging, the family and community have their own range of attitudes and barriers which stigmatise disabilities.

However, Abdullah's views regarding his faith support Rizvi's (2015) findings that faith is a protective factor for Pakistani community. Furthermore, Abdullah's questioning of whether ADHD dismissal was tied to Pakistani, British or neurotypical norms highlights the complexity of cross-cultural interpretations of neurodivergence. Therefore, aligning with Timimi and Taylor (2004) work which advocates that ADHD is best understood as a cultural construct as diagnostic criteria and perceptions vary significantly across cultures.

Struggles with authenticity

Abdullah's experiences and the specific statements he makes regarding masking ADHD symptoms highlight the pressure for him to conform to neurotypical expectations, particularly within school, mosque and family settings. Thus, aligning with Gwernan-Jones et al (2016) findings that the school environment presents with significant challenges to self-concept. His experiences within the mosque setting were similar, where Abdullah recalls being questioned about his attention signalling a broader implication for neurodivergence being misinterpreted in community settings such as mosques. However, despite his internal struggles, Abdullah's emphasis on his creative identity which is anchored in art and charity giving helped serve as protective factor in preserving his authenticity.

Personal growth and challenges

Ultimately, Abdullah's story challenges deficit-based models of ADHD by Abdullah grounding himself using his agency and fostering resilience in the face of undiagnosed ADHD, academic challenges and cultural expectations. Despite early challenges, his internal belief system served as a protective factor that enabled him to navigate educational and employment challenges. This aligns with research by Mackenzie (2018) who emphasises the role of internal protective factors fostered by individuals

with ADHD particularly in academic and interpersonal domains. Abdullah's creative problem-solving highlights how he developed multiple personalised coping strategies to manage his executive function in unsupportive environments particularly the school environment. This supports the findings of Abraham et al (2008) who postulate that adolescents with ADHD can struggle with certain structured creativity but are often better at overcoming fixed thinking patterns and generating novel ideas. These reflections also align with the views suggested by Eccleston et al (2019) that advocate young people benefit from support strategies that empower and develop their unique strengths and foster independence.

His success in his degree highlights where he anticipates difficulties with time management but develops compensatory strategies aligning with NHS England *ADHD Task Force report* (2025) whereby they identified that those with undiagnosed ADHD often develop compensatory strategies to survive educational systems often at a cost to their wellbeing. However, Abdullahs's proactive engagement with the workplace support including the Access to Work scheme demonstrates how structural accommodations can help neurodivergent individuals to thrive professionally. This supports the research findings of Department for Works and Pensions report (2018), where Access to Work was widely acknowledged by participants as a source of transformative support for people with lifelong health conditions and/or disabilities. However, many reported that there was a lack of awareness of their eligibility for support which undermine their confidence in disclosing disabilities to employers and often-delayed help seeking.

Understanding ADHD in the context of faith and culture

ADHD as divine design

Although Abdullah's description of ADHD in part aligns with western classification systems, his belief that his brain was created intentionally by Allah (God) aligns with Islamic interpretations of disability. Abdullah's views affirm those proposed by Al- Aoufi, Al-Zyoud and Shahminan (2012) whereby disability is viewed as divine decree. Furthermore, Abdullah's relationship with God appears to be a coping mechanism throughout his life underpinning his spiritual identity which helps him cope with his differences from his childhood through to adulthood but also reduce shame and stigma,

factors which are often associated with mental health challenges in the south Asian communities, supporting the findings of Rizvi (2015). His faith-based reframing of ADHD supports the neurodiversity movement arguments that advocate for a strength-based understanding of cognitive differences.

Faith as a coping mechanism

Abdullah's narrative highlights the role of faith as an adaptive coping mechanism for managing undiagnosed ADHD as well as diagnosed ADHD. Abdullah reframes his struggles through a spiritual lens and specifically discusses being compassionate to himself. Abdullahs understanding of 'Allah' as compassionate helps him feel a sense of acceptance and belonging. Moreover, Abdullah identifies Islamic practices such as prayer, routine and intention setting as beneficial for ADHD symptoms as well as understanding that it aligns with western understanding of mindfulness. Thus, aligning with Dew, Collin and Koenig (2022) findings that 'immigrants' responses to health and illness can provide coping mechanisms. Koenig and Al Shohaib (2019, cited in Shakoor et al, 2022) specifically endorse taking into consideration religious identity when supporting mental health of Muslim populations.

Family perceptions

Abdullah's post diagnosis reflections reveal how family perceptions and cultural narratives can shape the way British Pakistani males understand and relate to ADHD. His experiences of being misunderstood due to his emotional regulation difficulties were dismissed as behaviours echoes broader research on how cultural stigma and limited awareness can stigmatise ADHD traits. His views reflect the research around parental practices within south Asian families such as whether conversations around mental health are prioritised (Yaqoob, 2025) as well as the varying thresholds of how parents perceive and tolerate 'normal and abnormal behaviour' (Slobodin and Masalha, 2020) and also whether Pakistani parents are likely to take their children to the GP for their child's behaviour (Timimi 2005, p22). Furthermore, Abdullah's family's indifference to his ADHD diagnosis mirrors findings from studies that highlight scepticism toward mental health diagnosis in South Asian communities due to the belief of such conditions being over medicalised or culturally misunderstood (Ali,

Dhingra and McGarry 2015). However, the gradual shift in his family's understanding post diagnosis suggests lived experience can challenge commonly held views in families and cultures.

Community perceptions

Abdullah highlights how negative views of ADHD within his culture are shaped by stereotypes around mental health and rooted in intergenerational experiences, suggesting that neurodivergence is often overlooked as communities prioritise survival and adaptation. This aligns with Stuart Hall's theory of cultural identity whereby he emphasises that diasporic identities often are negotiated and shaped by historical and cultural contexts in their host country (Goodley, Runswick-Cole and Mahanoud, 2019).

His reflection on attending mosque further emphasises how ADHD and neurodivergent traits such as difficulty with sustained attention, need for movement and discomfort in his body is often overlooked and misinterpreted highlighting a broader lack of awareness and inclusion of neurodivergent experiences in religious and community spaces. Abu Ras et al (2024) highlight that religious institutions play a crucial role in health promotion and hold significant influence in the public health field especially in the Muslim community where 'culturally sensitive interventions and faith-based interventions can be highly effective.'

The impact of being undiagnosed

Mental health challenges

Abdullah's narrative illustrates the psychological toll on his mental health whilst growing up with undiagnosed ADHD particularly within the context of difficulties with executive function and emotional regulation Without the language and framework to understand his experiences, Abdullah experienced internalised blame and shame which contributed to anxiety, self-doubt and a fractured sense of self aligning with the views of (Jones and Hesse, 2018).

His retrospective reflections of executive function difficulties such as distractibility, hyperactivity and poor emotional regulation align with a medicalised understanding of

ADHD as a disorder of executive dysfunction. These challenges often manifest in difficulties with planning, impulse control and emotional regulation which Abdullah explicitly describes as his 'brain not working' and burning out lots due to trying to mask his difficulties in these domains. His experiences of burnout included exhaustion, internal struggles and mental health decline including diagnosed anxiety and depression aligning with research that highlights that those with ADHD traits are prone to comorbid mental health difficulties (Asherson et al, 2022).

Educational experiences

Abdullah's narrative reveals that his understanding of ADHD is deeply shaped by his lived experience within educational institutions in particular the contrast between early schooling where he felt at ease contrary to his negative experiences in secondary education and aspects of higher education. Abdullah's exclusion from school and the onset of what he terms as an identity crisis demonstrates how responses to undiagnosed ADHD traits by authority figures in schools can affect self-concept thus aligning with research that highlights how criticisms on ADHD behaviours in childhood from authority figures influences how young people view themselves (Barkley 1997a, p13, cited in Krueger and Kendall, 2001). It also supports the findings of Gwernan and Jones (2016) which emphasises how schools can aggravate ADHD symptoms.

His reference to institutional racism reflects broader concerns about the way in which British Pakistani Muslim males' students face challenges in academic settings due to systemic biases of lowered expectations and exclusionary practices. This aligns with research that highlights that they have to contend with a complex interplay of discrimination. Abbas (2004, p269) argues that overt and covert forms of teacher's racism embedded within the structures of systemic inequality and compounded by cultural stereotyping and religious discrimination contributed significantly to the educational underachievement of South Asian Muslim pupils in inner east Birmingham and similar contexts across the UK.

Despite his barriers in high school his educational experiences in higher education where he exercised his agency and choice over what he studied. His resiliency and intrinsic motivation to success even while managing overstimulation and executive

function challenges reflects a strength-based understanding of ADHD. Thus, emphasising the importance of inclusive environments and options for self-directed learning for neurodivergent individuals.

Social relationships

Abdullah's challenges with peer relationships highlight how his curious and reflective nature was a protective factor against relationships he did not view as suitable to his wellbeing. Rather than striving for social acceptance, he priorities his emotional safety. Whilst Morris et al (2021) research into social functioning including theory of mind and emotion recognition focuses on young people with ADHD having an impairment in this area, Abdullah's experiences suggests a parallel strength, where he showcases in his narrative the ability to introspect and engage in reflective decision making and critical problem solving skills in interpreting responses from peers challenging the viewpoint highlighted by Morris et al (2021). In his adult life, Abdullah's connection with neurodivergent children as an employee in educational settings emphasises the importance he places on relationships rooted in shared experiences. Abdullah's narrative demonstrates that his understanding of ADHD includes a sense of belonging and mutual understanding in neurodivergent social spaces as opposed to neurotypical social spaces. This aligns with the findings of Ginapp et al (2023) where participants shared that they felt they were able to relate to those with ADHD or autism as neurodivergent people as they were perceived as having a better understanding of ADHD symptoms and having 'more direct communication styles,'

Abdullah's retreating into solitary activities like charity work and art reflects a strength based coping mechanism, allowing him to maintain his authenticity. His retrospective framing of this withdrawal as a divine intervention suggests a spiritual understanding of ADHD relating social withdrawal as divine guidance and redirection as opposed to failed relationships. Finally, Abdullah's reflection on his marriage and divorce where he was forced to take a pause highlights the emotional cost of undiagnosed ADHD in intimate relationships. He suggests that diagnosis might have altered the outcome, supporting research which shows undiagnosed ADHD can contribute to unmet relational needs (O'Brien et al, 2025)

Navigating the workplace.

Abdullah's narrative reveals how the workplace for Abdullah played a pivotal role in his reframing his recognition of his ADHD symptoms. His description of workplace environments challenging his sanity underpins the emotional and cognitive toll of navigating professional environments with undiagnosed ADHD supporting the findings of (Oscarrson et al, 2022) whose qualitative literature review highlights how adults with ADHD have a higher risk of suffering from mental illness due to the difficulties of managing 'work, leisure and family' as well as the way workplaces are organised and the structure.

Abdullah describes his relationship with his line manager as being crucial in his reframing of ADHD symptoms. Supportive feedback and open conversations helped him reframe his difficulties not as failings but as potential indicators of ADHD reducing the stigma he felt by other colleagues. This reflects the importance of affirming workplace relationships. Abdullah's self-directed research and engagement with learning support services illustrate how professional environments can be a cause of stress for neurodivergent individuals or a source of support.

Post diagnosis and Advocacy

Grief versus clarity

Abdullah's post diagnosis reflections highlight the process of grief he went through but also the clarity he felt. His initial reaction of anger and sadness followed by shame and guilt reflect the research where a late diagnosis can cause a process of mourning the years lost to misunderstandings, misdiagnosis and internalised blame where he often blamed himself for his symptoms, thus supporting the findings of Matheson et al (2013).

Furthermore, Abdullahs's connection with his faith deepens his self-compassion as he views his ADHD traits inherently compatible with Islamic practices reducing the shame and guilt and providing a framework for resilience. His perceptions align with the findings of Beaton, Sirois and Milne (2022) who highlight that self-compassion which is significantly lower in those diagnosed with ADHD is a key factor in influencing better mental health outcomes for adults with ADHD who are more likely to have stressful lives. Self-compassion theory introduced by Neff also aligns with Islamic values

prescribed in Islamic texts of practicing Ihsan (compassion), a concept which includes treating oneself and others with compassion. Muktar, Zahir and Qoronfleh (2025) found that incorporating a spiritual lens helps bridge the gap between western psychological practices and spiritual practices of self-care providing a more holistic approach to better wellbeing amongst Muslims and people globally.

In retrospect, Abdullah was able to reframe his past feelings and experiences of being marginalised through a diagnostic lens whereby he was able to reconcile his past experiences and carve a path toward self-compassion and identity reconstruction. He was able to shift from internalised blame by reflecting a neuro affirming view that ADHD is a natural variance in the human brain and should be viewed through a strength-based lens. This aligns with the ethos of the neurodiversity movement who advocate for taking into account the strengths of neurodivergent people as well the weaknesses that are associated with neurodiverse conditions, (Armstrong, 2015). Armstrong (2015), states that researchers have observed that subjects with ADHD display greater levels of ‘novelty seeking and creativity than matched controls. This also aligns with Tam, Taechameekietichai and Allen (2024) research which postulates that ADHD should be viewed as ‘adaptive rather than impairing.’

His views on broader historical and societal norms reflect how ADHD traits would have been valued in the past especially due to the creativity ascribed to ADHD individuals. These views echo research that proposes the marginalisation of ADHD and neurodivergent individual is a relatively new phenomenon shaped by post-industrial demands for conformity and compliance due to the development of educational institutions. Furthermore, his views highlight his alignment with the Hunter farmer Theory proposed by Thomas Hartmann (Maniadaki, 2019). Maniadaki (2019) states the Hartmann posits that core traits of ADHD may have an evolutionary basis and were beneficial during the hunter gatherer era where quick decision making, risk taking and heightened environmental awareness were crucial for survival. However, as societies became more inclined to farming and later industrial societies these traits became less adaptive with linear, routine-based tasks becoming more valued. This view emphasises the strengths-based narrative surrounding ADHD and neurodivergence which Abdullah projects in his story.

Seeking support and resources

Abdullah's post diagnosis journey reveals how his intrinsic motivation and self-determination drove him to seek support and advocate for himself and himself. His emphasis on self-reliance reflects his autonomy and agency over how he would seek support. Abdullah's proactive engagement with the Access to Work scheme illustrates how structural support can play a pivotal role in enabling ADHD individuals to thrive professionally. The government funded initiatives he accessed provided him with tailored workplace accommodations including ADHD coaching, counselling and support groups. This helped Abdullah manage his executive function challenges and reduce overwhelm. Abdullah's positive experience with these support mechanisms aligns with research demonstrating that specialist coaching improves self, time management and emotional resilience (Morsink et al, 2022). Additionally, his participation in support groups reflects the importance of community and shared experience in navigating an ADHD diagnosis. These groups are particularly important for individuals who may feel marginalised in their own cultural communities and where mental health can be stigmatised, Knifton (2012). Abdullah's help seeking behaviours reflect the findings of Furnham, Raja and Khan (2008) of south Asians raised in the UK having a more varied attitude to mental health help seeking. His belief in religion as a coping mechanism and actively seeking support through using professional support services demonstrates a dual integrated approach to help seeking as advocated by (Furnham, Raja and Khan, 2008)

Advocacy and social change

Abdullah's reflections on advocacy and social change reveal how his personal experiences evolved into a broader goal for systemic and cultural change His desire to advocate for neurodivergent people worldwide highlights a shift from a personal journey of self-advocacy to collective empowerment and advocacy. His emphasis on normalising neurodivergence and having open conversations within families and communities highlights a broader need for culturally grounded advocacy particularly in his own community where ethnically diverse communities face stigma not only form broader society but within their own cultural groups. Abdullah's acceptance of his ADHD and advocating for himself aligns with research that promotes developing a

positive disability identity in order to make change for yourself and the broader community. Identity development includes 'self-advocacy and community connection which are fundamental to the experience of having a disability (Smith and Mueller, 2022). Smith and Mueller (2022) highlight that the school context and teachers play an integral part in fostering a positive political disability identity through Putnam (2005 cited in Smith and Mueller, 2022). A political disability identity framework which incorporates

'*Developing self-worth and pride in disability, expanding awareness of discrimination and common causes to the disability community, and engagement in policy change and political action as a matter of social, community, and intellectual importance for people with disabilities.'*

5.1.2, Answering research Question 2

What do the temporal framings (past, present, future events and challenges) of participants stories reveal about their identity positionings?

Past

Before his diagnosis, Abdullah presents a curious but marginalised self. His narrative reflects the emotional turmoil and uncertainly, marked by self-blame, marginalisation and exclusion. His struggles align with research on late diagnosed ADHD individuals who often experience an identity crisis and before receiving a diagnosis (Hallerod et al 2019). Abdullah specifically addresses his school experiences as being a cause of identity confusion in particular his educational exclusion, institutional racism pertaining to lowered expectations and misinterpretation of his ADHD symptoms echoing research from the USA and UK where school systems can create systemic barriers for ethnic minority children due to misrecognition of ADHD in minority communities and also biases in expectations pertaining academic ability (Slobodin and Masalha, 2020)

Furthermore, Abdullah also highlights his challenges in the context of his intersecting British Pakistani Muslims, working class identity, the cultural stigma and familial perceptions that came with his diagnosis that ultimately discourage diagnosis and pathologisation of his emotional vulnerability and ADHD traits which were viewed as

an excuse echoing the hypothesising of Patel et al (2024) who suggest the perception, management and response to ADHD symptoms within south Asian families may be shaped by distinct cultural norms, societal expectations and family dynamics. It specifically highlights the unique experiences of males which impact wellbeing including belonging and not belonging in host countries (Robertson, Keating and Robertson 2011) as well as gendered roles amongst Pakistani men which include the ability to perform daily societal routine and activities which Robertson, (2007, cited in Robinson, Keating and Robertson, 2011) argues that for many men caring for their mental health is closely tied to how well their bodies function in fulfilling these roles.

Present

Abdullah's post diagnosis reflections reveal his curious self is able to positively shift toward self-acceptance where ADHD becomes an integral but distinct aspect of his identity. His ability to critically engage with deficit based medical models reflects the broader discussions in neurodiversity movement which help navigate his self-acceptance (Armstrong, 2015). Being a person of faith and understanding ADHD through a spiritual lens helps him reconcile his understanding of ADHD as divine decree and he is also able to understand his faith practices better, reducing shame and understanding of how to navigate peer relationships. Ultimately his views on religion and his identity as a practising Muslim are a protective factor aligning with research by Robinson, Keating and Robertson (2011), Akbar and Woods (2019) and Shakoor et al (2022)

Future

Abdullah's post diagnosis journey exemplifies what McAdams and Mclean (2013) refers to as a redemptive narrative, where the adversity he experienced was a catalyst for growth and collective advocacy aligning with Smith and Mueller's (2022) view of building a positive political disability identity. Abdullah reframes his experiences of shame and confusion through his diagnosis as turning point that enables him to understand himself better but also shaped his identity as a community-based advocate. Abdulllah's positioning of his lived experiences are not just a personal story but serves as a mechanism for systemic change mirroring McAdams and McLean's

(2013) assertion that redemptive narratives are central to the identities of generative individuals who are committed to leaving a positive legacy. Abdullah's push for systemic change highlights a broader issue of representation of ethnic minority experiences of ADHD in research.

5.1.3, Answering research question 3

How have my experiences as a researcher shaped the research?

Jameison, Govaart and Pownall (2023), propose that the reflexive process in autoethnography is ultimately based around the question "What is the research process and how am I influencing it?" My reflections on these questions are considered.

Ultimately, I always felt an internal push towards pursuing research around minority voices being from a minority community myself. My stories highlight how navigating intersectional identity from a personal perspective had its challenges from experiencing racism, growing up in a time where it was heightened but has also been a continual theme reinforced by dominant societal narratives projected by the media and politics which has othered Muslims and those of Pakistani heritage for decades. Imposter syndrome underpinned by echoes of racism and othering transferred to my feelings in workplaces and education and heightened when entering the profession of Educational Psychology. My perceptions of my experiences align with the view that women of colour have higher rates of imposter syndrome. Ahmed et al (2020) highlight this incorporates feelings that 'academic and professional accomplishments are attributed to external factors such as 'luck and effort' as opposed to one's own accomplishments and capabilities. Whilst I acknowledge that there are various factors that cultivate imposter syndrome including socioeconomic status and parenting practices (Ahmed et al, 2020), race and faith are additional factors women of colour are forced to navigate.

Ultimately it was my love for stories that shaped the research and what they mean personally and in broader sociocultural context, which is culturally embedded into my very being, thus aligning with my philosophical positioning. Being a daughter of immigrants, my father's story reveals how he navigated his responsibility as a child in a broader cultural context of hierarchical structure. The ways in which when

responsibility is inherited can foster resilience and project positively on identity. I discuss how having an insider perspective has been positive for my professional identity and feelings of imposter syndrome especially when working with children and families in minority communities in a culturally rich city. Furthermore, I discuss how faith has been a protective factor for me.

My stories explore my recruitment strategy which was significantly challenging aspect of my research. The silence from avenues of recruitment in educational settings, mosques, Islamic societies and online avenues reflected a broader challenge to identification of ADHD, where neurodivergence is perhaps missed, misunderstood amongst minority groups or that they are not ready to share their stories or not asking for support as well as structural pressures within workplaces. Essentially, much of my experiences reflected the frustration, silence and stigma attached to ADHD and neurodivergence within my own community which led to incorporating an accidental evocative autoethnography into my research as I felt some of my reflections, experiences were intertwined in the research and particularly resonated the cultural silence and misunderstandings that Abdullah described.

5.1.4, Answering research question 4

What do my experiences tell me about the experiences of British Pakistani Males with an ADHD diagnosis?

As a narrative researcher of British Pakistani background who drew upon an accidental autoethnography approach to reflexivity gave me a dual role both as a researcher, participant and observer that allowed me to recognise the experiences of Abdullah when he was undiagnosed versus diagnosed. I felt my own experiences of being a British Pakistani Muslim were very much intertwined with Abdullah's narrative however his experiences of neurodivergence and gendered expectations diverged in significant ways. In drawing upon my voice, I did not intend to take voice away from Abdullah, however this area of research area challenged me and how Abdullah's experiences moved me and helped me understand ADHD experiences from a minoritised voice.

Abdullah's account reveals much more than his individual difficulties. It exposes how cultural stigma, diagnostic frameworks and institutional norms intersect to marginalise

neurodivergent British Pakistani males. His experiences tell me that ADHD is not only misinterpreted and misread but can be interpreted through lenses of broader cultural, social and political contexts surrounding British Pakistani males with ADHD. Abdullah's delayed diagnosis is reflective of the research regarding late diagnosis in ethnic minority communities and the effects a late diagnosis can have on persons sense of self (Lorenzo et al, 2021). When I listened to his experiences, I recognised the cultural silence within our community regarding neurodivergence and where emotions and struggles are to be kept private made me realise that his experiences were a part of a wider cultural pattern where mental health and difference are not openly discussed. Furthermore, I noted the cultural expectations on him to be strong, stoic, in control and endure whatever his experiences were. It appeared that his emotions did not fit these expectations with his family or community. Aligning with the views that South Asian men often navigate mental distress quietly and privately (Jain et al, 2025).

At the same time, I work within the very systems that he said did not support him well including educational institutions where his behaviours and way of learning were misinterpreted leading to marginalisation. It felt uncomfortable to hear this but at the same time made me realise that working from within these structures gives me insight and responsibility echoing the need to have those important difficult conversations in EP practice to help with sense making and understanding within different systems, be they familial, educational or communal which is something I have experienced within my own practice.

5.2 - Implications for Educational Psychology Practice

Abdullah's narrative serves as a critical lens through which to reflect on how the role of EPs can play in addressing the complex intersecting needs of neurodivergent individuals from minority communities.

Abdullah's narrative highlights the significant value of utilising narrative resources in educational psychology practice, particularly when working with neurodivergent individuals from minority groups. His story illustrates how narrative tools can create space for both diagnosed and undiagnosed ADHD experiences to be told that draws upon personal and cultural ideologies and values. Abdullah's story also highlighted

how through use of McAdams life story interview (2007) he was able to reframe his experiences and build a positive self-concept despite the many challenges he faced. Crucially, Abdullah's willingness to share his experiences demonstrates the importance of amplifying the lived experiences of neurodivergent minorities in the EP profession and research.

One of the implications emerging from Abdullah's account is the need for earlier and culturally responsive intervention. His late diagnosis reflects broader issues with delayed or missed identification of ADHD within minority groups, which is linked to stigma, stereotyping, a lack of awareness and misunderstandings of behaviour. EPs are well placed to advocate for preventative interventions in schools and communities that do not rely solely on diagnostic labels but instead focus on early support.

Faith informed practice also emerged as a pivotal moment in Abdullah's reframing of his experiences pre and post diagnosis. Abdullah's reflections revealed how his spiritual beliefs shaped his understating of self and how he came to embrace his ADHD. EPs working in culturally and religiously diverse context should be aware of how diasporic communities draw upon faith as both a resource and a lens to frame neurodivergent experiences.

Closely linked to this is role of EPs in supporting identity development. Abdullah's narrative highlights his feelings of marginalisation, his resistance against the views of others and eventual self-acceptance highlighting the emotional toll of growing up without having your experiences validated. EPs can help individuals foster a positive self-concept by promoting strength-based perspectives around neurodivergence especially when working with adolescents and young adults.

Another key implication is the need for increased family and community psychoeducation and space for cultural dialogue. Abdullahs experiences demonstrate how familial understandings or silence around ADHD can reinforce shame or isolation. EPs can serve as a critical friend and open dialogue with families and communities in culturally sensitive ways. Also, considering faith is a protective factor for many Muslims, community-based training in mosques or community centres could play a

vital role in challenging misconceptions and raising awareness of neurodivergent traits resulting in early intervention and identification.

Navigating employment with a late diagnosis posed significant challenges for Abdullah and it highlights the importance of early planning for reasonable adjustments and psychoeducational support that extend beyond the school years. EPs can push for joint up meetings whereby transition planning into the workplace can be navigated.

Lastly his story and my reflexive stories advocate the need for a more culturally diverse workforce within educational psychology as well as culturally diverse voices in research. Psychologists from varied ethnic cultural and neurodivergent backgrounds may be uniquely positioned to validate experiences.

5.3 - Strengths and limitations of the study

Using narrative oriented inquiry

Ultimately the strength in this research lies in Abdullah's voice and how is story was told. Using a narrative approach to interviewing and analysis allowed for the experiences of a marginalised voice such as Abdullah's to open up the discussion of lived realities of British Pakistani Muslim males navigating ADHD. The narrative approach and the use of the life story interview guide also allowed Abdullah to make sense of his experiences and how they impacted his identity on his own terms through a temporal framework. This helped him navigate his story of redemption to a comfortable place of self-acceptance. What I hope from this research is not a generalisable truth but a story that inspires hope and representation as well as challenging deficit-based viewpoints surrounding ADHD.

A key limitation of this study was participant recruitment and engagement. I feel that to overcome the silence and expression of interest from participants, it could include alternative recruitment processes such as a joint up study with the NHS in order to utilise their recruitment avenues.

Another key limitation of using a narrative, specifically narrative oriented inquiry is that at first glance, the stages appear clearly defined and structured. While the outlined stages were useful in guiding the overall framework of the analysis, I found that the

minutiae details were not as explicit and actual application of these processes was far more complex in practice. Navigating between the different stages was challenging and demanded significant time.

Using accidental evocative autoethnography

I hope the accidental evocative autoethnography approach I used to capture my reflexive experience as a researcher highlights what was felt by a culturally embedded trainee educational psychologist experience of the challenging situation in which the research was navigated. I hope that my positionality makes visible the effort it entails to deeply feel every aspect of the research and the memories and thought process involved especially when questioning oneself and cultural stigma in the field of mental health and disability.

The limitations of using this approach align with some of the viewpoints in the literature. I did at times feel it was a 'self-indulgent' and exposing. I am aware that my experiences could be misinterpreted especially in reference to faith, community and familial experiences. Furthermore, critics argue that this approach is subjective and lacks rigour and methodological robustness (Bochner and Ellis, 2016, Pg62). However, I feel using this approach offers a valuable perspective by foregrounding the lived experiences of a TEP from a minoritised background, working within a profession where ethnic and cultural diversity in staff remains limited.

5.4 - Recommendations for future research

Building on the research, future research could broaden the participant base by age and participant numbers to deepen the understanding of ADHD within British Pakistani Muslims.

The recruitment process also highlighted many areas of research. The process revealed that women were more willing to come forth and tell their stories of late diagnosis. It would be important to pay attention to how the overlapping identities of British Pakistani women with a diagnosis, or a suspected diagnosis and how they uniquely impact them.

Furthermore, there were those males with a suspected diagnosis who also wanted to share their stories. Future research could focus on the barriers to diagnosis and lived experiences. I also had some parents approach me who wanted to tell their stories of their child's diagnosis, further research could capture parents' experiences of recognising and seeking support as well how they manage their child's ADHD. It could also analyse how cultural beliefs about ADHD and a child's behaviour and how that influences help -seeking and diagnosis.

5.5 – Conclusion and key findings

Through the utilisation of narrative methodology and accidental evocative autoethnography, this study explored how ADHD is understood and navigated by a British Pakistani Muslim male via the exploration of the research process by a TEP with a shared identity and ultimately aimed to centre minoritised voices. Therefore, the research contributes to theoretical understanding of identity formation amongst neurodivergent individuals from minority backgrounds, specifically British Pakistani Muslim males.

By employing a social constructionist and interpretivist lens and insider researcher positionality, the key findings revealed that ADHD is more than just a medicalised label for Abdullah but is also a deeply intertwined aspect of Abdullah's overlapping identities which are shaped by cultural, spiritual, institutional, relational and individual factors. Abdullah's evolving identity pre and post diagnosis also reveals that identity formation is not a linear process but rather a dynamic process whereby Abdullah is able to negotiate multiple and sometimes conflicting influences and able to evolve from a being a marginalised individual to an advocate for change. Therefore, the findings highlight how a late ADHD diagnosis acts as a catalyst for challenging deficit-based views.

The research also contributes to the literature on intersectionality by illustrating how multiple identities including gender, ethnicity, religion and neurodivergence interact to shape lived experience. Abdullahs narrative reveals that cultural and community contexts can complicate the process of meaning making by intensifying feelings of marginalisation around ADHD due to a lack of awareness and open discussion about

mental health and neurodivergence exacerbating feelings of isolation and self-doubt, in particular amongst British Pakistani Muslim males.

Furthermore, limited early intervention during Abdullah's educational experiences highlights how educational systems can have a significant impact on the mental health of undiagnosed individuals. He recounted being misunderstood by teachers and excluded by peers and subjected to low expectations and institutional racism which created significant barriers to his school belonging. However, his internal resilience, curiosity and creativity and self-reliance as well as positive support structures in his workplace led to his diagnosis but also a growing commitment to support neurodivergent individuals within minority communities. Therefore, highlighting how a late diagnosis can be transformative.

Faith however served as a protective factor. Abdullah viewing his ADHD as divine design highlight's that foregrounding faith based coping mechanisms including prayer can be a source of resilience and self-compassion whilst also providing routine and structure for minoritised groups.

Abdullah's narrative therefore challenges dominant medicalised viewpoints and places emphasis on the need for more culturally responsive approaches to support ADHD in minoritised groups as well as early identification. It reveals how standard diagnostic practices and support pathways often fail to account for the unique challenges faced by individuals from minority backgrounds.

The study's use of a narrative approach demonstrates the value of using tools such as McAdams Life story Interview (2007) in educational psychology practice to understand the different factors which impact identity in minority groups. It also highlights how empowering individuals from neurodivergent and minority communities to share stories and connect with others can contribute to community change and raise awareness.

To conclude, Abdullah's story has implications for educational psychology practice. It underscores the need for early intervention, knowledge of faith informed and strength-based interventions, greater family and community engagement and more diversity within the profession to better support identity development and positive outcomes.

References

Abbas, T., 2004. Structural and Cultural Racism in the Educational Underachievement of British South Asian Muslims. Brill. Available at: https://doi.org/10.1163/9789047401407_015

Abraham, A., Windmann, S., Siefen, R.G. & Güntürkün, O., 2008. Creative Thinking in Adolescents with Attention Deficit Hyperactivity Disorder (ADHD). *Child Neuropsychology*, 14(4), pp.351–371. Available at: https://doi.org/10.1080/09297040701711959

Abu-Ras, W., Aboul-Enein, B.H., Almoayad, F., Benajiba, N. & Dodge, E., 2024. Mosques and Public Health Promotion: A Scoping Review of Faith-Driven Health Interventions. *Health Education & Behaviour*, 51(5), pp.677–690. Available at: https://doi.org/10.1177/10901981241252800

ADHD UK, 2022. ADHD Incidence. [online] ADHD UK. Available at: https://adhduk.co.uk/adhd-incidence [22/09/23]

Ahmed, A., Arushi, K., Cruz, T., Yusuke, K. & Wang, K., 2020. Why is there a higher rate of impostor syndrome among BIPOC? *Across The Spectrum of Socioeconomics*, 1(2). doi: https://doi.org/10.5281/zenodo.4310477.

Akbar, S. & Woods, K., 2019. The experiences of minority ethnic heritage parents having a child with SEND: a systematic literature review. *British Journal of Special Education*, 46(3), pp.292–316. doi: https://doi.org/10.1111/1467-8578.12272.

Akbar, S. & Woods, K., 2020. Understanding Pakistani parents' experience of having a child with special educational needs and disability (SEND) in England. *European Journal of Special Needs Education*, 35(5), pp.663–678. https://doi.org/10.1080/08856257.2020.1748428

Al-Aoufi, H., Al-Zyoud, N. & Shahminan, N., 2012. Islam and the cultural conceptualisation of disability. *International Journal of Adolescence and Youth*, 17(4), pp.205–219. Available at: https://doi.org/110.1080/02673843.2011.649565

Ali, S., Dhingra, K. & McGarry, J., 2015. Perceptions of Mental Health in South Asian Communities: A Qualitative Study. *Journal of Mental Health*, 24(6), pp.434–439. doi:10.3109/09638237.2015.1019054.

Al-Saadi, H., 2014. Demystifying Ontology and Epistemology in Research Methods. [online] ResearchGate. Available at: https://www.researchgate.net/publication/260244813_Demystifying_Ontology_and_Epistemology_in_Research_Methods

American Psychiatric Association, 2013. *Diagnostic and statistical manual of mental disorders: DSM-5*. 5th edn. Washington, D.C.: American Psychiatric Publishing.

Andrews, M., 2021. Quality indicators in narrative research. *Qualitative Research in Psychology*, 18(3), pp.353–368. doi:10.1080/14780887.2020.1769241.

Armstrong, T., 2015. *The Myth of the ADHD Child: 101 Ways to Improve Your Child's Behaviour and Attention Span Without Drugs, Labels, or Coercion*. New York: TarcherPerigee.

Asherson, P., Leaver, L., Adamou, M., Arif, M., Askey, G., Butler, M., Cubbin, S., Newlove-Delgado, T., Kustow, J., Lanham-Cook, J., Findlay, J., Maxwell, J., Mason, P., Read, H., van Rensburg, K., Müller-Sedgwick, U., Sedgwick-Müller, J. & Skirrow, C., 2022. Mainstreaming adult ADHD into primary care in the UK: guidance, practice, and best practice recommendations. *BMC Psychiatry*, 22(1), p.640. doi: https://doi.org/10.1186/s12888-022-04290-7.

Ashraf, A. & Tohid, H., 2016. The Lack of Trained Child Psychiatrists Leading to Underreported Cases of ADHD in Pakistan. *Journal of Cell Science & Therapy*, 07(04). doi: https://doi.org/10.4172/2157-7013.1000e125

Banaschewski, T., Häge, A., Hohmann, S. & Mechler, K., 2024. Perspectives on ADHD in children and adolescents as a social construct amidst rising prevalence of diagnosis and medication use. *Frontiers in Psychiatry*, 14. Doi: https://doi.org/10.3389/fpsyt.2023.1289157.

Beaton, D.M., Sirois, F. & Milne, E., 2022. The role of self-compassion in the mental health of adults with ADHD. *Journal of Clinical Psychology*, 78(12), pp.2497–2512. doi: https://doi.org/10.1002/jclp.23354.

Bergey, M., Chiri, G., Freeman, N.L.B. & Mackie, T.I., 2022. Mapping mental health inequalities: The intersecting effects of gender, race, class, and ethnicity on ADHD diagnosis. *Sociology of Health & Illness*, 44, pp.604–623. doi: https://doi.org/10.1111/1467-9566.13443.

Billington, T., 2017. Educational inclusion and critical neuroscience: friends or foes? *International Journal of Inclusive Education*, 21(8), pp.866–880. doi:10.1080/13603116.2017.1283717.

Blum, K., Chen, A.L.C., Braverman, E.R., Comings, D.E., Chen, T.J., Arcuri, V., Oscar-Berman, M., 2008. Attention-deficit-hyperactivity disorder and reward deficiency syndrome. *Neuropsychiatric Disease and Treatment*, 4(5), pp.893–918. doi: https://doi.org/10.2147/ndt.s2627.

Bochner, A. & Ellis, C., 2016. *Evocative autoethnography: Writing lives and telling stories*. Routledge.

Bold, C., 2012. *Using Narrative in Research*. London: SAGE Publications Ltd. Available at: https://doi.org/10.4135/9781446288160.

Botha, M. & Frost, D., 2018. Extending the Minority Stress Model to Understand Mental Health Problems Experienced by the Autistic Population. *Society and Mental Health*, 10. doi:10.1177/2156869318804297.

Bruce, A., Beuthin, R., Shields, L., Molzahn, A. & Schick Makaroff, K., 2016. Narrative Research Evolving: Evolving Through Narrative Research. *International Journal of Qualitative Methods*, 15. doi:10.1177/1609406916659292.

Burr, V., 2015. *Social Constructionism*. 3rd edition. London: Routledge.

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D. & Walker, K., 2020. Purposive Sampling: Complex or Simple? Research Case Examples. *Journal of Research in Nursing*, 25(8), pp.652–661. doi:10.1177/1744987120927206.

Capuozzo, A., Rizzato, S., Grossi, G. & Strappini, F., 2024. A Systematic Review on Social Cognition in ADHD: The Role of Language, Theory of Mind, and Executive Functions. *Brain Sciences*, 14(11), 1117. doi:10.3390/brainsci14111117.

Carrick, C., 2024. The role of social media in self-diagnosing ADHD: Insights from Science or Fiction Live. *King's College London News*. Available at: https://www.kcl.ac.uk/the-role-of-social-media-in-self-diagnosing-adhd-insights-from-science-or-fiction-live [20 November 2025].

Causier, C., Johns, L., Radez, J., Hassan, H., Maughan, D. & Waite, F., 2024. Experiences of Help-Seeking for Severe Mental Health Problems in Young Pakistani Women: A Preliminary Qualitative Study. *Journal of Cross-Cultural Psychology*, 55(4), pp.429–443. doi:10.1177/00220221241236944.

Champ, R., Adamou, M. & Tolchard, B., 2022. Seeking connection, autonomy, and emotional feedback: A self-determination theory of self-regulation in attention-deficit hyperactivity disorder. *Psychological Review*. doi:10.1037/rev0000398.

Chan, K.M. & Fugard, A.J., 2018. Assessing speech, language and communication difficulties in children referred for ADHD: A qualitative evaluation of a UK child and adolescent mental health service. *Clinical Child Psychology and Psychiatry*, 23(3), pp.442–456. doi:10.1177/1359104517753510.

Chataika, T. and Goodley, D. (eds.) (2024) 'Unpacking postcolonial disability studies', in *The Routledge handbook of postcolonial disability studies*. London: Routledge, pp. 15–23. Available at: https://doi.org/10.4324/9781003310709-4

Cheboud, E.A., 2001. *A heuristic study on successful Ethiopian refugees in British Columbia: identity and the role of community*. PhD thesis. University of Victoria.

Chibra, P., 2023. South Asian Parents' Experiences of Cultural Responsiveness when Working with Professionals: An Interpretive Phenomenological Analysis. *University of Birmingham*.

Children's Commissioner, 2024. Waiting times for assessment and support for autism, ADHD and other neurodevelopmental conditions. [online] Available at: https://assets.childrenscommissioner.gov.uk/wpuploads/2024/10/CCo-report-on-ND-waiting-times_final.pdf

Chung, W., Jiang, S. & Paksarian, D., 2019. Trends in the Prevalence and Incidence of Attention-Deficit/Hyperactivity Disorder Among Adults and Children of Different Racial and Ethnic Groups. *JAMA Network Open*, 2(11), e1914344. doi:10.1001/jamanetworkopen.2019.14344.

Clandinin, D.J., 2007. *Handbook of Narrative Inquiry: Mapping a Methodology*. Thousand Oaks, CA: Sage Publications.

Clandinin, D.J. & Connelly, F.M., 2004. *Narrative Inquiry: Experience and Story in Qualitative Research*. John Wiley & Sons.

Classi, P., Milton, D., Ward, S., Sarsour, K. & Johnston, J., 2012. Social and emotional difficulties in children with ADHD and the impact on school attendance and healthcare utilization. *Child and Adolescent Psychiatry and Mental Health*, 6, pp.1–8. doi:10.1186/1753-2000-6-33.

Cole, E.R., 2009. Intersectionality and research in psychology. *American Psychologist*, 64(3), pp.170–180. doi:10.1037/a0014564.

Cooper, R. and Lilyea, B.V., 2022. *I'm interested in autoethnography, but how do I do it?* The Qualitative Report, 27(1), pp.197–208. https://doi.org/10.46743/2160-3715/2022.5288 [nsuworks.nova.edu]

Craig, S.G., Bondi, B.C., O'Donnell, K.A., Pepler, D.J. & Weiss, M.D., 2020. ADHD and Exposure to Maltreatment in Children and Youth: A Systematic Review of the Past 10 Years. *Current Psychiatry Reports*, 22(12). doi:10.1007/s11920-020-01193-w.

Crocetti, E., Albarello, F., Meeus, W. & Rubini, M., 2022. Identities: A developmental social-psychological perspective. *European Review of Social Psychology*, 34, pp.161–201. doi:10.1080/10463283.2022.2104987.

Damico, J., Müller, N. & Ball, M., 2004. Owning Up to Complexity: A Sociocultural Orientation to Attention Deficit Hyperactivity Disorder. *Seminars in Speech and Language*, 25, pp.277–285. doi:10.1055/s-2004-833676.

Degroote, E., Brault, M.C. & Van Houtte, M., 2022. Teachers as disorder-spotters: (in) decisiveness in assigning a child's hyperactivity, impulsivity and/or inattention to ADHD as the underlying cause. *European Journal of Special Needs Education*, 37(4), pp.617–631.

Department for Work and Pensions, 2018. Access to Work: Official Statistics and Policy Overview. London: DWP.

Dew, R.E., Kollins, S.H. & Koenig, H.G., 2022. ADHD, Religiosity, and Psychiatric Comorbidity in Adolescence and Adulthood. *Journal of Attention Disorders*, 26(2), pp.307–318. Doi:10.1177/1087054720972803.

Dow, H.D., 2011. An overview of stressors faced by immigrants and refugees: A guide for mental health practitioners. *Home Health Care Management & Practice*, 23(3), pp.210–217. doi:10.1177/1084822310390878.

Dwivedi, K.N. & Banhatti, R.G., 2005. Attention deficit/hyperactivity disorder and ethnicity. *Archives of Disease in Childhood*, 90 (Suppl 1), pp.i10–i12. doi:10.1136/adc.2004.058180.

Eccleston, L., Williams, J., Knowles, S. & Soulsby, L., 2019. Adolescent experiences of living with a diagnosis of ADHD: a systematic review and thematic synthesis. *Emotional and Behavioural Difficulties*, 24(2), pp.119–135. doi:10.1080/13632752.2019.1582762.

Edwards, N., 2022. Using a narrative approach to explore identity with adolescents who have been given a diagnosis of ADHD. *White Rose eTheses Online*.

Ellis, C., Adams, T.E. & Bochner, A.P., 2011. Autoethnography: an overview. *Historical Social Research*, pp.273–290.

Estrada, C.A.M., Lomboy, M.F.T.C., Gregorio, E.R., Jr, Amalia, E., Leynes, C.R., Quizon, R.R. & Kobayashi, J., 2019. Religious education can contribute to adolescent mental health in school settings. *International Journal of Mental Health Systems*, 13, p.28. doi:10.1186/s13033-019-0286-7.

Fivush, R., Booker, J.A. & Graci, M.E., 2017. Ongoing Narrative Meaning-Making Within Events and Across the Life Span. *Imagination, Cognition and Personality*, 37(2), pp.127–152. Available at doi:10.1177/0276236617733824.

Forester-Jones, R., Dietzfelbinger, L., Stedman, D. & Richmond, P., 2017. Including the 'Spiritual' Within Mental Health Care in the UK, from the Experiences of People with Mental Health Problems. *Journal of Religion and Health*, 57(1), pp.384–407. doi:10.1007/s10943-017-0502-1.

Frick, M.A., Brandt, A., Hellund, S. & Grimell, J., 2025. ADHD and Identity Formation: Adolescents' Experiences From the Healthcare System and Peer Relationships. *Journal of Attention Disorders*, 29(7), pp.541–553. doi:10.1177/10870547251318484

Furnham, A., Raja, N. & Khan, U.A., 2008. A cross-cultural comparison of British and Pakistani medical students' understanding of schizophrenia. *Psychiatry Research*, 159(3), pp.308–319. doi:10.1016/j.psychres.2007.08.019.

Ghosh, M., Holman, C.D.J. & Preen, D.B., 2017. Identifying cross-cultural variations in psychostimulant use for attention deficit hyperactivity disorder using linked data. *Child and Adolescent Psychiatry and Mental Health*, 11, p.16. doi:10.1186/s13034-017-0152-9.

Ginsberg, Y., Quintero, J., Anand, E., Casillas, M. and Upadhyaya, H.P. (2014) 'Underdiagnosis of attention-deficit/hyperactivity disorder in adult patients: a review of the literature', *The Primary Care Companion for CNS Disorders*, 16(3), PCC.13r01600. Available at: https://doi.org/10.4088/PCC.13r01600

Ginapp, C.M., Greenberg, N.R., Macdonald-Gagnon, G., Angarita, G.A., Bold, K.W. and Potenza, M.N. (2023) *The experiences of adults with ADHD in interpersonal relationships and online communities: A qualitative study*. SSM – Qualitative Research in Health, 3, 100223. https://doi.org/10.1016/j.ssmqr.2023.100223

Goodley, D., Runswick-Cole, K & Mahanoud, U., 2019. Disablism and Diaspora: British Pakistani Families and Disabled Children. *Review of Disability Studies: An International Journal*, [online] 9(2 & 3). Available at: https://rdsjournal.org/index.php/journal/article/view/59

Grech, S., 2019. *Disability and Global Health: A Critical Perspective*. London: Routledge.

Greenhalgh, T., Russell, J., & Swinglehurst, D. 2005. Narrative methods in quality improvement research. *BMJ Quality & Safety, 14(6),* 443–449. https://doi.org/10.1136/qshc.2005.014712

Gulati, J. 2021. The Varying Rates of Attention Deficit Hyperactivity Disorder across Ethnicities in a Child and Adolescent Population. *Supplement to International Journal of Behavioural Development*, 1(79) [online]. Available at: https://issbd.org/wp-content/uploads/2022/12/ISSBD_newsletter_21-1.pdf
[Accessed 20 Feb. 2026].

Gwernan-Jones, R., D. A. Moore, P. Cooper, A. E. Russell, M. Richardson, M. Rogers, J. Thompson-Coon, K. Stein, T. J. Ford, and R. Garside. 2016. "A Systematic Review and Synthesis of Qualitative Research: *The Influence of School Context on Symptoms of Attention Deficit Hyperactivity Disorder." Emotional & Behavioural Difficulties* 21 (1): 83–100. doi:10.1080/13632752.2015.1120055.

Halleröd, S.L., Anckarsäter, H., Råstam, M. & Hansson Scherman, M., 2015. Experienced consequences of being diagnosed with ADHD as an adult–a qualitative study. *BMC Psychiatry*, 15, pp.1–13.

Harding, E. & Atkinson, C., 2009. How EPs record the voice of the child. *Educational Psychology in Practice*, 25(2), pp.125–137. doi:10.1080/02667360902905171.

Harpin, V., Mazzone, L., Raynaud, J.P., Kahle, J. & Hodgkins, P., 2016. Long-Term Outcomes of ADHD: A Systematic Review of Self-Esteem and Social Function. *Journal of Attention Disorders*, 20(4), pp.295–305. doi:10.1177/1087054713486516.

Hart, C.M.D. & Lindsay, C.A., 2024. Teacher-Student Race Match and Identification for Discretionary Educational Services. *American Educational Research Journal*, 61(3), pp.474–507. doi:10.3102/00028312241229413.

Herman, L. & Vervaeck, B., 2019. *Handbook of Narrative Analysis*. Lincoln: University of Nebraska Press.

Hiles, D., 2007. Identity Positioning: Narrative Analysis of Sjuzet and Fabula. In *Narrative and Memory*. University of Huddersfield. Available at: https://eprints.hud.ac.uk/id/eprint/4564/2/Chapter_4_-_David_Hiles.pdf

Hiles, D. and Čermák, I. 2007 *Qualitative research: Transparency and Narrative Oriented Inquiry*. Faculty of Health and Life Sciences, De Montfort University and Institute of Psychology, Academy of Sciences, Brno. Available at**:** 2007%20QR%20-%20Transparency%20and%20NOI.pdf

Hiles, D. & Cermák, I., 2008. Narrative psychology. In: C. Willig & W. Stainton-Rogers, eds. *The SAGE Handbook of Qualitative Research in Psychology*. London: SAGE Publications Ltd, pp.147–164. doi:10.4135/9781848607927.

Hiles, D., Čermák, I. and Chrz, V. (2009) 'Narrative Oriented Inquiry: A dynamic framework for good practice', in *Narrative, Memory and Identities*. Huddersfield: University of Huddersfield, pp. 53–65. Available at: http://eprints.hud.ac.uk/id/eprint/4864/

Hussain, Y., 2003. Transitions into adulthood: Disability, ethnicity and gender among British South Asians. *Disability Studies Quarterly*, 23(2), pp.100–112. doi:10.18061/dsq.v23i2.417

Honkasilta, J. & Koutsoklenis, A., 2022. The (Un)real Existence of ADHD-Criteria, Functions, and Forms of the Diagnostic Entity. *Frontiers in Sociology*, 7, 814763. doi:10.3389/fsoc.2022.814763.

Iqbal, H. & Golombok, S., 2018. The generation game: Parenting and child outcomes in second-generation South Asian immigrant families in Britain. *Journal of Cross-Cultural Psychology*, 49(1), pp.25–43. doi:10.1177/0022022117741986.

Jain, R., Kakuma, R., Singla, D.R., Andresen, K., Bahkali, K. and Nadkarni, A., 2025. Explanatory models of common mental disorders among South Asians in high-income countries: A systematic review. *Transcultural Psychiatry*. doi: https://doi.org/10.1177/13634615241296302.

Jamieson, M.K., Govaart, G.H. & Pownall, M., 2023. Reflexivity in Quantitative Research: A Rationale and Beginner's Guide. *Social and Personality Psychology Compass*, 17(4), pp.1–15. doi:10.1111/spc3.12735.

Jones, S. & Hesse, M., 2018. Adolescents With ADHD: Experiences of Having an ADHD Diagnosis and Negotiations of Self-Image and Identity. *Journal of Attention Disorders*, 22, pp.92–102. doi:10.1177/1087054714522513.

Josselson, R. 2007. 'The ethical attitude in narrative research: Principles and practicalities', in Clandinin, D.J. (2007) *Handbook of narrative inquiry: Mapping a methodology*. Thousand Oaks, CA: SAGE Publications, pp. 537–566. Available at: https://doi.org/10.4135/9781452226552.n21

Jovchelovitch, S. & Bauer, M., 2000. Narrative interviewing. LSE Research Online. Available at: https://eprints.lse.ac.uk/2633/1/Narrativeinterviewing.pdf

Junjie, M. & Yingxin, M., 2022. The Discussions of Positivism and Interpretivism. *Global Academic Journal of Humanities and Social Sciences*, 4(1), pp.10–14. doi:10.36348/gajhss.2022.v04i01.002.

Keleş, U., 2022. Writing a "good" autoethnography in educational research: A modest proposal. *The Qualitative Report*, 27(9), pp.2026–2046.

Koopman, W.J., Watling, C.J. & LaDonna, K.A., 2020. Autoethnography as a Strategy for Engaging in Reflexivity. *Global Qualitative Nursing Research*, 7, pp.1–9. doi:10.1177/2333393620970508.

Knifton, L., 2012. Understanding and addressing the stigma of mental illness with ethnic minority communities. *Health Sociology Review*, 21(3), pp.287–298. doi:10.5172/hesr.2012.21.3.287.

Krueger, M. & Kendall, J., 2001. Descriptions of self: an exploratory study of adolescents with ADHD. *Journal of Child and Adolescent Psychiatric Nursing*, 14(2), pp.61–72. doi:10.1111/j.1744-6171.2001.tb00294.x.

Leary, M.R. & Tangney, J.P., eds., 2011. *Handbook of Self and Identity*. New York: Guilford Press.

Lehti, V., Chudal, R., Suominen, A., Gissler, M. & Sourander, A., 2016. Association between immigrant background and ADHD: a nationwide population-based case-control study. *Journal of Child Psychology and Psychiatry*, 57(8), pp.967–975. doi:10.1111/jcpp.12570.

Levitan, J., Carr-Chellman, D. & Carr-Chellman, A., 2017. Accidental ethnography: A method for practitioner-based education research. *Action Research*, 18(3), pp.336–352. doi:10.1177/1476750317709078.

Lieblich, A., Tuval-Mashiach, R. & Zilber, T., 1998. *Narrative Research*. London: SAGE Publications. doi:10.4135/9781412985253.

Lincoln, Y., & Guba, E. G. (1985). Naturalistic inquiry. Newbury Park, CA: Sage.

Lorenzo, R., Balducci, J., Poppi, C., Arcolin, E., Cutino, A., Ferri, P., D'Amico, R. & Filippini, T., 2021. Children and adolescents with ADHD followed up to adulthood: A systematic review of long-term outcomes. *Acta Neuropsychiatrica*, 33(6), pp.283–298. doi:10.1017/neu.2021.19.

Mackenzie, G. (2018). Building Resilience among Children and Youth with ADHD through Identifying and Developing Protective Factors in Academic, Interpersonal and Cognitive Domains. *Journal of ADHD And Care*, 1(1), pp.14–31. doi: https://doi.org/10.14302/issn.3066-8042.jac-17-1843.

Maniadaki, K., 2019. Attention Deficit/Hyperactivity Disorder: A real disorder throughout the lifespan. *JSM Paediatrics and Child Health*, 4(3).

Mather, B.A., 2012. The social construction and reframing of attention-deficit/hyperactivity disorder. *Ethical Human Psychology and Psychiatry: An*

International Journal of Critical Inquiry, 14(1), pp.15–26. doi:10.1891/1559-4343.14.1.15.

Matheson, L., Asherson, P., Wong, I.C.K., Hodgkins, P., Setyawan, J., Sasane, R. & Clifford, S., 2013. Adult ADHD patient experiences of impairment, service provision and clinical management in England: a qualitative study. *BMC Health Services Research*, 13, pp.1–13. doi:10.1186/1472-6963-13-184.

Mowlem, F., Agnew-Blais, J., Taylor, E. & Asherson, P., 2019. Do different factors influence whether girls versus boys meet ADHD diagnostic criteria? Sex differences among children with high ADHD symptoms. *Psychiatry Research*, 272, pp.765–773. doi:10.1016/j.psychres.2018.12.128.

Morsink, S., Van der Oord, S., Antrop, I., Danckaerts, M., & Scheres, A. (2021). Studying motivation in ADHD: The role of internal motives and the relevance of Self-Determination Theory. *Journal of Attention Disorders***.** DOI: 10.1177/10870547211050948

McAdams, D.P., 2001. The Psychology of Life Stories. *Review of General Psychology*, 5(2), pp.100–122. doi:10.1037/1089-2680.5.2.100.

McAdams, D.P. & McLean, K.C., 2013. Narrative identity. *Current Directions in Psychological Science*, 22(3), pp.233–238. doi:10.1177/0963721413475622.

McAdams, D.P., 2007. The life story interview -II. [online] Available at: https://cpb-us-e1.wpmucdn.com/sites.northwestern.edu/dist/4/3901/files/2020/11/The-Life-Story-Interview-II-2007.pdf [15 0ctober 2023].

McClemont, A.J., Fredrick, S.S., Heidelburg, K. and Moore, C., 2023. Racial Disparities in Teacher Ratings of ADHD Symptoms and Behavior: A Systematic Review. *School Psychology Review*, 52(3), pp.243–249. Available at: https://doi.org/10.1037/spq0000704

Mileham, M., 2015. Unlocking Meaning Making by Using Stories for Research. [online] Available at: https://storynet.org/wp-content/uploads/2017/04/Mileham-Unlocking-Meaning.pdf

Miller, M., 2017. The retrospective narratives of young adults with ADHD: How self-concept development impacts psychosocial functioning. [online] Available at: https://scholarworks.smith.edu/cgi/viewcontent.cgi?article=2984&context=theses.

Mills, C., 2013. Psychotropic Childhoods: Global Mental Health and Pharmaceutical Children. *Children & Society*, 28(3), pp.194–204. doi:10.1111/chso.12062.

Morris, S., Sheen, J., Ling, M., Foley, D. & Sciberras, E., 2021. Interventions for Adolescents With ADHD to Improve Peer Social Functioning: A Systematic Review

and Meta-Analysis. *Journal of Attention Disorders*, 25(10), pp.1479–1496. doi:10.1177/1087054720906514.

Muktar, F., Zahir, F.R. & Qoronfleh, M.W., 2025. Traditional Islamic spiritual meditative practices: powerful psychotherapies for mental wellbeing. *Frontiers in Psychology*, 16, Article 1538865. doi:10.3389/fpsyg.2025.1538865.

Musbahi, A., Khan, Z., Welsh, P., Ghouri, N. & Durrani, A., 2022. Understanding the stigma: a novel quantitative study comparing mental health attitudes and perceptions between young British Muslims and their non-Muslims peers. *Journal of Mental Health*, 31, pp.92–98. doi:10.1080/09638237.2021.1952951.

Mythen, G., 2012. Identities in the third space. Solidity, elasticity and resilience amongst young British Pakistani Muslims. *The British Journal of Sociology*, 63, pp.393–411. doi:10.1111/j.1468-4446.2012.01416.x.

NHS England, 2025. ADHD Taskforce Report: Improving Access and Support for People with ADHD. London: NHS England. [10 April 2025].

NICE, 2018. Attention Deficit Hyperactivity Disorder: Diagnosis and Management. [online] Available at: https://www.nice.org.uk/guidance/ng87 [16 April 2025].

Noon, E.J., 2018. Interpretive Phenomenological Analysis: An Appropriate Methodology for Educational Research? *Journal of Perspectives in Applied Academic Practice*, 6(1), pp.75–83. doi:10.14297/jpaap.v6i1.304.

Nordby, E.S., Guribye, F., Nordgreen, T. & Lundervold, A.J., 2023. Silver linings of ADHD: a thematic analysis of adults' positive experiences with living with ADHD. *BMJ Open*, 13(10). doi:10.1136/bmjopen-2023-072052.

Oakley, L., Fenge, L.-A. & Taylor, B., 2022. 'I call it the hero complex' – Critical considerations of power and privilege and seeking to be an agent of change in qualitative researchers' experiences. *Qualitative Research in Psychology*, 19, pp.587–610. doi:10.1080/14780887.2020.1718813.

O'Brien, M., Kini-Seery, C., Kelly, C., Kilbride, K., Wrigley, M., Nearchou, F. and Bramham, J., 2025. 'I Felt Like a Burden': An Exploration Into the Experience of Romantic Relationships for People With ADHD. *Journal of Marital and Family Therapy*, 52(1). Available at: <https://doi.org/10.1111/jmft.70097

O'Dea, J.W., 1994. Pursuing Truth in Narrative Research. *Journal of Philosophy of Education*, 28(2), pp.161–172. Available at: https://doi.org/10.1111/j.1467-9752.1994.tb00323.x

O'Reilly, D., 2024. ADHD Across Cultures: A Different Lens on the ADHD Journey. [online] *AuDHD Psychiatry*. Available at:

https://www.audhdpsychiatry.co.uk/exploring-adhd-across-cultures-a-different-lens-on-being

Oscarsson, M., Nelson, M., Rozental, A. et al., 2022. Stress and work-related mental illness among working adults with ADHD: a qualitative study. *BMC Psychiatry*, 22, p.751. doi:10.1186/s12888-022-04409-w.

Patel, P., Behl, J., Karim, T., Palnati, S.R. & Bhakta, S., 2024. Parenting Styles and Attention Deficit Hyperactivity Disorder in the South Asian Population: A Narrative Review. *Cureus*, 16(12), e74967. doi:10.7759/cureus.74967

Pincock, K. & Jones, N., 2020. Challenging Power Dynamics and Eliciting Marginalised Adolescent Voices Through Qualitative Methods. *International Journal of Qualitative Methods*, 19. doi:10.1177/1609406920958895.

Poulos, C.N., 2021. Conceptual foundations of autoethnography. In: *Essentials of Autoethnography*. Washington: American Psychological Association, pp.3–17. doi:10.1037/0000222-001.

Poulos, C.N., 2018. *Accidental Ethnography: An Inquiry into Family Secrecy*. 1st ed. London: Routledge. doi:10.4324/9780429450372.

Power, A., 2024. Masking and Mental Health: Understanding Neurodivergent Coping Strategies. *Journal of Neurodiversity Studies*, 6(1), pp.45–60.

Qur'an, 2004. *The Qur'an: English Translation*. Translated by A. Yusuf Ali. London: Wordsworth Editions.

Reynolds, E., 2021. Women and early career academics experience imposter syndrome in fields that emphasise natural brilliance. [online] BPS. Available at: https://www.bps.org.uk/research-digest/women-and-early-career-academics-experience-imposter-syndrome-fields-emphasise [13 March 2025].

ROTA, 2013. Attention Deficit/Hyperactivity Disorder and London's Black, Asian and Minority Ethnic communities – a discussion paper. [online] Race on the Agenda. Available at: https://www.rota.org.uk/publication/rota-october-2013-attention-deficithyperactivity-disorder-and-londons-black-asian-and [26 December 2022].

Ringer, N., 2019. Living with ADHD: A Meta-Synthesis Review of Qualitative Research on Children's Experiences and Understanding of Their ADHD. *International Journal of Disability, Development and Education*, 67, pp.208–224. doi:10.1080/1034912X.2019.1596226.

Riessman, C.K., 2008. *Narrative Methods for the Human Sciences*. London: Sage Publications.

Rizvi, S., 2015. Exploring British Pakistani mothers' perception of their child with disability: insights from a UK context. *Journal of Research in Special Educational Needs*. doi:10.1111/1471-3802.12111.

Robinson, M., Keating, F. & Robertson, S., 2011. Ethnicity, Gender and Mental Health. *Diversity in Health and Care*, 8, p.81.

Romeo, J., 2021. ADHD: The History of a Diagnosis. [online] *JSTOR Daily*. Available at: https://daily.jstor.org/adhd-the-history-of-a-diagnosis [10 April 2025]

Rowland, A.S., Lesesne, C.A. & Abramowitz, A.J., 2002. The epidemiology of attention-deficit/hyperactivity disorder (ADHD): a public health view. *Mental Retardation and Developmental Disabilities Research Reviews*, 8(3), pp.162–170.

Royal College of Psychiatrists, 2022. Children's mental health crisis deepens: severe shortage of psychiatrists to meet growing demand. [online] Available at: https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2024/11/28/children-s-mental-health-crisis-deepens--severe-shortage-of-psychiatrists-to-meet-growing-demand [18 February 2025].

Rubia, K., 2018. Cognitive Neuroscience of Attention Deficit Hyperactivity Disorder (ADHD) and Its Clinical Translation. *Frontiers in Human Neuroscience*, 12, p.100. doi:10.3389/fnhum.2018.00100.

Russell, A.E., Benham-Clarke, S., Ford, T., Eke, H., Price, A., Mitchell, S., Newlove-Delgado, T., Moore, D. & Janssens, A., 2023. Educational experiences of young people with ADHD in the UK: Secondary analysis of qualitative data from the CATCh-uS mixed-methods study. *British Journal of Educational Psychology*, 93, pp.941–959. doi:10.1111/bjep.12613.

Saleem, S., Mahmood, Z. & Daud, S., 2017. Perceived parenting styles in Pakistani adolescents: A validation study. *Pakistan Journal of Psychological Research*, 32(2), pp.487–509.

Schrevel, S.J., Dedding, C., van Aken, J.A. & Broerse, J.E., 2016. 'Do I need to become someone else?' A qualitative exploratory study into the experiences and needs of adults with ADHD. *Health Expectations*, 19(1), pp.39–48. doi:10.1111/hex.12328.

Schulze, J., Winter, L.A., Woods, K. & Tyldsley, K., 2018. An International Social Justice Agenda in School Psychology? Exploring Educational Psychologists' Social Justice Interest and Practice in England. *Journal of Educational and Psychological Consultation*, 29(4), pp.377–400. doi:10.1080/10474412.2018.1531765.

Schwartz, S.J., Luyckx, K. & Vignoles, V.L., eds., 2011. *Handbook of Identity Theory and Research*. New York: Springer Science & Business Media.

Shahzad, M. (2022) *Research proposal*. Unpublished manuscript, University of Sheffield.

Shakoor, S., Samara, M. & Abu-Rayya, H.M., 2022. Mental wellbeing challenges of Muslim pupils in UK schools. In: *Mental Wellbeing in Schools: What Teachers Need to Know to Support Pupils from Diverse Backgrounds*. London: Routledge/CRC Press. Available at: https://researchinnovation.kingston.ac.uk/files/48245969/Shakoor-S-52072-AAM.pdf

Shevlin, M. & Rose, R., 2022. Respecting the Voices of Individuals from Marginalised Communities in Research "Who Is Listening and Who Isn't?". *Education Sciences*, 12, p.304. doi:10.3390/educsci12050304.

Singh, I., 2008. ADHD, culture and education. *Early Child Development and Care*, 178(4), pp.347–361. doi:10.1080/03004430701321555.

Skogli, E.W., Teicher, M.H., Andersen, P.N., Hovik, K.T. & Oie, M., 2013. ADHD in girls and boys—gender differences in co-existing symptoms and executive function measures. *BMC Psychiatry*, 13, p.298. doi:10.1186/1471-244X-13-298.

Slevitch, L., 2011. Qualitative and Quantitative Methodologies Compared: Ontological and Epistemological Perspectives. *Journal of Quality Assurance in Hospitality & Tourism*, 12(1), pp.73–81.

Slobodin, O. & Masalha, R., 2020. Challenges in ADHD care for ethnic minority children: A review of the current literature. *Transcultural Psychiatry*, 57(3), pp.468–483. doi:10.1177/1363461520902885.

Smith, M., 2017. Hyperactive around the world? The history of ADHD in global perspective. *Social History of Medicine*, 30(4), pp.767–787. doi:10.1093/shm/hkw127.

Smith, J.A., 2015. *Qualitative Psychology: A Practical Guide to Research Methods*. 3rd edn. London: SAGE Publications.

Smith, I. & Mueller, C.O., 2022. The importance of disability identity, self-advocacy, and disability activism. *Inclusive Practices*, 1(2), pp.47–54.

Spencer, R., Pryce, J.M. & Walsh, J., 2020. Philosophical approaches to qualitative research. In: P. Leavy, ed. *The Oxford Handbook of Qualitative Research*. 2nd ed. Oxford: Oxford University Press, pp.113–142. doi:10.1093/oxfordhb/9780190847388.013.13.

Sunan Abu Dawud (no date) *Hadith* 4782. Available at: https://sunnah.com/abudawud:4782 (Accessed: 18 February 2025).

Tam, L.Y.C., Taechameekietichai, Y. & Allen, J.L., 2024. Individual child factors affecting the diagnosis of attention deficit hyperactivity disorder (ADHD) in children and adolescents: a systematic review. *European Child & Adolescent Psychiatry*. doi:10.1007/s00787-024-02590-9.

Tapia, J., Sparber, A., Lopez, O., Martin, P., Graziano, P., Basu, H., Beaulieu, M. & Sibley, M., 2024. Racial and Gender Disparities in Community Mental Health Center Diagnoses of Adolescent ADHD and Comorbidities: A Mixed Methods Investigation. *Journal of Child and Family Studies*, 33, pp.3472–3485. doi:10.1007/s10826-024-02857-4.

Thapar, A., Cooper, M., Eyre, O. & Langley, K., 2013. What have we learnt about the causes of ADHD? *Journal of Child Psychology and Psychiatry*, 54(1), pp.3–16. doi:10.1111/j.1469-7610.2012.02611.x.

Thompson, M., 2021. The Effect of ADHD Diagnosis on Individual Identity Formation. Doctoral dissertation.

Timimi, S., 2005. *Naughty Boys: Antisocial Behaviour, ADHD and the Role of Culture*. London: Palgrave Macmillan.

Timimi, S. & Taylor, E., 2004. ADHD is best understood as a cultural construct. *The British Journal of Psychiatry*, 184, pp.8–9. doi:10.1192/bjp.184.1.8.

Tomaszewski, L.E., Zarestky, J. & Gonzalez, E., 2020. Planning Qualitative Research: Design and Decision Making for New Researchers. *International Journal of Qualitative Methods*, 19. doi:10.1177/1609406920967174.

Verhoeven, M., Poorthuis, A.M.G. & Volman, M., 2019. The Role of School in Adolescents' Identity Development: A Literature Review. *Educational Psychology Review*, 31, pp.35–63. doi:10.1007/s10648-018-9457-3.

Vingerhoets, H. & Wagner, K., 2016. The Voice of the Child in the Code of Practice. *Educational Psychology Research and Practice*, 2(2), pp.4–7. Available at: https://repository.uel.ac.uk/download/9d84d3aaa2aff329b780e8fb87463ea444f4752cd91b0fed1fae3a660c1fff94/193709/Educational%20Psychology%20Research%20and%20Practice%202016%2012%20Vingerhoets%20and%20Wagner.pdf

Visser, M.J., Peters, R.M. & Luman, M., 2024. Understanding ADHD-related stigma: A gender analysis of young adult and key stakeholder perspectives. *Neurodiversity*, 2. doi:10.1177/27546330241274664.

Ward, R.J., Kovshoff, H. & Kreppner, J., 2021. School staff perspectives on ADHD and training: understanding the needs and views of UK primary staff. *Emotional and Behavioural Difficulties*, 26(3), pp.306–321. doi:10.1080/13632752.2021.1965342.

Willig, C. (2008) *Introducing qualitative research in psychology*. 2nd edn. Maidenhead: Open University Press.

Willig, C. and Stainton-Rogers, W. (eds.) (2008) *The SAGE handbook of qualitative research in psychology*. London: SAGE Publications.

Williams, A., 2020. Editorial: The Whiteness of Educational Psychology: Colonialism, Post-Colonialism and Racialisation in the Theory, Training and Practice of Educational Psychology. *Educational Psychology Research and Practice*, 6, pp.1–9.

Williams, A.J., Billington, T., Goodley, D. & Corcoran, T., 2016. *Critical Educational Psychology*. Chichester: John Wiley & Sons.

Wright, R., 2020. Navigating Blackness in Educational Psychology: Reflections of a Trainee Educational Psychologist. *Educational Psychology Research and Practice*, 6, pp.1–9. doi:10.15123/uel.8911w.

Yaqoob, A., 2025. "It's better to be quiet than share": Perspectives of secondary-aged students of British Pakistani background in seeking support for Social, Emotional & Mental Health. Professional Doctorate thesis, Tavistock and Portman NHS Foundation Trust / University of Essex. Available at: https://repository.essex.ac.uk/40265

Yang, B., Zhao, D. & Liu, L., 2021. An Analysis of Hall's Theory of Cultural Identity and Its Application in Flipped Class. *Proceedings of the 2nd International Conference on Language, Communication and Culture Studies (ICLCCS 2021)*, p.588. doi:10.2991/assehr.k.211025.030.

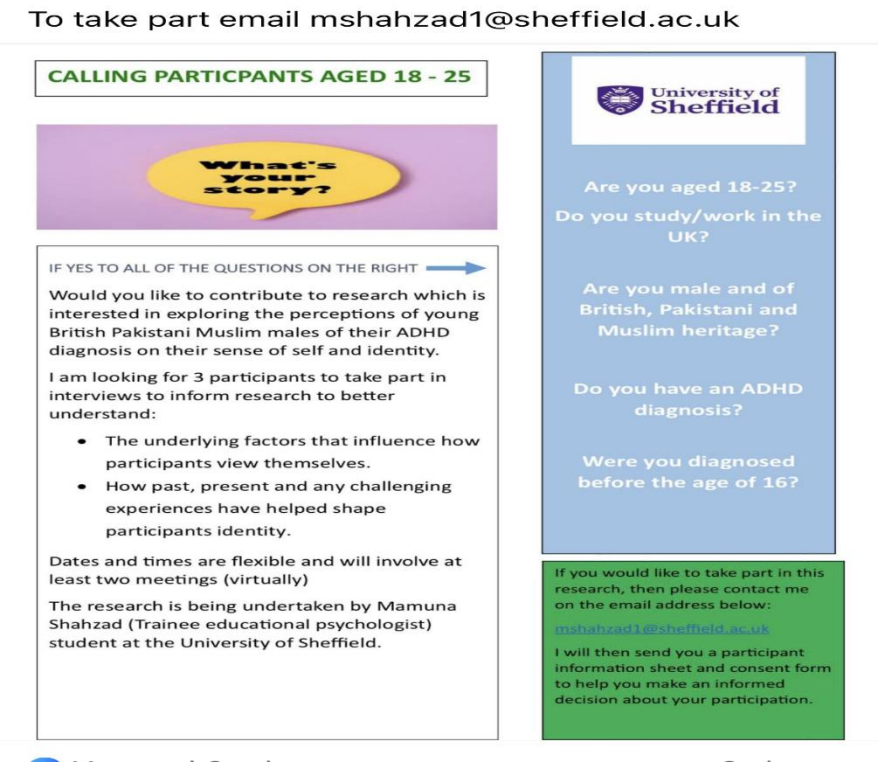
Yip, S.Y., 2024. Positionality and reflexivity: negotiating insider-outsider positions within and across cultures. *International Journal of Research & Method in Education*, 47(3), pp.222–232. doi:10.1080/1743727X.2023.2266375.

Zilanawala, A., Sacker, A., Nazroo, J. & Kelly, Y., 2015. Ethnic differences in children's socioemotional difficulties: Findings from the Millennium Cohort Study. *Social Science & Medicine*, 134, pp.95–106. doi:10.1016/j.socscimed.2015.04.012.

Appendices

Appendix 1 – Posters

Version 1



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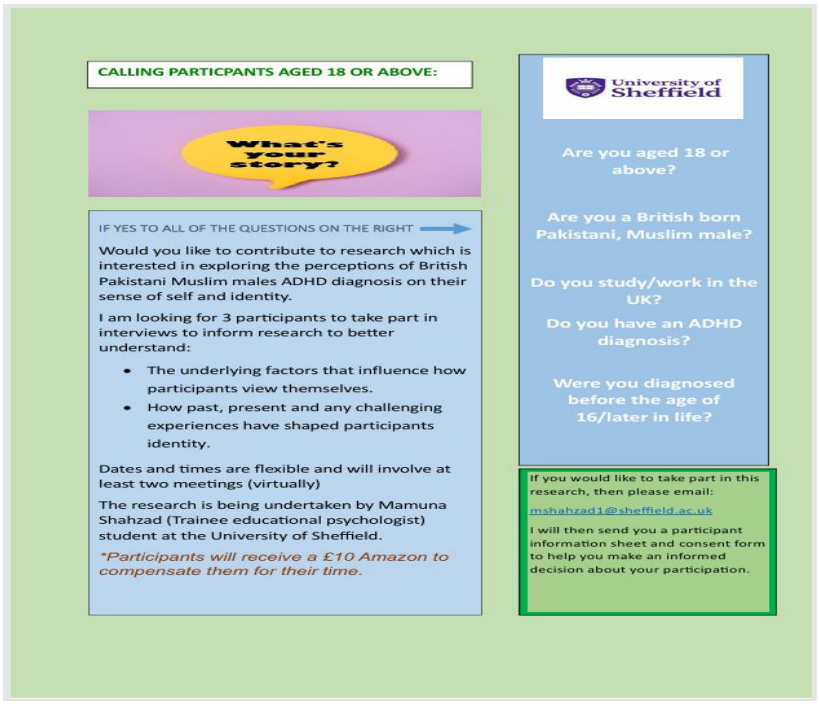


Appendix 2 – Information Sheet

INFORMATION SHEET FOR PARTICIPANTS

An exploration of British Pakistani Muslim male's perceptions of their ADHD diagnosis on their sense of self and identity

Hi, my name is Mamuna Shahzad. I am a Trainee Educational Psychologist at the University of Sheffield.

You have been invited to take part in a research project. Before you decide whether or not you would like to take part, it is important for you to understand why the research is being done and what it will involve.

Talk to others or myself to decide whether or not you wish to take part.

Part 1 gives you details about the research topic.

Part 2 gives you more detailed information about the study and what I will ask you to do if you decide you would like to take part.

Thank you for taking the time to read this.

Part 1 - Details of the Study

What is the purpose of the study?

The research is organised and funded by the School of Education, University of Sheffield.

The study aims to explore the stories of males who are of British Pakistani and Muslim heritage and also have a confirmed ADHD diagnosis. This is so that these stories can help Educational Psychologists and other professionals understand how people from this community view ADHD and how it affects how they view and understand themselves.

Why have I been invited to take part?

I am asking adults aged 18 and above who have received a diagnosis of ADHD before the age of 16 and belong to the community mentioned above to take part. Participants must be attending an educational institution or in employment. It is important that if you wish to take part that you are comfortable talking about and reflecting on your experiences surrounding your diagnosis.

It is likely you have considered volunteering to take part in this research as you have seen a poster or social media post describing the study and you meet the criteria of the participant's recruitment.

There will be three participants in total, one of whom will participate in a pilot study that will help me practice prior to the official start of the research project. However, the pilot study data will be included in the study.

Do I have to take part?

No, it is up to you to decide whether or not you should take part. If you do decide to, you will be asked to sign a consent form to say that you understand what the study is about, and you are happy to take part. If you consent to take part, a maximum amount of a £10 Amazon voucher will be sent to you via email/post to compensate you for your time or any travel expenses incurred once interviews have been completed. However, you will be free to withdraw from the study before the interview, during the interview and up until two weeks after the interviews. Further information regarding your right to withdraw is available in part 2.

What will you be asked to do if you agree to take part?

Once full consent has been gained from you. I will conduct an introductory meeting with you via Google Meet to introduce myself and also talk you through the aims of the research and the procedure for the actual interview. This meeting will also give you the opportunity to ask/clarify any questions/queries/apprehensions you may have. The questions will also be given to you to think about prior to the interview.

The next session will be the actual interview which will be recorded. The interview is meant to be an enjoyable conversation. You will be asked a series of questions which will help you reflect on areas such as your views of ADHD, your experiences of when you first received your diagnosis, the views of those around you such as family and friends on your diagnosis, faith, culture. memorable experiences, hopes for the future and any challenging experiences. I will transcribe, analyse and interpret the data.

The data will be destroyed upon completion of the course. Further information is available in part 2

Where will the research sessions take place?

The research sessions will be conducted virtually through Google Meet.

This completes Part 1. If the information in Part 1 has interested you and you are thinking you might like to take part, please read the additional information in Part 2 below before making your decision.

Part 2

Your right to withdraw.

This is an entirely voluntary project, and I am hoping taking part will be an enjoyable experience. However, reflecting on your experiences may make you feel uncomfortable whilst answering some of the questions. If you feel too uncomfortable to continue with the study, you are free to immediately withdraw your participation at any point and any responses you provide will be deleted. You are also free to withdraw from the study before the interview, anytime during the interview and up until two weeks after the interviews. You may also skip questions that you do not want to answer during the interview. You do not need to give a reason why you want to withdraw and there will be no negative consequences. However, the right to withdraw after this period will require a reason. If you do wish to withdraw from the research, please contact:

Mamuna Shahzad - mshahzad1@sheffield.ac.uk

If you do experience any discomfort during the study, please inform me and the study will be stopped. You will also be able to talk with myself as the researcher, immediately before or after each session or at any time in between. You can also seek support from the following support networks:

- Young Minds – www.youngminds.org.uk
- NHS urgent mental health helpline – www.nhs.uk/service-search/mentalhealth/find-an-urgent-mental-health-helpline
- Samaritans helpline – www.samaritans.org.uk or call 116 123
- SHOUT (Free text Service 24/7) – Text SHOUT to 85258

- Youth in Mind helpline – 08001 884 884
- Kooth – www.Kooth.com
- The Mix - The Mix - Essential support for under 25s

Your personal information

None of your personal information such as your name, age, address, workplace or educational institute will be identifiable. Anybody reading the research will not know that you took part. The record of our meetings will be kept strictly confidential and will only be accessible to me and the research supervisor. The recordings of each session will be deleted upon completion of the course. All information will be securely saved on a University of Sheffield database as an encrypted file that only I can access.

Safeguarding

If you disclose any safeguarding issues or involvement in illegal behaviours. The educational setting's safeguarding policy will be adhered to and information will be passed to the designated safeguarding lead.

If you wish to make a report of a safeguarding concern or incident relating to potential exploitation, abuse or harm resulting from your involvement in this project, please contact the project's Designated Safeguarding Contacts:

- Dr Sahaja Davis (Research Supervisor) - t.s.davis@sheffield.ac.uk
- Rebecca Lawthon (Head of Department, School of Education) r.lawthom@sheffield.ac.uk
- Your educational setting's Designated Safe-Guarding Lead or Deputy Designated Safeguarding Lead.

Ethics and Complaints

The University of Sheffield will act as the Data Controller for this study. This means that the University is responsible for looking after your information and using it properly.

This project has been ethically approved via the University of Sheffield's Ethics Review Procedure as administered by the School of Education.

If you have any complaints about your experience of taking part in this study, please contact:

- Dr Sahaja Davies (Research Supervisor) - t.s.davis@sheffield.ac.uk

If you feel your complaint has not been handled appropriately, please contact:

- Rebecca Lawthorn (Head of Department, School of Education) r.lawthom@sheffield.ac.uk

If your complaint relates to how your personal data has been handled, information about how to raise a complaint can be found in the University's Privacy Practice Notice: https://www.sheffield.ac.uk/govern/data-protection/privacy/general

Contact for further information:

This project is being conducted by Mamuna Shahzad (DEdCPsy) student in the School of Education. If you require any further information or questions about this study, please complete the consent form attached and send to me via my email at: mshahzad1@sheffield.ac.uk.

Thank you for reading this information and considering whether you would like to take part in this study.

Appendix 3 – Consent Form

An exploration of British Pakistani Muslim males' perceptions of their ADHD diagnosis on their sense of self and identity

Consent Form

By taking part in the interview, I agree to the following:
Taking Part in the Project
I have read and understood the project information sheet called participant information sheet or the project has been fully explained to me. (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.)
I have been given the opportunity to ask questions about the project.
I agree to take part in the project. I understand that taking part in this stage of the project will include being part of an introduction session and a semi structured interview.
I understand that by choosing to participate as a volunteer in this research, does not create a legally binding agreement nor is it intended to create an employment relationship with the University of Sheffield.
I understand that taking part is voluntary and that I can withdraw up to two weeks after the interview. I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw.
How my information will be used during and after the project
I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project.
I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this.
I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.
I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.
So that the information you provide can be used legally by the researchers

I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield.

Name ……..

Contact number ……

Email ……

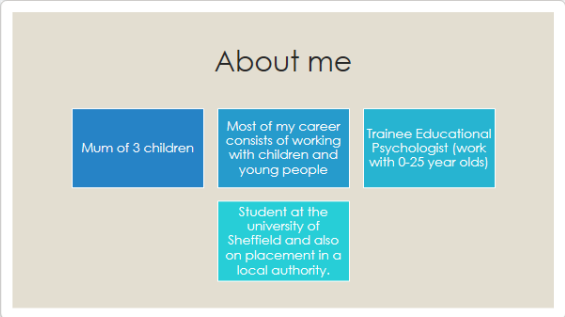
Signature ……

Project contact details for further information:

Role	Name	Email address
Director Doctor of Education and Child Psychology	Antony Williams	anthony.williams@sheffield.ac.uk
Research Supervisor	Sahaja Davies	t.s.davis@sheffield.ac.uk
Researcher	Mamuna Shahzad	mshahzad1@sheffield.ac.uk

Appendix 4 - Introductory Meeting PowerPoint

1



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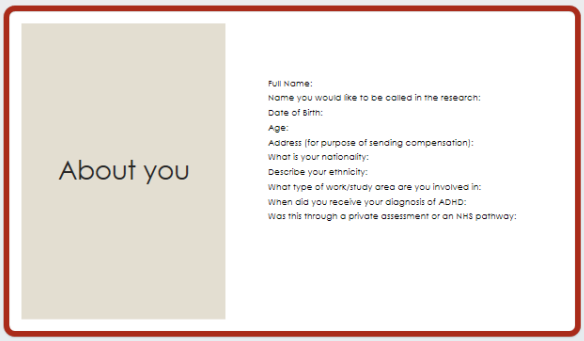

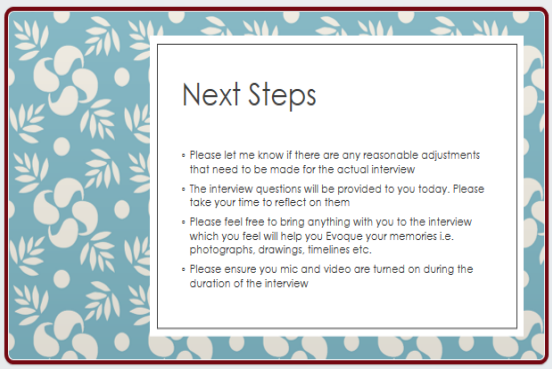

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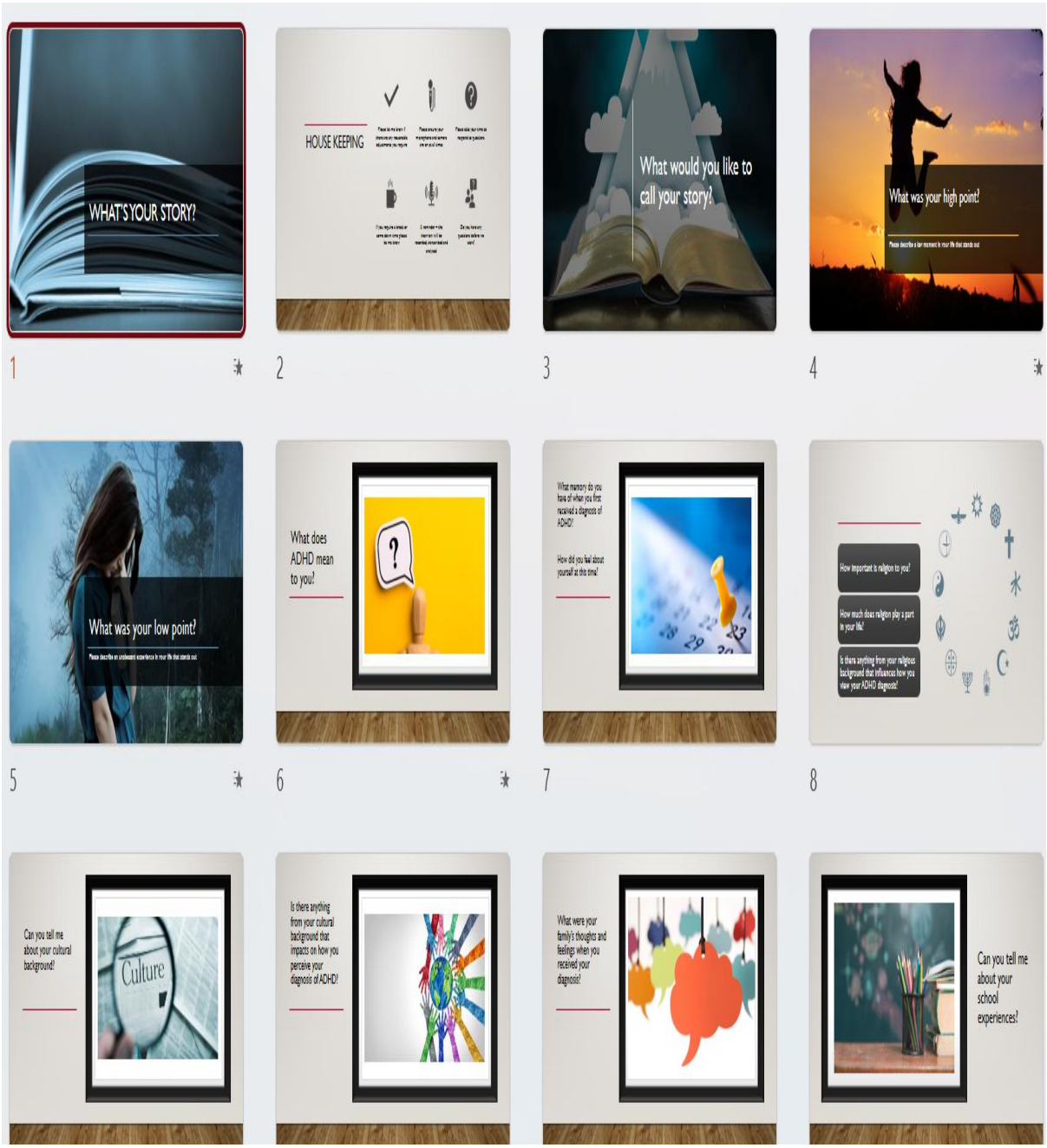
Appendix 5 – Life Story Interview PowerPoint



Appendix 6 – Life story Interview Questions

Life Story interview

What would you like to call your life story?

What was your high point?

What was your low point?

What does ADHD mean to you?

What memory do you have of when you first received a diagnosis of ADHD?

How did you feel about yourself at this time?

How important is religion to you?

How much does religion play a part in your life?

Is there anything from your religious background that influences how you view your ADHD diagnosis?

Can you tell me about your cultural background?

Is there anything from your cultural background that impacts how you perceive your diagnosis of ADHD?

What were your family's thoughts and feelings when you received your diagnosis?

Can you tell me about your school experiences?

Did you or your family seek support around your diagnosis?

Are there any other life events which you want to tell me about?

What are your plans, dreams or hopes for the future?

Is there anything else you would like to share?

Appendix 7 – Working Transcript (establishing episodes, fabula and sjuzet, interpretation of episodes

Coding Notation

Numbered segments - self-contained episodes

[xxxx] – omissions, identifiers removed,

- Fab1 – Start of Fabula 1 (chronological sequence of events, what actually happened)

**separated according, to events, experiences, location, time (past, present future) and relationships*

Sjuzet is underlined in red (indicates thoughts and feelings, how the story is told including paralinguistic and linguistic features such as the choice of words for emphasis. Para-linguistic features such as tone of voice, volume, pitch changes (Labov and Waletsky, 1967, cited in Hiles, Cermak and Chrz, 2009),

{ } - Fabula bracketed

Green commentary – emphasis, reflection and commentary on thoughts /feelings /experiences

Purple commentary – situated-occasioned action, emphasis, elaboration, commentary, reflection and providing a 'window on the event being narrated', (Hiles, Čermák and Chrz, 2009)

Identity Position

- IP 1 – Curious self
- IP 2 – Spiritual self
- IP 3 - Marginalised self
- IP 4 – Advocate

Jefferson Conventions used for transcription coding (highlights paralinguistic features):

(.) less than 1 sec pause

(2) pause with length of time in brackets

((non-verbal information))

[overlapping speech]

Edwards (2022, p124)

Data	Analysis including interpretive commentary
**Brief conversation took place prior to the actual interview* *Mamuna: Okay.* *Mamuna: And what would you like to call your life story?* Abdullah: A Roller Coaster (.) My Roller Coaster of Life ((slight smile, looks at camera))	
Mamuna: So yeah, just take your time. So just thinking about the first kind of opening to your story, what's been the high point in your life story? 1. Abdullah: I mean erm ((clears throat, looks right side away from camera)), what's the high point? (.) I think in a way it's just been the self-discovery part, erm (.). 2. Abdullah: Since I was very {young} I always liked discovering, erm (.) erm (.) what is to do with the world but actually, over the years learning about myself (2).	• **Fab 1** - early childhood, embarking on a Journey of self discovery 1. 'Self discovery, emphasises perhaps despite the challenges and achievements of life his journey so far has been about understanding himself. 2. Sjuzet: '*Since',* emphasis on when the journey started and A's interest in developing self awareness and the world came about **IP1 – Curious**

3. Abdullah: Erm, you know, I think ((eye contact away from camera, looking to the left side)) especially when {I moved out} to xxxx for the first time when ((slight twisting in chair from side to side)) I was at university and after that period erm, yeah it was a very interesting period.	• **Fab 2** – move to another city, went to university 1. Sjuzet: *'interesting period'* Appeared reflective when reflecting on the period of self-discovery period which started during his young adulthood years and moved from home where he started to learn about himself.
4. Abdullah: But I think the journey, period of actual discovery probably came when I was a {teenager} ((looks up slightly, moves eyes to the right, moving chair from side to side)).	• **Fab 3:** Teenage years – difficult period in life. 1. *'discovery… teenager'* emphasises that that this was formative period in his life.
5. Abdullah: At the same time It was very volatile ((slight laugh, looks down slightly to the left)), very volatile.	2. Sjuzet: Used the word *volatile* x2 to emphasise difficult time **IP 3 – Marginalised** 3. Sjuzet: reflective, possible defence mechanism (laugh), possible masking of discomfort whilst emphasising a difficult period in his life. • **Fab 4**: High point, working on Business ideas and

	simultaneously doing a degree
6. Abdullah: The high points is there's a lot of wins along the way, erm (2) ((keeps head down to the left slightly)) {starting up businesses}, meeting different people online, friends from different communities, different areas even like the online world.	1. Sjuzet: *'lots of wins'* Appeared reflective, relaxed/nostalgic whilst recalling events, reflecting on personal growth when meeting new people. Learning about different religions and cultures through degree and business ventures **IP – Curious**
7. Abdullah: Connecting with people and so many people ((slight smile)) and erm (.), through that you know ((slight rise in intonation)). I felt like I was on a mission ((smiles whilst speaking, keeps eyes to the side)). I was confident.	2. Sjuzet*: 'I was confident'* indicates this phase in his life gave him inner strength and clarity. 3. Body language and intonation indicates this may have a been a positive phase in his life.
8. Abdullah: Erm, my brain ((touches nose with hand, moves left hand whilst talking, smiles, looks to the camera)) it still is always looking for next thing to find, next thing to work on and stuff like that.	4. Sjuzet: *'my brain'* reflection, A referred to thoughts and motivations in context of his brain (within person) possibly alluding to traits of ADHD *'Looking for next thing* emphasises his curious nature **IP 1 - curious**

9. Abdullah: And I think trying so many different areas like being a very creative person ((keeps head slightly down, looks to the left, rests chin in between fingers))	5. *'Creative person'* Introduces his many experiences by defining himself **IP 1 – curious**
10. Abdullah: Erm like, It's kind of good, it helped me develop my understanding of the world. Like, my {degree} was in International Relations.	6. Sjuzet: possibly being creative *'helped me'* emphasis on importance of constantly looking for opportunities and developing understanding of world **IP 1 – curious**
11. Abdullah: And, it helped me again learning about people, learning about the cultures and religions, insights ((keeps eyes away from the camera looking down to left, appears to be shaking leg)).	7. Sjuzet use of '*helped me'* again emphasizes the role academics and Business acumen increased his awareness of others **IP 1 – curious**
12. Abdullah: I had met so many people from across the world on my degree.	8. Sjuzet: (body language) Observed changes in position possible need for movement (appeared to be shaking leg)
13. Abdullah: And then through that I think it's just been the journey of life in a way like	• **Fab 5** – High point, experiences of travelling

even {going to experience some beautiful places}, different environments ((looks to camera, rise in intonation when mentioning word environment possibly to emphasise point)) erm, and things like that. 14. Abdullah: You know ((laughs, touches brow with left hand and then rests his forehead on top of hand)) and as much as I can, I try to be present in the moment ((laughs and smiles)). 15. Abdullah: but I'm realising without my diagnosis, maybe if I did have a diagnosis, maybe it would have been even more in the moment 16. Abdullah: Erm (2), but yeah, it's been, the high point was just always being me (2). I never sort of given up on myself (4), never (.) 17. Abdullah: Yeah, no matter what, I always believe in myself ((looks at camera during and maintains eye contact)). 18. Abdullah: Err High point, despite the odds that I've had against me. I think that's what it's been. It's not been a singular point	1. Sjuzet: *'beautiful places ,different environments'* Emphasis on positive experiences of travelling **IP 1 – curious** 2. Sjuzet: '*try to be present'* emphasis on mindfulness as a positive feeling whilst travelling **IP 2 – Spiritual** 3. Sjuzet: *'I'm realising'* (Situated occasioned action) emphasises a shift in perspective and choice of words reflects how having been undiagnosed is a barrier to completely practicing mindfulness **IP 2 – spiritual** 4. Sjuzet: *Always being me,* emphasises his values of being and remaining authentic 5. Sjuzet: *'No matter what..believe in myself* emphasises his determination and remaining true to himself. **IP 4 – advocate**

((emphasises point with hand movements implying partition in time)). 19. Abdullah: Erm (2), but I think even for example, my {degree} that would have been a high point in my life, because I was undiagnosed ((leans forward, with head down, smiles whilst talking)). 20. Abdullah: (5) So undiagnosed ((looks up at camera, appears to be tapping/shaking leg)), there was a high chance that I wasn't gonna get my degree. 21. Abdullah: You know, like, since my teens and that I had the odds against me ((smiling while talking)).	• **Fab 6** – High point, completion of degree 1. Sjuzet: '*not been a singular point'* during this sentence summarises that all previous points were high points and he cannot differentiate what is the most important experience 2. Sjuzet: *'My degree…high point'* later emphasises degree was a big achievement due to challenges **IP 4 – Advocate** 3. Sjuzet: (facial expression) smiling possibly indicates sense of achievement whilst being undiagnosed. 4. Sjuzet*: 'I wasn't gonna'* Sense of achievement despite challenges of not being diagnosed and possible expectations placed on him by others • **Fab 7** – Reverts to past teenage years associated with unpleasant experiences.

	Specifically, loss of friendships
22. Some of the experiences I had (.), which weren't pleasant ((moves eyes away from the screen)).	1. Sjuzet: *'Since my teens..odds against me'* Emphasis on overcoming obstacles. **IP 4 – advocate**
23. Abdullah: I mean, in a way I lost certain {friends} which I thought were friends, but I guess erm God took them out my life, but it just made me realise ((looks down)) that I could have ended up in certain position, the wrong side of society ((looks straight at camera)).	2. Sjuzet: '*weren't pleasant'* reflects on difficult periods as a teen. 3. Sjuzet: '*god took them out of my life'* Reflects on belief in god as protective factor, a divine intervention separating him from how society may position him if these unpleasant friendships continued. **IP 2 – spiritual**
24. Abdullah: So yeah, I guess that degree. Even like I was undiagnosed.(2) I did it sleeping through lectures. Also, I was over stimulated the entire time at Uni	• **Fab 8 -** Reverts back to experiences of undertaking degree and business simultaneously
25. Abdullah: I was even working on something ((uses hands to express himself)). The side hustling, I still had like my businesses going as well because my brain is always on it, it's working there (.)	1. Sjuzet: *'overstimulated'* emphasis on how overwhelming this period was. Taking a toll on sleep patterns 2. Sjuzet: *'brain is always on it'* emphasis on not resting growing business
26. Abdullah: But it took me a year and a half. I started (my dissertation) in my actual	

{second year of uni}, so I might have been undiagnosed, but my dissertation. so, I think at that time I built some really…(.)	• **Fab 9** – Completed dissertation and degree
27. Abdullah: I think, yeah, that's what it was really like. The {degree}. I think cemented a lot for me and it's something because I chose to do it.	1. Sjuzet: *'I knew'* Emphasis on allowing himself (accommodation) more time enabling him to complete. '*Subconciously'* A started to notice his differences in approach to academic work developing a coping mechanism. **IP 4 – advocate**
28. Abdullah: It kind of became a part of my life really anyway. And I still managed to get through it and completed it, stuff like that.	2. Sjuzet: '*I chose to do it'* Elaborates on sense of agency and choice over degree gave him a sense of achievement. 3. Sjuzet: *'managed to ger through it'* Despite the challenges he completed degree. It impacted his life. **IP 3 – Advocate**
29. Abdullah: And then my {career} which has been a work in some places which were good ((laughs)). Some were like challenging my sanity (laughs, puts head down)), yeah, probably making me insane.	• **Fab 11 :** Embarking on career. Struggles and triumphs 1. Sjuzet: '*some..good , some challenging my sanity.. making me insane'* reflects on how some work experiences impacted his mental wellbeing with loss of control. **IP 3 – marginalised**

30. Abdullah: But I mean I was always passionate, always pushed myself to the edge (2) Err, I lived on the edge, let's say, I lived on the edge. Anyway, I lived on the edge and then I got to the middle.

2. Sjuzet: Subtle laughing possibly indicates a defence mechanism when talking about difficult experiences.

3. Sjuzet*: repetition of 'I lived on the edge'* emphasises an intense period in A's life which possibly pushed him beyond his limits. *'I got to the middle'* indicates a possible period of relative calm.

31. Abdullah: So it was always just bouncing from one direction. That's why the roller coaster ((eyes widen whilst making the point)).

4. Sjuzet: *'bouncing from one direction'* reflects again on an intense period perhaps emphasising instability and constant change.

32. Abdullah: Yeah, that's how I would probably say, Roller coaster because it's always up and down. Yeah (.) that's a bit deep.

Mamuna: [No, no carry on it. It's..]

5. Sjuzet: *'roller coaster…up and down'* reflects back on his story title and makes references. *'A bit deep'* provides commentary on what must have been a deeply emotional experience.

IP 3 – marginalised

33. *A*bdullah: [Yeah, no, no], I think that summarized a high point and I think no matter what I went through my life, I thought, I never gave up my belief in {God} Allah and coz I knew he understood me even when nobody understood me ((looks at camera, smiles)).

- **Fab 12** – Faith/ relationship with god through life

Mamuna: [Okay]

1. Sjuzet – *'No matter what'* emphasises a moment of endurance. *'I never gave up my belief in God, Allah'* emphasises his faith

	and a divine connection as a protective factor despite feeling misunderstood and isolated by others. 2. Facial expressions possibly indicate a moment of peace/gratitude **IP 3 – spiritual** 3. Sjuzet – '*personal journey*' emphasises that this his relationship with God is a transformative one.
34. Abdullah: And my relationship with {him} It's been a personal thing like, I think it was down to him that he bought me through to this side. Yeah. *Mamuna: erm yeah. so faith is something…* 35. Abdullah: [It's a big part.] *Mamuna: Do you want to tell me a bit more about the faith aspect?* 36. Abdullah: I mean because shall we talk about when it comes to that as a separate question? *Mamuna: It's up to you. We don't have to follow that It's not a strict sort of timing* Abdullah: I think it might just yeah,… *Mamuna: Yeah. You want to?* Abdullah: if you go (2) I mean I got the question. Abdullah: Yeah. … *Mamuna: Yeah. Is it okay?*	4. Sjuzet: *'he bought me through'* emphasises his belief in divine intervention as a guide through life as opposed to a passive relationship. 5. Sjuzet: '*A big part*' emphasises faith is a huge part of self and sense making. **IP 3 – spiritual**

37. Abdullah: if you go to the questions, it is a bit more orderly. *Mamuna: [That's fine]* Abdullah: Yeah, because I might waffle in between, and up and down and all that. *Mamuna: That's fine. It doesn't have to be fixed according to this…* Abdullah: Yeah. Yeah. *Mamuna: but if you feel the structure helps absolutely not. Yeah, but yeah is there anything else that you feel that's important to add to that bit?* Abdullah: [I think. No, no, that's fine.] Yeah, no. I think that kind of summarizes it. So what's your low point?((Looks at camera or perhaps the powerpoint)) Is that the next one? (.) *Mamuna: What was your low point that you would you say, in your life?* 38. Abdullah: I think ((clears throat, looks to left then focusses on right)) I could possibly say my teenage years. 39. Abdullah: Going to {secondary school} and the environment. A new place (.), changing like friendship groups (.) erm and like discovering what humans are once again ((rise in intonation and raises eyebrow and looks to the screen))	6. Sjuzet – *'more orderly'* suggests his preference for structure. *'I might waffle'* further emphasises he wanted to follow the order of questions on the PowerPoint possibly to help structure his thoughts and reflections. • **Fab 13:** Low point, School and its environment and teenage years 1. Sjuzet: *'Teenage years'* Emphasis on adolescence being a low point. 2. Sjuzet: *'secondary school..environment…'* emphasises possible environmental factors and change of

40. Abdullah: obviously like erm understanding the world and this thing that I've got to grow up,	friendships as being core to his experiences and. 3. *'What human's are again'* provides commentary on how he viewed navigating interactions with new peers perhaps apprehension about their intentions. **IP 1 –Marginalised**
41. Abdullah: I'm now becoming an {adult} (laughs and smiles at the camera)). I've got this maturity and this and that (.)	4. Sjuzet: 'understanding the world' emphasis on maintaining curiosity. *'I've got to grow up'* reflects on pressure to grow up, feeling a sense of responsibility. 5. Sjuzet: '*I'm now'* switched continuous present tense emphasising adulthood is an ongoing process. **IP 4 – advocate**
42. Abdullah: erm, I think alongside the positive, which I talked about before there was many I think. especially as a teen. I like started to feel lost and unaware. I started to feel distance erm (.) from people not grasping like (.) erm like erm (2) 43. Abdullah: Distance.	6. Sjuzet: '*lost…unaware…distant'* reflects on a period of isolation, not quiet feeling a connection to relationships and environment during adolescence
44. Abdullah: I'm just trying to write this down at the same time.. distance from people ((appears to be writing points down, face down and hand movements)) (4). *Mamuna: Yeah, that's fine.*	**IP 3 – advocate**

45. Abdullah: And then trying to figure out what I want from life.	7. Sjuzet: *'trying to write'* Emphasises and narrates his actions. 8. Sjuzet: Body language indicates, this could possibly be due to a need for movement combined with support to help structure thoughts, keep focus and recall memories
46. Abdullah: But the thing was like (.) I think. I was unaware of my {symptoms} (.) they played and how they impacted my life.	9. Sjuzet: *'figure out'* reflects on period of contemplation and introspection • **Fab 14:** Experiences of being undiagnosed and impact on self concept
47. Abdullah: So there's good ways but there were challenging ways. Er (.). I didn't know how to maintain them and control them, like.	1. Sjuzet: *'how they impacted my life'* emphasis on experiences when unaware of symptoms and how this impacted A's mental health
48. It just felt like I was going insane. I was always Insane. Because I was unaware of my emotions like trauma, even my struggles like erm, my struggles (2) really, so, my weight	2. Sjuzet:' *I didn't know'* Emphasis on Internal conflict and being unaware or having insight into neurodivergent symptoms.
49. Abdullah: so, obviously we can talk about {ADHD} ((laughs and looks down)) but obviously like later. I got diagnosed later with Autism. I've got a diagnosis with autism and dyspraxia. So, I was very uncomfortable in my own body (2) Yeah.	3. Sjuzet: *'Insane'* x2 'reflects on mental state due to a lack of understanding around the cause. *Struggles'* x2 emphasises a particularly challenging period.

50. Abdullah: I was {overweight} also. It's like I had his internal struggle ((looks at camera)). Not feeling like appreciated.	4. Sjuzet: *'obviously'* suggests a sense of normalisation around ADHD. '*uncomfortable in my own body'* emphasises his views on self image related to behaviours and emotions.
	IP 3 - marginalised
51. So, to be honest, I never really bothered because I was just so used to being me.	5. Sjuzet *'internal struggle'* – emphasizes how self-image was further compounded by body image and not feeling valued
	6. Sjuzet: *'to be honest'* suggests a genuine response. I '*never bothered'* reflects a passiveness in seeking interactions with peers. *'Just...being me,'* emphasises A's need to remain authenticate despite the distance he felt with others (possibly peers).
52. Abdullah: And maybe other people were trying to appreciate me, I don't know ((slight grimace)). But that's how it was for me.	**IP 4 – advocate**
	7. Sjuzet: '*Maybe…I don't know'* reflects and acknowledges that maybe those around him may have appreciated him but due to the criticism around his symptoms he received this was the cause of A wanting to understand himself (contingent self esteem)
53. Abdullah: But yeah, there's constant discovery. I was always like to be honest on the edge and I was always getting feedback and that's probably where my passion for personal development came from.	

54. Abdullah: There was a lot, not feedback, but it was like yeah, always being criticised by people (3) especially for how my symptoms are playing out.	8. Sjuzet: *'Constant discovery'* emphasises that self-awareness and engagement with sensemaking of self is an evolving process. '*To be honest*' reflects his genuineness in the interaction. *''Always getting feedback'* However his self awareness at this time this appears to be contingent on the perception of others. **IP 1 – curious**
55. Abdullah: And then me trying to figure out what's going on, let me try to sort it out, let me just work on it or whatever and I couldn't get around to it but my brain wasn't working ((looks back and forth at the camera, slight smile)).	9. Sjuzet: '*always being criticised*' perception of others appeared to be negative. Lack of understanding around interpretation of his undiagnosed symptoms. **IP 1 – Marginalised**
56. Abdullah: My brain wasn't working er (.)	10. Sjuzet – emphasis on referencing brain again to explain barriers to coping with his symptoms
57. Abdullah: There were certain things like, I did start to figure out without my diagnosis about how to {work with my ADHD}.	• **Fab 15:** Being undiagnosed and impact of symptoms later in life in employment 1. *'Start to figure out.. work with my adhd.'*

Abdullah: But I did figure out bits, as I grew up, God knows that's one of the most helpful things	Emphasises how process of self-awareness helped him to make adaptations despite structured support.
58. Abdullah: Like, you know, with my {school} and that I was always making posters and stuff like that.	2. Sjuzet: *'Always figuring things out.'* Emphasises a sense of agency and that symptoms
59. Abdullah: The thing was a few years ago when I was at the {fire brigade} when I was undiagnosed, so they'd ask how did you get through school with your symptoms? ((Laughs and looks around a few times, rolls eyes up when thinking)) Alright, ADHD, I did get through school.	3. Sjuzet: *'always.'* Reflects on his creative side being a fixed attribute **IP 1 – curious** **4.** Sjuzet: *'they'd ask'* A reflects on past perceptions and scrutiny from colleagues in the workplace regarding his symptoms and how they were impacting his work despite his accomplishments in school.
60. Abdullah: I was doing posters and all these sorts of things and they're like, you should have done that. Then I was like, look, I don't know.	**5.** *'They're like'* emphasises the continued scrutiny, however *'look. I don't know* implies a sense of frustration' at the expectations and questions directed at him.
61. Abdullah: I knew I was visual and creative now but I didn't know it's necessary for me to actually exist like that. That's how much it impacts.	**6.** *'I knew…now'* emphasises the insight A had into his identity and it being a recent realisation. *'Impacts'* **IP 3 – marginalised** • **Fab 16:** A went through a period of

62. Abdullah: but yeah, it's like, even when I was going to school, I was going through a lot ((Looks down and keeps eyes down during the this part))	bereavement during teen years but also struggled with his intersectional identity.
63. Abdullah: So I had quite a few {deaths} in my family and then obviously being a teenager, I was dealing with death and grief and then faith, and then having an identity crisis as a Muslim, Pakistani British, working class person. I think that has a big impact, but then also like (.) err (.)	1. Sjuzet: '*going through a lot,* emphasis on struggle at school due to grief. 2. Sjuzet: *'Having an identity crisis'.* Emphasises that grief was intertwined with self-doubt and where he fits in in society. **IP 3 – marginalised**
64. Abdullah: Yeah, following that I think the low period, I went through a divorce as well. I was married and I went through a divorce a few years ago.	**Fab 17:** Identifies another low period. Relationship ended (divorce)
65. Abdullah: but I think it was just like (3) But yeah, it is what it is, but it's a big part of my life where I was forced to take a pause.	1. SJuzet: *'low period'* reflects back on original question **2.** Sjuzet: '*It is what it is'* Acceptance and acknowledgement that nothing can be changed. *'Forced'* reflects on divorce being a significant factor in slowing down
66. Abdullah: And then obviously like erm, having these diagnoses and stuff which came after it, it started to make a lot of sense.	**3.** *Sjuzet: 'Started to Make a lot of* sense' emphsiases the pause underpinned a moment of reflection and sense making.
67. Abdullah: But yeah, they were the lowest periods.	

68. but you know I sought help, sort therapy, had therapy, the road to sort of improving and that, but yeah,…they were sort of lowest periods. *Mamuna: thank you for sharing that. It's sometimes difficult to reflect on those periods but thanks for those.* *Mamuna Shahzad: And is there anything else that you want to say about any of those periods in your life?* 69. Abdullah: Nice. I think that's it like ((laughs)) as simple as I can put it *Mamuna So, obviously you've talked a lot about your diagnosis in there.* Abdullah: {hmmm] *Mamuna: What would you say ADHD means to you?* 70. Abdullah: ((laughs)) Having an abundance of attention and energy, but difficult maintaining it on something(.), unless it's very interesting. 71. Abdullah: so, it's {something}, that I've been created with. The way my brain has been created by Allah (.) like God. It's something which is a part of me. 72. And it was only until my diagnosis. I could actually point out my symptoms and think yo wait, this is what's going on? I'm not the	**IP 1 – curious** • **Fab 18:** A sought support through therapy **4.** Sjuzet: *'I sought help'* sense of relief and positivity despite difficult experiences • **Fab 19 –** A's perception of ADHD 1. Sjuzet – *attention, energy*, A's sensemaking of ADHD traits appears to align with his experiences i.e., working on multiple things at once. 2. *'Created with…a part of me'* Emphasis on existential sensemaking of disability. Understands ADHD through his faith

insane one ((shakes head whilst looking at camera and smiling)), so yeah,…	**IP – Spirtual** 3. Sjuzet: '*Yo, wait'* Informal commentary provides insight into the realisation he is able to reconcile the inner turmoil he had through his faith as well as how he felt society positioned him as *'insane'*
73. Abdullah: actually, ((looks down)) I feel like I know now, I'm not a normal person but I feel like who I am (.), it's a part of me (.) Separate to me, but it's part of me. *Mamuna: okay, can you expand on that a little bit? in terms of how you described it a separate but part of you*	4. Sjuzet: *Actually…I know now'* (situated occasioned action)*'Im not a normal person' emphasises* that this is a recent realisation. *'Separate to me... a part of me.'* emphasises the tension that ADHD is part of him but also something distinct.
74. Abdullah: so, it's like, hmmm ((pondering and smiles)). So let's say my brain is structured differently, right? But it's like, so, let's say(.)	**IP 1 – curious** 5. Sjuzet: '*Brain is structured differently'* Further emphasis on ADHD as neurobiological difference in brain.
75. Abdullah: For example (.) in a way (2) ((looks down, appears to be collecting thoughts,)), on a simple level, let's say it's two people doing the same thing but in two different ways, right ((looks to camera and then to side)	• **Fab 20:** A's perceptions of neurodivergent people in the context of historical structures in society and currently 1. Sjuzet: '*On a simple level'* attempt to break down a complex process of differences
76. Abdullah: Now ;95% on the world has just been raised in a typical fashion following the rules, certain routines and order and structures and that.	

77. Abdullah: Whereas a small majority of us, it's like we just have different ways but {premodern, the pre-industrial period} we would have been different. We would have had different positions in society. ((keeps eyes on camera, raised intonation)). 78. That you had like people living in tribes and packs. You had certain hunter-gatherers, different positions or certain people like, you had people who are awake at nighttime (.) Them keeping an eye on their communities and safety and belongings. 79. Abdullah: But they were utilizing all the skills in all the necessary ways ((looks at camera, raised intonation)). 80. Abdullah: Right now, for me is what this society has done is, it's created a new structure and ways of living. 81. Abdullah: But it didn't accept all these other people and then forced them to try to become a part of the way this modern society is ((whilst making this point wave his pencil from side to side to emphasise his points)), 82. Abdullah: but there's certain things which are beneficial, but there's somethings	2. Sjuzet: *Now,* commentary on societal roles currently, emphasising conformity majority of society conforms to established norms 3. Sjuzet: *'pre modern, the preindustrial period'* Commentary on historical context used to explain how ADHD traits would have been highly valued in different societies. 4. Sjuzet: *' you had…they were' (past tense)* reflecting and critiquing the past and the value placed on historical job roles and how they benefitted society 5. Sjuzet: *'they were'* reflects how in the past historical roles valued different practical skill sets 6. Sjuzet: *'Right now'* (situated occasioned action) emphasis on the value placed on people who follow structures in present day modern society 7. Sjuzet: *'didn't accept…forced'* emphsasis on neurodivergent people having to conform to societal expectations.

which have more of an impact on people who are neurodivergent than in this society, than not..	8. Sjuzet:'than' creates a sense of comparison and emphasises that certain societal structures affect neurodivergent individuals more intensely than neurtypicals
83. Abdullah: So, which then puts the odds against us a lot more. You know mental health issues, suicide, rates, divorces, marriages, prison rates, like that.,	9. *'odds against us,* emphasizes that neurodivergent are disproportionately more likely to have mental health issues, relationships difficulties and higher prison rates
84. Abdullah: Now, that's what I say it's a part of the way we think but when you're unaware already and you don't know how to deal with it and stuff like that.	10. Sjuzet: *'Now'* (situated occasioned action) reflects on change in mindset able to manage symptoms now in comparison to how he dealt with them before which lead to *'burnout'*
85. Abdullah: It's like you're just living on the edge and you don't know how to support yourself, how to work with it, erm (.)	11. '*on the edge'* emphasiszes a constant state of instability, 'don't know' intensifies how overwheleming and confusing this period was.
86. Abdullah: You know that's why once I realised actually I can point on it. Then I separated it from me. Now, yes, it has an impact, it's kind of whatever.	12. Sjuzet: '*You know…once I realised'* empahasises a moment of clarity and the abulty to name/recngoixe his experiences. *'Separated it from me'* emphasies a separation of the symptoms of ADHD even though they *'impact'* him -

87. Abdullah: But it's like now I can look like (2) I know how to deal with certain symptoms and manage them and not burnout as much((laughs and smiles)) because it's like, I was burning out lots but yeah, That's what I see it as..	sense a push between acceptance and frustration. **IP 3 – Marginalised** **IP1 – curious** 13. *Look..I know how to deal' (situated occasion action). Emphasises his growth in self-awareness surrounding his symptoms and proactive coping mechanisms against 'burnout'* **IP – curious**
Mamuna: That's really informative that. So, just reflecting back on when you got your diagnosis. What memories do you have of that period, Would you say?	• **Fab 21**: Post diagnosis experiences - young adulthood
88. Abdullah: I think, erm (2),Yes, there's anger and sadness ((looks down)). There's a lot of grief ((looks reflective, squints eyes slightly as he says grief)).	1. Sjuzet: *'anger and sadness* A reflects on the emotional complexity of receiving a diagnosis. *, grief'* Possibly emphsises feelings of missed oppporutnities,
89. Abdullah: I think it was for months. It's kind of like there's a lot of grief and shame and guilt. (looks down) My life and the way things could have been or whatever. If I was aware and this and that.	2. Sjuzet: *'It was for months' (past tense)* emphasises the emotional turbulence possibly when on for months. '*Shame and guilt'* emphasises the overwhelm internalised expectations and self-doubt.
90. Abdullah: But then there was a feeling of at least I can put my hand {on it} now.	3. Sjuzet: '*At least'* emphasises clarification and a feeing of ADHD

91. Abdullah: I realise, there's some people who have gone through it later on in the lives and have gone through a lot more ((keeps eyes down, appears reflective)).	symptoms being less abstract. 4. Sjuzet: '*I realise'* emphasises an empathic moment of clarity. Acknowledgement of others in similar situations
92. So, it kind of made me realise that I want to do something about it as well.	5. Sjuzet: *'want to do something* (future goal) insight into own symptoms and post diagnosis clarity symptoms motivated him to take action to help others
93. Abdullah: I want to do something about it. for myself aswell, but also our communities and stuff.	**IP 4 - Advocate** 6. Sjuzet: *'want to'* (Future intent) emphasises intentions to help 'our' community. *'our communities'* emphasis on common ground as we are both from the same community
Mamuna: And just thinking about, what age were you when you got your diagnosis?	**IP 4 – Advocate**
94. Abdullah: My God (7) ((Swinging in chair from side to side)) I think (.) I was 25 (.), yeah 25 when I got my diagnosis	• **Fab 21:** Factors that led to an ADHD diagnosis in the workplace
Mamuna : And who or what helped you get to that point of diagnosis?	1. **Sjuzet:** Body language (touching nose, eyes down) indicates he is possibly reflective whilst recalling information about past
95. Abdullah: I think it was like, where I was working ((touches nose, looks down, keeps hand slightly over mouth)). My work really started getting impacted during the Covid period and stuff ((looks to	2. Sjuzet: **'***started getting impacted'* emphasises

camera then lowers eyes keeping his hand over his mouth)).	the challenges of remote working during covid with ADHD traits (still unaware at this point)
96. Abdullah: Just working from home and stuff and trying to do communications through the phone and things like that,	3. Working from home commentary on hybrid working during covid period and job roles
97. Abdullah: And my line manager ((looks down, laughs slightly, and keeps hand over mouth and rubs nose)), she's like you keep on making mistakes. You're really good with things but you keep on making certain mistakes on certain things, what's up? What's going on, ? Erm (.) ((looks down, squints eyes))	4. Sjuzet: '*What's up,'whats going?* reflects on how Direct dialogue and questioning from manager opened up conversation around his difficulties.
98. Abdullah: And now I know I was over working doing ten hours a day. Just trying to make up the time I was losing out because of my symptoms and mistakes and distractibility and certain things like that ((rests face between hands, looks to camera and then down, moves left hand to side in circular motion to emphasise point made)).	**5.** Sjuzet: *'Now I know'* (situation occasioned action) clarity around why he was taking more time to work.
99. My colleagues were ex journalists and stuff like that ((swings pen back and forth in his hand)). So especially doing a not very hands on Job but it involved a lot of writing, and I was making mistakes. It's like what the heck? ((raises voice, laughs slightly, squints eyes and appears reflective)) I went through university. I went through school like how the heck could I, it doesn't make sense and stuff ((looks at camera, flick pen back and forth in hands, squints eyes to possibly emphasise the confusion at that time)).	**6.** Sjuzet: '*it's like what the heck'* elaborates on possible sense of frustration around his difficulties in the workplace despite previous achievements in completing school and university (success amongst struggles)

100. Abdullah: And then I went through three, four days period of researching what is this ADHD? ((flicks pen back and forth continuously, smiles throughout point made))	**7.** Sjuzet: '*Period of researching'* Sense making around difficulties through immersing himself in research **IP 4 - advocate**
101. Because I even worked in a secondary school. The same position I have right now but I was with kids diagnosed with ADHD and autism and whatever and I got on with them. So yeah, a lot of things started to make sense but (.) Abdullah: Yeah, I forgot what the question was ((laughs)). *Mamuna: Do you know just one second? I'm going to stop the record button.* Abdullah: Yeah. *Mamuna: It's just something happened to my volume buttons* *Mamuna: but yeah, That was really insightful.* Abdullah: Yeah. Mamuna: *[Please carry on].*	**8.** Sjuzet' '*I even worked'* reverts to past tense to reflect on meaningful connection with neurodivergent children who he worked with. Connecting the dots.
102. Abdullah: oh yeah (.), yeah (.) And then I've done the research about ADHD and stuff and then I contacted the Learning Support department at work.	9. Sjuzet: '*I contacted'* emphasises actions he took to network and seek a diagnosis **IP 4 - advocate**
103. 104. Abdullah: And then, I also contacted my doctor that I went to, two years prior, because I was apparently dealing with	10. Sjuzet: '*I was apparently'* emphasises previous self doubt and clarity struggle

anxiety and depression and that ((appears to be shaking leg)).	surrounding his mental health challenges prior to seeking diagnosis.
105. Abdullah: I said to my doctor, look yeah ((laughs, raises looks to camera)) ever since I came to you, my life has been getting more intense. If you could describe it in one word it was intensity. That one word ((looks to camera)) that would define growing up it is on the go non-stop	11. Sjuzet: '*growing up'* temporal blending switching from the present to growing up. Emphasizes his difficulties using the word *'intense'*
106. Abdullah: Uh (4) So it's like, not knowing when to switch off. I still don't switch off but I mean I let go but erm ((clears throat, appears to be shaking leg)) (.) yeah ,erm (5)	12. Sjuzet: *'I still'* ((situation action telling)) emphasising current mindset and self-awareness and sense making
107. Abdullah: But yeah that's all ((looks down, appears to be writing)) and then I managed to get support, that's when later on the fire services, they done their assessment and I got my diagnosis through xxxx	13. Sjuzet: '*I managed to get support*' whilst at the fire service. Provides commentary on how he advocated and sought help himself.
	IP 4 - Advocate
108. Because, I decided to refer myself through xxxx and then I got with them in November 2021.	14. Sjuzet: *I decided to refer myself'*
	15. Laughs and smiles at perhaps when recalling challenging experiences
Mamuna: So work was an important aspect of that period?	• **Fab 22**: Route to receiving diagnosis. Hindsight helps reframe past challenges
	1. Sjuzet: Body language throughout this section,

	appears to highlight the need for movement. Also when recalling difficult and challenging experiences around relationships, he smiles and speaks emotively with more eye contact to the camera indicating this is possibly a defence mechanism.
109. Abdullah: Yeah. Yeah it was because it's like I've worked in marketing and communications for years ((looks to camera, smiles)). That's what I couldn't understand what's going on but then it did, it all makes sense ((keeps eyes on camera, and slightly shakes head side to side, speaks emotively and fast when recalling events)). When I looked at it backwards, I realise how much I did struggle	2. Sjuzet: *'That's what I couldn't understand'* Emphasis on a time of confusion in the midst of success. Reading struggles and retention of information. *'I realise'* (situated occasion action) emphasis on clarity around struggles post diagnosis.
110. Abdullah: and (2) it wasn't my fault ((glares at camera, them looks down)). But I blamed myself for a lot the symptoms and I must struggle with reading and like. I didn't know I struggled with reading I used to you know I still love reading books, but I didn't know I struggled to retain that attention and stuff and all that sort of stuff. ((smiles and appears to be shaking leg, looks back and forth at the camera))	3. Sjuzet: '*wasn't my fault,'* reflection on past and emphasis on conflicted feelings between self blame and self doubt *'I blamed myself'* and growing self awareness around skills associated with executive function in reading. Despite the difficulties still has a love for reading.
111. Abdullah: So why did it take so long and why did I get told off in mosque? And growing up, why was I always told off	4. Sjuzet: '*Why did I get told off?*' elaborates on difficulties through the use of reflective questions emphasising

struggling to take instructions from family members?	a sense of feeling criticised (family . mosque staff) and a sense of frustration with skills that require planning and organisation (executive function). '*Why did it take so long'* emphasises A's frustration around lack of awareness of his symptoms from others.
112. Abdullah: Going to the shop and things like that, and struggling to count money shops coins, and being on the spot and stuff like that. So that's a lot of awareness coming up ((shaking leg looks to and from camera))	**IP 3– marginalised** • **Fab 23:** Experiences in faith setting (mosque)
Mamuna: Yeah, but how was your experience at Mosque?	
113. Abdullah: I meant it was nice in terms of people I met	1. Sjuzet: *nice in terms of people'* commentary on people possibly peers and staff attitudes towards him.
114. Abdullah: but I think it was like, because I struggled to read the Quran and stuff like that and my attention span then obviously masking I just sit on the floor like all I did was move around ((laughs, looks away from camera)).	**2.** Sujzet: '*My attention span'* emphasis on ability to concentrate and need for movement (executive function as well as *'masking'* as a coping mechanism and trying to fit in.
115. So I was always moving positions ((appears to be shaking leg)) when I was sitting down on the ground and stuff which is actually interesting because I prefer sitting on the ground ((laughs)).	5. Sjuzet: *'always moving'* reflects on finding it difficult to stay still and sit on the ground (executive function). However, emphasises he likes sitting on the ground. 6. Sjuzet: *I don't know'* possible avoidance from wanting to discuss difficulties in the

116. But I mean sitting in one spot and then posture issues and then, being overweight and stuff like that and I don't know there's a lot of factors in it ((strokes the corner of his beard, squints slightly, appears reflective)) but yeah generally was nice. 117. Abdullah: I had nice teachers but I mean I didn't know I was struggling and then just being told off because I struggled to read the Quran ((looks at camera and smiles, appears to be tapping leg)). I was like, my God now I realise it's not even my fault and I don't even know I struggled to read it. *Mamuna: Yeah. And how's your journey been with the Quran now?* 118. Abdullah: Now (.) Alhamdulilah, it's a lot better than it was and I try read to read a certain amount per day. I read through all in English is all the translation and stuff ((looks towards ceiling whilst recalling)). I got to understand it for myself, with my journey and stuff. and it's just realising yourself ((tapping leg up and down, looks away from the camera to look at the wall in front)). 119. In a way, even with Islam, I've had to be more compassionate with myself ((looks at camera, sqints eyes whilst expressing his point)) and actually realizing that Allah doesn't punish you ((laughs)) you know a lot of these people don't even understand	mosque further. However completes point on positive note. 7. Sjuzet: A goes on to further elaborate on his difficulties, '*Now I realise'* (Situation occasioned – action). '*My god'* to emphasise his emotional reaction to realising that his difficulties with reading were not his fault. 8. Sjuzet: Body language indicates that he appears reflective **IP 3– marginalised** • **Fab 24:** Religious text (Quran) as a resource to understand self and social context 1. Sjuzet: *'a lot better now'* 'commentary on personal growth and self awareness through understanding the quran for himself. 2. Sjuzet: *'actually realizing'* (situated occasioned – action) emphasizes his personal growth in understanding neurodivergence through a faith lens.

what neurodiversity or anything is so from their point of view it's completely different	Integrating his religious beliefs and values in self care which has helped him accept his symptoms despite the difficult experiences during his time in a place of worship **IP 3 – marginalised**
Mamuna: Yeah. Yeah. So that leads me onto the questions about religion Abdullah: [Yeah] Abdullah: so, It makes me.	3. Sjuzet: *'it makes me more compassionate''* Elaborates on how he was self critical about his symptoms but now is able to reconcile internal conflict through his faith **IP 2 – Spirtual**
120. Abdullah: So my religion ((appears to be reading from notes)) it makes me more compassionate to myself instead of judging my symptoms and how they impact my life and spirituality.	4. Sjuzet: '*Knowing how much I can give'* Emphasises limit setting/creating boundaries for himself within the context of his symptoms and practicing his faith.
121. Even with the practices and stuff like that, I'm not shaming myself and knowing how much I can give. I try my best with my religion ((looks down, fiddle with pen in his hand, appears to be reading from notes.	5. Sjuzet: '*self shame and guilt*' reduction of shame and guilt helped to reconcile the dissonance he felt. Perception of God changed.
122. So, reducing that self shame and guilt has actually allowed me to become better with my faith because it's part of understanding Allah and God, he's actually more compassionate and stuff ((appears to be biting lip)).	6. Sjuzet: '*it's not doom and gloom'* views adhd as something he was

123. Abdullah: He's created us in this way but for certain reasons with certain strengths as well. we're not always, all the time, its not doom and gloom.

Mamuna: Yeah, absolutely. So, in terms of faith it's coming across .

124. Abdullah: [Yeah]It's really big part of my life is actually on a day-to-day. It actually makes me..with the five prayers and trying to read them since I was actually like (3) Since I was 17 years old

Mamuna: [Yeah

125. Abdullah: I think after that time, I lost my nana (maternal grandfather) and kalla (maternal aunt) in the same year, like passed away in the same year ((rests cheek between fingers and looks to the side, appears reflective))

126. And then I was doing A levels. First year of A-levels and I went to Pakistan, this is literally 12 years ago in September. I was in Pakistan and a lot of this was all happening.

127. Like erm (3) So, I started to pray because I was really inspired by my grandad, how he didn't miss praying in the mosque and taraweeh prayers and stuff like that for 50 years. He always went to the mosque and that.

born with and a positive but highlights that it has its strengths alongside it's challenges and does not define a person's potential

IP 3 – spiritual

- **Fab 25:** Bereavement during post 16 level of education

1. Sjuzet: *'since I was 17 years old*' Comments on age 17 being a period of Strengthening his religious practices

2. *Sjuzet: 'I lost…passed away'* provided commentary on close family member bereavements

3. Sjuzet:*'all happening'* multiple events or realizations unfolding simultaneously. '*Literally, 12 years'* emphasises memory as significant period during his formative years.

4. Sjuzet: *'inspired by my grandad'* …emphasises grandparents as being pivotal in motivation him to practice his faith.

5. Sjuzet: *'went through a lot'* modelling of spirituality by elders

128. And I was thinking I had my older nan so she went through a lot in her life and how she stuck to the Quran	despite their life experiences
	6. Sjuzet- '*improved their wellbeing through it*.' Quran as a source of guidance and healing in difficult circumstances
129. Abdullah: ((looks down and rustles papers)) How she stuck to the Quran and erm (2) erm ((appears distracted turns to look behind him)) how it inspired their life. and how they erm (1) improved their wellbeing through it.	
	7. Sjuzet: *what about me ?* Emphasises the internal questions he had regarding his faith practices. '*detatchment from the world'* Prayer as a source of detachment from the overwhelm of life (zuhd in islam). Helps to navigate life with resilience
130. And I was thinking like ((raises intonation slightly)) If they do it what about me? ((looks away from camera, keeps eyes fixed on something in front of him)) it gave me that that like five, ten minutes of detachment from the world((looks at camera and smiles, appears to be per day.	
	IP 1– curious
	IP 3 – spiritual
	8. Sjuzet: '*Metaphorically'* Reconciles modern day western practices of mindfulness towards mental health and adhd symptom reduction with Islamic practices of prayer – two interlinking values
131. Abdullah: So in the {spiritual} aspect of it and even metaphorically and what they call mindfulness and all this nowadays here yeah.. ((appears to be tapping leg and laughs)). Islam, I feel like it's had a lot of these practices embedded within it.	
	9. *Sjuzet: person who is actually neurodivergent* Islamic practices are seen as beneficial for neurodivergent individuals as they give
132. So as person who is actually neurodivergent and stuff it is actually one	

of the beneficial things in a way because it allows for that person to have that routine, structure and order. 133. Normally if I miss it and the stuff I had any. Especially when you neurodivergent and stuff then you're like 'oh my God' 134. Abdullah: But then,…even just trying to see shame about that in the prayer and stuff. I'm not shaming myself for struggling because what used to happen and that I used to like ((uses hand movements to emphasise points)) 135. Abdullah: . you know have rakats stuff like that. How many I prayed, oh my God. I probably under prayed and over prayed so many times ((uses hands to emphasise points)) 136. Abdullah: And I was always doing the extra sajdahs and all that sort of stuff and now I realise it is my ADHD but the amount of times especially praying with my family and all of them are thinking what's going on with you? 137. So I'm not like…I just decided to become more compassionate with myself in terms of that, that's all okay in terms of spiritual practices like your rewiring a lot, with that.	'routine, structure and order' 10. Sjuzet: 'oh my god' emphasises the heightened emotional responses neurodivergent individuals can have when not following a routine. 11. Sjuzet: 'I'm not shaming myself' emphasises the need for self-compassion and acceptance when struggling (memory/remembering) to pray. 12. 'oh my god' emphasises the heightened emotional responses to remembering aspects of prayer practices 13. Sjuzet: 'what's going on with you,' emphasizes family perceptions around his ADHD symptoms affecting his Islamic practices in prayer **IP 3– marginalised** **IP 2 – spiritual**

Mamuna: Yeah. Yeah. So, in terms of, *Mamuna: in terms of focus on prayer but what's helped you, would you say?* 138. Abdullah: I would say...it's still a struggle but I mean having the prayer mat and having a quiet room that helps me out and just mentally setting intentions like where am standing? ((nods head to emphasise the separate questions)) and who am I standing in front of? Allah and that and… 139. Abdullah: it's like trying to see myself through it. And that, then puts a picture back on me. It's like grounding in a way. *Mamuna: so, you've talked about faith and you've kind of touched on it as well, but is there anything in particular that's kind of influenced, how you view your ADHD or diagnosis, or how It may help?* 140. Abdullah: I think (3) erm just kind of what I said earlier, we are created for different purposes and different reasons ((looks away from the camera)) *Mamuna: Yeah. Yeah. So important.*	14. Sjuzet: *'who am I standing in front of'* internal questioning helping himself be present and in in the moment for faith practices. 15. Sjuzet: *'see my self through'* Emphasises relying on himself to get through difficult situations by referencing '*grounding.'* 16. Sjuzet: *Created for different purposes'* Views neurodivergence as divine decree.
6 *Mamuna: so, Religions an aspect in your life. Would you say culture plays a big part in your life?* 141. Abdullah: Certain extent. Consciously *Mamuna: Yeah.* Abdullah: [sorry] *Mamuna: Or what does culture mean to you?*	*17.* Sjuzet: *'Certain good things…Beneficial'* indicating there are some practices he is open to

142. Abdullah: Culture, there's certain good things, like certain cultural practices which are beneficial, like food, clothes, customs.	18. Sjuzet: Emphasis on *'religion'* being more important to his identity **IP 2– spiritual**
143. Abdullah: You have certain values which complement the religion. I would say religion plays a more broader part in my life than culture and then I think certain things which are cultural get to become a part of people's worldviews and stuff and that comes, I think, that culture in a way, like (4) ((appears to have a more serious look))	19. Sjuzet: '*intergenerational trauma'* Emphasises negative effects of culture – Stigma and lack of awareness around mental health, neurodivergence 'suggests how worldviews affect how mental health and ADHD are perceived in the family and community which overtime can shape trauma.
144. Abdullah: Yeah, the stereotypes (4) ((looks away from camera)) er… about mental health and intergenerational trauma and history and being unaware of neurodivergence and mental health. Errr I think they have a big impact on how ADHD is perceived.	
145.	
Mamuna Shahzad: and just thinking about, *Mamuna Shahzad: how would you describe yourself in terms of your cultural background?*	20. Sjuzet: *'British Pakistani,'* acceptance of a dual identity defines this as cultural identity. *'South Asian'* collective identity
146. Abdullah: Yeah, I'll say Muslim Pakistani what I mean. British Pakistani. Abdullah: Yeah, that's what I'd say. that's my culture ((rubs nose)). *Mamuna: [Yeah, thank you]* Abdullah: Asian. Yeah. *Mamuna: Thank you for sharing that.* Abdullah: Pakistani and South Asian ((looks to camera, eating something)).	21. *'Stereotypes'* emphasises *negative*

Mamuna: Is there anything from your cultural background that impacts on how you perceive your ADHD diagnosis? 147. Abdullah: erm (2) 'No, I kind of mentioned them areas you know the stereotypes and being unaware of neurodiversity and mental health like I think,… 148. Abdullah: because it's not even talked about and is unheard of in our communities ((shakes head side to side and looks to camera)). It's just seen as behaviours. *Mamuna: [And how did that make you feel?]* 149. Abdullah: ((keeps eyes fixed on the camera)) It just makes you think of the symptoms as behaviours and whether that's neurotypical culture or British culture or Pakistani culture. *Mamuna: Yeah.* 150. Abdullah: Obviously I'm born in Britain, so I have overlap of them cultural influences. So I would say that's a part of my culture as well.	*views of neurodiversity and mental health* 22. *'Just…behaviour'* Emphasises cultural understanding around behaviours in either cultures and whether these behaviours are considered typical or atypical 23. *'Not even talked about..unheard of'* elaborates that ADHD is taboo topic in Pakistani community and families 24. *'Our communities'* emphasises a shared yidentit 25. *'Overlap'* emphasises overlapping identities and how he derives meaning and sense making from both cultures **IP1– curious**

Mamuna: Yeah.

Abdullah: But it's like,…((looks down away from camera))

Mamuna: Yeah.

151. Abdullah: just a lack of perception and understanding, ((looks to the camera and shakes head from side to side)) so things that have to done in a certain and orders and structures and then treating your symptoms behaviours like…

26. Sjuzet:'*Order and structures'* emphasises how if your behaviours don't fit or abide by certain routines your behaviours can be misunderstood.

Fabula 26 : Receiving diagnosis and influence of family

Mamuna: So, just Going back to kind of like you're diagnosis and the time you got you diagnosis and what was your family's kind of understanding around Your diagnosis, would you say?

152. Abdullah: I mean, a lot of them ((is eating something, looks to camera)), they couldn't tell because a lot of them, just saw it as behaviours.

1. Sjuzet: *A lot of them*, reflects on majority of family misinterpreting behaviours.

153. Abdullah: And a lot of being undiagnosed, it's like your pushed away from everybody in the sense. But yeah you kind of just (4) ((appears reflective, looks to the side)) Anyways, just feeling distance from everybody.

2. Sjuzet: *pushed away… distance,* Reflects on being undiagnosed and feeling isolated but also having self doubt

154. As always been saying its behaviours and then when you say to people, some people are like labels or why you labelling yourself for ((looks to camera)). It doesn't mean anything ((laughs slightly, lowers tone of voice)) And it starts to become a blame game, they blame your symptoms and why you always trying to escape things and whatever blah blah blah ((smiles at camera)).

3. Sjuzet: *'it doesn't mean anything'* emphasises the lack of belief around labels. *'Blame game'* possible burnout and masking being interpreted as '*escaping*' situations.

Mamuna: Yeah. Can you tell me a bit more about that? Abdullah: so, it's like, *Mamuna: The blame* 155. Abdullah: Because they are like you're a bad person or you're strict or your symptoms. 156. Obviously, when you are overstimulated, they perceived you as being angry and stuff like that or rigid, or very overstimulated. People can brand you as mad or insane and stuff like that ((appears to be shaking/tapping leg throughout, laughs making the last point)) but yeah *Mamuna: Mm-hmm* *Mamuna: So, it's been a few years since you received a diagnosis.* Abdullah: Yeah. I think,… *Mamuna: Do you think the views have changed or did you?* 157. Abdullah: yeah the views have changed but it's also been me becoming more aware of it and working with my symptoms and… 158. Abdullah: So and building a better life and stuff like that. So that's okay ((looks to the camera from side of his eyes, and shakes head up and down)) that's hooked on. Because I'm doing, some of my work. I	**IP 3– marginalised** 4. Sjuzet: *'Overstimulated… mad …insane'* Emotional intensity reflects societal issues where emotions are dismissed or are misinterpreted **IP 3– marginalised** 5. Sjuzet: *'Becoming more aware.'* Post diagnosis able to work with symptoms and understanding himself. This has helped create mor positive outcomes for his life and for those with similar experiences. 6. Sjuzet: *'Seeing a lot of myself in other people'* emphasises a Shared identity with those who he coaches through similar experiences.

do coaching with people and adults erm and seeing a lot of myself in other people.

159. So, it's normalized it and now obviously certain people and certain family members and things like that have symptoms, so I'll be putting them and I'll be like look, I'm not saying anything but you can see ((laughs)). And stuff like that, so it is what it is that's your neurodivergence.

Mamuna: so, you talked a little bit about your school experiences, but is there anything else you want to share about that?

160. Abdullah: It's very isolating. I did have one friendship but I always got on with people ((looks down appears to be writing)).

Mamuna: Mmm.

161. Abdullah: I discovered a lot about my identity, life, good friendships and bad friendship groups.

162. Abdullah: erm I was like a good kid (shrugs shoulders)). I wasn't a bad student but I was always risk-taking. I was creative, so yeah, ending up in some crazy places and stuff.

163. Abdullah: So much. Yeah. but yeah like (4) it was like a journey. Primary school is all cool because there's no sort of expectations, you're just like a child and your playing and stuff ((Laughs))

Mamuna: Mmm.

7. Sjuzet: *'normalised'* elaborates on how he can now recognise ADHD in others and family members.

IP 4– advocate

Fab 27: School as a forefront to identity formation

1. Sjuzet: '*Isolating'* Despite getting on with others he still felt isolated possibly from feeling different. Friendships were key to his identity development during high school.

2. Sjuzet: His reflection on being a *'good kid'* Whilst also taking risks emphasises how his curiosity led him into unexpected situations.

3. Sjuzet: *'no.. expectations'* Elaborates on journey from primary school where symptoms appear to be less apparent due to the emphasis on play based learning.

4. Sjuzet: '*adult world*' transition to high school increased masking but also sowed seeds of self-discovery

164. Abdullah: and then your introduced to the adult world in other words to and that's what's school kind of done.	**IP 3– marginalised** 5. Sjuzet: *'Be your self at core'* Emphasises the complex process of remaining authentic to oneself but also trying to navigate different environment, relationships and experiences which how you express your identity, hence masking behaviours.
165. Abdullah: you are kind of discovering yourself. And then building all these sort of maskiing your identity around different people and different things, and whatever. And you might be yourself at the core but your trying to find yourself using everything else.	
166. Abdullah: And that's what schooling was. But I still had self identity. Then… *Mamuna: You still had self-identity, in terms of?*	6. *'Never stopped being creative'* Emphasises that being creative and an *'artist'* has always been important to him and a part of him.
167. Abdullah: Yeah. Yeah, I was an artist I was always me	
168. Abdullah: I never stopped being creative. I never stop being me. I was always real with people. Like, I didn't bend,… Mamuna: Yeah. Abdullah: I didn't bend for everybody ((shakes his head from side to side)). …	7. *Sjuzet: 'Not bending'* Also being authentic with others but not at the cost of conforming. 8. Sjuzet: *'Distance myself'* emphasis on stepping back maintain self-preservation but also engaging with the world whilst being *'reflective'*
169. Abdullah: Like I said even though I might have been around people or might have experienced certain environments. If I kind of got a gist that something wasn't' right, I'd distance myself or like, you know like, I was always on the go.	**IP 4– advocate**
170. So I was always on the go but always reflective, always reflective *Mamuna: hmm*	9. Sjuzet:*'And then, so…win* and loose'. Elaborates on growth and acceptance in understanding

171. Abdullah: And then, so certain battles you always win and loose like friendships, relationships and certain things like that and…	complexities of relationships 10. Sjuzet: *'Masking'* reflects on having to adapt or supress aspects of himself to conform
172. Abdullah: and I think there was certain points of masking that especially when your told your argumentative and this and that ((laughs))	11. Sjuzet: *'hide yourself'* emphasises a possible 'protective mechanism' from being judged by others.
173. Abdullah: but it's like you try hide yourself a bit from the world but it's like because you don't want to deal with the people's nonsense. Then you get told your like this and that and that your stubborn blah blah but there's a lot of things like you have to put parts of yourself away.	12. Sjuzet: *'I don't deal with that anymore'* Situated action telling that he still protects himself from people's judgement.
174. Abdullah: That's why I don't do that. I don't deal with that anymore.	
Mamuna: Can you tell me a little bit more about that? When you say, you had to put parts of yourself away?	13. *'time and space'* emphasises the emotional barrier he creates to protect himself from judgment.
175. Abdullah: Yeah, like when people say you're argumentative this and that I don't give time and space to them people then ((assertive tone))	14. Sjuzet: *'kept myself'* Reflects on a pattern of behaviour, how he kept himself hidden at home and being busy through art and charity work.
Mamuna: Right.	
176. Abdullah: If you like and then I kept myself in my room, a lot of the time. I kept myself occupied, did art and occupied (3) like I was doing charity stuff, working ((keeps head down appears to be writing/doodling))	15. Sjuzet:*'by myself'* emphasises how he kept himself occupied during exams and

177. Abdullah: I was always on the go erm even with revision and stuff during GCSEs, I used to go to the town library just by myself. God knows that's one of the most helpful things I've ((laughs and smiles)) actually done because it's quiet in the library. It wasn't quite at home.((looks to camera and then down appears to be writing/doodling)) So it's like, I should do that on Saturday's and that.	isolated himself though use of library. This was helpful and demonstrates the Importance of a quiet environment which he did not have at home.
178. Abdullah: People don't use libraries anymore, but erm (.) ((smiles, keeps eyes down, appears to be writing/doodling)).These certain things like even going out by myself and eating certain food by myself, ((shrugs shoulder in nonchalant way)) I used to do that. *Mamuna: Mmm.*	16. Sjuzet: Emphasis on *'myself' x2* spending time by himself prepared him for when he moved out. Perceived it as an adventure but acknowledged it as a part of a transition in life **IP 3– marginalised** **IP 1 – curious**
179. Abdullah: and I think that's what helped me out especially when I moved to xxx. I was like, I'll find everything as a sort of adventure, a novelty seeking ((smiles, looks to camera)). But it's a part of your life in it ((laughs)). *Mamuna: Yeah.* *Mamuna: Yeah. thinking about,* *Mamuna: erm in terms of, your school experiences, what were the struggles that you had? How did Teachers or educators,… respond to you?*	17. Sjuzet: '*adventure, novelty seeking'* emphasises A's curious nature. However appears reflective highlighting there is a change in perspective acknowledging that adventurous pursuit are a part of life. *In it,* appears to invite agreement or shared understanding.
180. Abdullah: I think they were saying, yeah, my reports you could work harder, he needs to stop being distracting ((delivers his points in a flat recitation)).	18. Sjuzet: *'work harder..stop being distracting'* A reflects on past judgments within the school environment. *I' think* suggests interpretation of other's actions when reflecting.

181. Like, I have hyperactive and inattentive adhd or combined ((looks to camera whilst making his point)).

182. So they can't figure me out ((smiles continuously and moves head in expressive manner)), but it's like I was always asking questions, always wanting to learn things or whatever and then erm it's like lack of focus and stuff like that.

183. So I was trying to think so I always was masking pretending on concentrating, but I was always falling back (.) ((looks up at camera and then away)) Err hey (3) so (1) yeah like

184. Abdullah: ((delivers points as if recalling a list)) I didn't get no extra time, I always was running out on of exams, running out of time, like, I was always forgetting where I was in exams like.

185. Abdullah: Even in class I'll be writing down the information but it wouldn't be going in my head. Like errr (3) And then just falling asleep nodding off and daydreaming hmmm (2) in exams ((laughs, looks down)) or told I should work harder ((clears throat)).

19. Sjuzet: *'Combined'* A emphasises his ADHD diagnosis category

20. Sjuzet: *'Cant figure me out'* Emphasis on being misunderstood by authority figures. However always remained curious despite a struggle with focus.

21. Sjuzet: *'masking, pretending.'* Reflects on past behaviours which caused an internal conflict. *'always'* emphasises repeated patterns of behaviour and struggle to focus.

22. Sjuzet: *'didn't'*, emphasises the effects of being undiagnosed and the effects it had on accommodations made in school in terms of his executive function difficulties such as forgetfulness, focus, possible working memory issues,

23. Sjuzet: *'Nodding off, daydreaming'* emphasises struggles with focus but again reflects on how this was interpreted by authority figures as lack of motivation.

IP 3– marginalised

186. Abdullah: So, yeah ((looks down and raises eyebrows)) and then getting kicked out of school as well. *Mamuna: Tell me about that?* 187. Abdullah: Yeah, I would. Just like, I don't know, it's complex (looks down)), but I mean, yeah, just obviously sometimes when you're involved with the wrong people. 188. And then they just threw a lot of people out((laughs, rolls eyes and shakes head)) and then it's like we've got back in and stuff like that. 189. Abdullah : I think that's where my identity crisis and stuff started to happen ((looks to camera and shakes head)), because there was institutional racism as well that we faced ((keeps head, down slight frown in forehead)) and erm then being told by a head teacher and stuff, you're not gonna make it with three GCSE or a levels or go to uni and stuff like that ((mimics head teachers words in a flat line tone as if he is delivering a list)).	24. Sjuzet: *'So…kicked out'* reflects on a significant event in school, period of exclusion. *'as well'* emphasises that this was possibly part of a larger series of events. 25. Sjuzet: *'I don't know, its complex'* reflects multiple layers of difficulties in his school life but possible hesitancy or difficulty in fully articulating thoughts around social influences at school. 26. Sjuzet: '*They threw a lot people out''* indicates authoritative figures interpretation of behaviour in a group dynamic which resulted in eventual inclusion. 27. Sjuzet: *'I think..Identity crisis'* Reflects a pivotal moment in his identity development which created an internal struggle due to perceptions of authority figures*.'insitutional racism'* '*Your're not gonna make it'* emphasises that their views are possibly underpinned by racial stereotyping and lowered expectations which disproportionally affect young ethnic minority children. **IP 3– marginalised** *28.* Sjuzet: *'So',* A reflects on how he made sense

190. Abdullah: So, Yeah, that's where my fire began ((laughs)). I don't like to be told I can't do something ((laughs continuously and looks at the camera)). *191.* Abdullah: I think (.) feeling enclosed and strangled I think, I just felt very caged and stuff. But yeah, it's just like, always being me ((shrugs shoulders)). *192.* Abdullah: And then I've got into mentoring when I was in secondary ((us of flat line tone when listing activities)), mentoring, leading assemblies, leading youngsters, mentoring young students and that. (*omitted information at participants request,).* But yeah, that's that. *Mamuna: You've done an awful lot with your life* 193. Abdullah: Yeah, it's been a full life ((laughs and smiles with me)). *Mamuna: Yeah. Despite the many low points.* Abdullah: Yeah ((stratches arm)).	of negative situation. *'my fire began'* emphasises his resilience and determination. He further appears to reject institutional barriers and exceed the expectations placed on him. 29. Sjuzet: *'enclosed, strangled, caged'* use of adjectives emphasises a sense of confinement he felt in the school environment. However *'being me' again* emphasises his determination and self reliance in difficult situations. **IP 3– marginalised** 30. Sjuzet: *'Mentoring,'* A reflects on a period of success at school which emphasises his leadership skills as a youth. **IP 4– advocate**

8 *194. Mamuna: So yeah, Just thinking after post diagnosis now just thinking around what kind of support you received. Did you or your family?* 195. Abdullah: No, I went for it, has always been me first ((stretches arm, laughs)). 196. Abdullah: My family, they are only finally starting to understand ((itches back of neck, keeps arm stretched)). They started to understand that I'm getting support, but they couldn't understand how or what was going on. It's always me first… 197. Abdullah: because if I need to sort this neurodivergence out in the world or whatever ((laughs, keeps head and yes down)), it started with me first, and if whatever it is (2) ((keeps head down)) start changing my life so yeah 198. Abdullah: like (2) ((keeps head down, shakes head side to side whilst recalling information)) I had certain coaching, certain counselling. I had a certain support with access to work. which helped out this	**Fab 28: seeking Support post diagnosis** 1. Sjuzet: *'always me first,* emphasises his lifelong reliance on himself (his internal strength). 2. Sjuzet: *'finally start to understand'* A appears to reflect on a longstanding struggle of acceptance from his family and that it may have been a relatively recent experience. Despite the lack of awareness his self determination to seek support was important. 3. Sjuzet:*'Started with me first,'* A appears to reflect on personal change as precursor to societal change which appears to be a broader aim which is demonstrated in the type of work A embarks on later in his life. 4. Sjuzet; A reflects on the support systems that helped him including, '*coaching, counselling, social support groups, access to work'* (workplace assistance). *'Helped'* used twice to

is and then ADHD coaching that helped me out. 199. Abdullah: when I was at the fire brigade. Back in 2021 too, many sessions joining social groups, support groups and this and that as well and so engaging in that that's what helped me out((keeps head down but raises eyebrows)) ((appears to be writing/doodling)) *Mamuna: So yeah, you were involved in support groups, and it sounds like you've had access to a variety of support.* *Mamuna: So you went and found the support yourself?* 200. Abdullah: Yeah. Myself. I do everything by myself ((looks at camera, laughs)). *201. Mamuna: that's really good and shows your perseverance?* 202. Abdullah: Yeah, I mean if you don't know what your life has been, for nearly 30 years ((looks back and forth at the camera)) and then you find out something which explains it. Why wouldn't you? I didn't have no time to wait ,like (2). I needed to find out so it's like I needed to work on it. 203. Abdullah: I don't like to leave my life in other people's hands and ((flat line tone, looks to camera)) that's why I realised it's all in terms of what society wanted of me, people wanted me in this and that But you know…	reinforce these support systems as useful. **IP 4– advocate** 5. Sjuzet: *'Myself'* use of reflexive pronoun emphasises his self-determination and motivation to help himself. 6. Sjuzet: *Don't know,* A emphasises the uncertainty he possibly felt through his life until he reached adulthood. *Wouldn't you?* The rhetorical question also emphasises his sense of urgency in understanding his past self. *I needed, find, work* , all verbs emphasise his determination to journey to self discovery. 7. Sjuzet: *Don't like,* emphasises A's preference for autonomy and agency. *'what society wanted'* emphasises a contrasting view and indicates how he felt

Mamuna: Right. *Mamuna: Mmm.* 204. Abdullah: that's why, bring whatever is so I go for it ((laughs leans forward to the camera)). I'm gonna go for it Alhamdulilah... *Mamuna: Yeah. Yeah.* *Mamuna: Alhamduliah, So, is there anything else that you feel that important to kind of share and* Abdullah: Yeah. 205. Abdullah: I think. That's all I've got ((laughs)) M*amuna: I should have asked you for a break shouldn't I?* Abdullah: It's fine,… *Mamuna: Yeah… it's been really insightful* 206. Abdullah: it's fine, I prefer it, sometimes, it's good to just go for it. *Mamuna: but I want to finish on a kind of just finish thinking about your hopes and dreams for the future?* Abdullah: Yeah. 207. Abdullah: Yeah, ((appears to be reading from notes)) my aim is to help neurodivergent people worldwide erm (.), and to make it normalised in our families and communities. Mamuna: *[Yeah, Yeah]*	restricted by societies expectations of him 8. Sjuzet: *'Bring whatever'* emphasises again his self determination to face any challenges. *'Alhamdulillah'* emphasizes his connection to his faith and god and also showing gratitude. Also, I felt there was an unspoken understanding between us both as it is a common term used to thank god by muslims **IP 3– marginalised** **IP 4– advocate** **IP 1 – spiritual** **Fab 29: Future hopes and dreams** 1. Sjuzet: *Normalised…our families and communities* emphasises his goals to advocate and shift neurodivergence from marginalisation to acceptance specifically in his own community.

	'our suggests a shared understanding. *'Help,'* emphasises situated action telling, A wants to be an advocate. **IP – advocate**
208. Abdullah: Just to make people ((looks to camera and back, raises eyebrows)) like us feel more appreciated and loved and liveable you know we are the same ((looks to camera and shrugs shoulder, smiles)). 209. Abdullah: We all have one life and that and just because our brains are designed differently((laughs, looks to camera)), doesn't mean, we should be at the wrong side of society, or not face any support this and that. *210.* Abdullah: A lot of it comes down to, it comes down to understanding, without the knowledge, or sharing the stuff, then there's no understanding ((looks back and forth to the camera)) So yeah, like using whatever skills and things, whatever you've got to sort of help out. *Mamuna: Yeah. Yeah, no fantastic. That's amazing. And you're doing a fantastic job by the sounds of it and I really enjoyed listening to your story.* Abdullah: Yeah, good. 211. Abdullah: You got that rawest version ((laughs, leans forward)). Meeting ended after 00:53:06 👋 *(Conversation continues after recording ended).*	2. Sjuzet: *'Appreciated, loved, liveable*,' emphasise A wants to make neurodivergent people feel seen and without judgment and exclusion. *'Same'* A also reflects on unity and a possible shared common humanity with neurodivergent individuals. 3. Sjuzet: *'Whatever you've got'* emphasises A's sense of determination and flexibility to help others whom he has a shared identity with by using whatever resources he has 4. Sjuzet: *'Rawest version'* possibly emphasises the unfiltered authentic version of his story.

Appendix 8 - Holistic content notes

Generation of themes exploring the content to give a global impression

Being British Pakistani

Intergenerational trauma

Stigma and community perceptions

Lack of awareness

Overlapping identities and understanding around ADHD behaviours

Identity crisis

Being a Muslim

ADHD divine decree

Understanding Quran and prayer for himself – coping mechanism

Not shaming himself if he can't keep up or is forgetful

God made him like that

Better understanding of God, he is forgiving, compassionate

A source of resilience

Help seeking, intertwinement of western practices but believes they are embedded within Islamic practices.

Grounding, mindfulness

Self exploration

Journey of self-discovery since being

Always reflective

Agency over degree choice /Self-development

Problem solver

Curious/ creative – art

True to self/authentic

Undiagnosed experiences

Executive function and emotional regulation affecting school life, mosque life, work places

Challenges but also creative

‘Always on the go’ keeping himself busy

Mental health challenges- self regulation, people’s perceptions, isolated himself

Diagnosis of anxiety and depression

Relationship challenges – peers, school staff, marriage, family

Enjoys being on own

Isolation, feeling of being different

internal struggle

Relationships

Feedback from others – mainly negative effects on self-perception

Peers – not sure of their intentions

School staff – felt marginalised

Mosque staff – nice but lack of understanding around his difficulties

Family – lack of understanding whilst undiagnosed and diagnosed

Work – manager supportive, colleagues less understanding

Diagnosis

Medical model understanding of ADHD vs Islamic

Clarity vs grief

Seeking Support – workplace support, coaching

Future dreams hope

Advocate for others – emphasis on empathy for others

Self-advocate - Individuality ‘always being me’

Appendix 9 - Categorical content tables

Theme 1

Broad Theme: Self Discovery and Identity formation	Subthemes	Further examples
1. Abdullah: I mean erm ((clears throat, looks right side away from camera)), what's the high point? (.) I think in a way it's just been the self-discovery part, erm (.). 2. Abdullah: Since I was very {young} I always liked discovering, erm (.) erm (.) what is to do with the world but actually, over the years learning about myself (2). 3. Abdullah: Erm, you know, I think ((eye contact away from camera, looking to the left side)) especially when {I moved out} to xxxx for the first time when ((slight twisting in chair from side to side)) I was at university and after that period erm, yeah it was a very interesting period. 53. Abdullah: But yeah, there's constant discovery. I was always like to be honest on the edge and I was always getting feedback and that's probably where my passion for personal development came from.	Curiosity and self - exploration	1,2,3,4, 6, 7, 8, 10, 21, 25, 30, 53, 54, 55, 69, 160. 161, 179, 182, 201
	Navigating cultural and religious identity	25, 30, 33, 44, 63, 128, 129, 130, 142, 143, 144 147, 148, 149
	Struggle with authenticity	17, 30, 33, 39, 166, 167, 168, 169,153, 171, 172, 174,175, 182, 190
	Personal growth and challenges	16, 17, 19, 20, 26, 27, 28, 29, 40,41, 42, 61, 57, 58, 68 95, 96,97,176,177, 190

Theme 2

Broad theme: Understanding ADHD within the context of faith and culture	Subthemes	Further examples
71. Abdullah: so, it's {something}, that I've been created with. The way my brain has been created by Allah (.) like God. It's something which is a part of me. 130.So as person who is actually neurodivergent and stuff it is actually one of the beneficial things in a way because it allows for that person to have that routine, structure and order. 113.Abdullah: but I think it was like, because I struggled to read the Quran and stuff like that and my attention span then obviously masking I just sit on the floor like all I did was move around ((laughs, looks away from camera)).	ADHD as divine design	71,72, 73, 118,122, 134, 135
	Faith as a coping mechanism	119, 120, 121, 130, 131, 132,133,136, 137, 138
	Family perceptions	110,135, 143, 150. 151, 152, 153, 154, 157, 194
	Community perceptions	62, 63, 110, 112,113, 114, 115, 116

Theme 3

Broad theme: The impact of being undiagnosed	Subthemes	Further examples
188. Abdullah : I think that's where my identity crisis and stuff started to happen ((looks to camera and shakes head)), because there was institutional racism as well that we faced ((keeps head, down slight frown in forehead)) and erm then being told by a head teacher and stuff, you're not gonna make it with three GCSE or a levels or go to uni and stuff like that ((mimics head teachers words in a flat line tone as if he is delivering a list)). 23, in a way I lost certain {friends} which I thought were friends, but I guess erm God took them out my life, but it just made me realise ((looks down)) that I could have ended up in certain position, the wrong side of society ((looks	Mental health challenges	31, 32, 46, 48, 49, 50, 54, 55, 56, 82, 83, 87, 103, 104,105, 109, 149.180
	Educational experiences	24, 27, 39 , 163, 164, 165 179, 180, 182, 183, 184, 185, 186, 187, 189, 190, 191
	navigating the work place	42, 59, 60, 96. 97, 98, 99, 102, 106, 108,109
	Social relationships	23, 64, 65,101, 152, 159, 160, 167, 168,169,

Theme 4:

Broad theme: Post diagnosis and advocacy	Subthemes	Further examples
89, I think it was for months. It's kind of like there's a lot of grief and shame and guilt. (looks down) My life and the way things could have been or whatever. If I was aware and this and that 197, I had certain coaching, certain counselling. I had a certain support with access to work. which helped out this is and then ADHD coaching that helped me out. 206, my aim is to help neurodivergent people worldwide erm (.), and to make it normalised in our families and communities.	Grief versus clarity	73, 74, 75, 88,89, 90, 133
	Seeking support and resources	196, 197, 198, 199, 202, 203
	Advocacy and social change	92, 93, 157, 206, 207, 208, 209

Appendix 10 - Categorical form – episodes linked to linguistic and stylistic features

- **Mental verb – 'I think'**

3, I think ((eye contact away from camera, looking to the left side)) especially when {I moved out} to xxxx for the first time when ((slight twisting in chair from side to side)) I was at university and after that period erm, yeah it was a very interesting period.

4, But I think the journey, period of actual discovery probably came when I was a {teenager}

9, And I think trying so many different areas like being a very creative person ((keeps head slightly down, looks to the left, rests chin in between fingers))

13, And then through that I think it's just been the journey of life in a way like even {going to experience some beautiful places}, different environments ((looks to camera, rise in intonation when mentioning word environment possibly to emphasise point)) erm, and things like that.

18, Err High point, despite the odds that I've had against me. I think that's what it's been. It's not been a singular point ((emphasises point with hand movements implying partition in time)).

19, Erm (2), but I think even for example, my {degree} that would have been a high point in my life, because I was undiagnosed ((leans forward, with head down, smiles whilst talking)).

27, I think, yeah, that's what it was really like. The {degree}. I think cemented a lot for me and it's something because I chose to do it.

33, I think no matter what I went through my life, I thought, I never gave up my belief in {God}

34, And my relationship with {him} It's been a personal thing like, I think it was down to him that he bought me through to this side. Yeah.

38, think ((clears throat, looks to left then focusses on right)) I could possibly say my teenage years.

42, I think. especially as a teen. I like started to feel lost and unaware. I started to feel distance erm (.) from people not grasping like

46, But the thing was like (.) I think. I was unaware of my {symptoms} (.) they played and how they impacted my life.

64, Yeah, following that I think the low period, I went through a divorce as well. I was married and I went through a divorce a few years ago.

65, but I think it was just like (3) But yeah, it is what it is, but it's a big part of my life where I was forced to take a pause.

69, Nice. I think that's it like ((laughs)) as simple as I can put it

88, : I think, erm (2),Yes, there's anger and sadness ((looks down)). There's a lot of grief ((looks reflective, squints eyes slightly as he says grief)).

89, *I think it was for months. It's kind of like there's a lot of grief and shame and guilt. (looks down) My life and the way things could have been or whatever. If I was aware and this and that.*

95 I *think it was like, where I was working ((touches nose, looks down, keeps hand slightly over mouth)). My work really started getting impacted during the Covid period and stuff ((looks to camera then lowers eyes keeping his hand over his mouth)).*

142, *: You have certain values which complement the religion. I would say religion plays a more broader part in my life than culture and then I think certain things which are cultural get to become a part of people's worldviews and stuff and that comes, I think, that culture in a way, like (4) ((appears to have a more serious look))*

143, Abdullah: Yeah, the stereotypes (4) ((looks away from camera)) er… about mental health and intergenerational trauma and history and being unaware of neurodivergence and mental health. Errr I think they have a big impact on how ADHD is perceived.

171, and I think there was certain points of masking that especially when your told your argumentative

I think they were saying, yeah, my reports you could work harder, he needs to stop being distracting ((delivers his points in a flat recitation)).

178, and I think that's what helped me out especially when I moved to xxx. I was like, I'll find everything as a sort of adventure, a novelty seeking ((smiles, looks to camera)). But it's a part of your life in it ((laughs)).

188, I think that's where my identity crisis and stuff started to happen ((looks to camera and shakes head)), because there was institutional racism as well that we faced ((keeps head, down slight frown in forehead)) and erm then being told by a head teacher and stuff, you're not gonna make it with three GCSE or a levels or go to uni and stuff like that ((mimics head teachers words in a flat line tone as if he is delivering a list)).

190, I think (.) feeling enclosed and strangled I think, I just felt very caged and stuff. But yeah, it's just like, always being me ((shrugs shoulders)).

204, I think. That's all I've got ((laughs))

- **Mental verb – I realise/realised**

23, I mean, in a way I lost certain {friends} which I thought were friends, but I guess erm God took them out my life, but it just made me realise ((looks down)) that I could have ended up in certain position, the wrong side of society ((looks straight at camera)).

86, You know that's why once I realised actually I can point on it. Then I separated it from me. Now, yes, it has an impact, it's kind of whatever

91, I realise, there's some people who have gone through it later on in the lives and have gone through a lot more ((keeps eyes down, appears reflective)).

108, Yeah. Yeah it was because it's like I've worked in marketing and communications for years ((looks to camera, smiles)). That's what I couldn't understand what's going on but then it did, it all makes sense ((keeps eyes on camera, and slightly shakes head side to side, speaks emotively and fast when recalling events)). When I looked at it backwards, I realise how much I did struggle

116, I had nice teachers but I mean I didn't know I was struggling and then just being told off because I struggled to read the Quran ((looks at camera and smiles, appears to be tapping leg)). I was like, my God now I realise it's not even my fault and I don't even know I struggled to read it.

135, And I was always doing the extra sajdahs and all that sort of stuff and now I realise it is my ADHD but the amount of times especially praying with my family and all of them are thinking what's going on with you?

202, I don't like to leave my life in other people's hands and ((flat line tone, looks to camera)) that's why I realised it's all in terms of what society wanted of me, people wanted me in this and that But you know…

- **Use of rhetorical questions**

72, And it was only until my diagnosis. I could actually point out my symptoms and think yo wait, this is what's going on? I'm not the insane one ((shakes head whilst looking at camera and smiling)), so yeah,…

74, Abdullah: so, it's like, hmmm ((pondering and smiles)). So let's say my brain is structured differently, right? But it's like, so, let's say(.)

99, My colleagues were ex journalists and stuff like that ((swings pen back and forth in his hand)). So especially doing a not very hands on Job but it involved a lot of writing, and I was making mistakes. It's like what the heck? ((raises voice, laughs slightly, squints eyes and appears reflective)) I went through university. I went through school like how the heck could I, it doesn't make sense and stuff ((looks at camera, flick pen back and forth in hands, squints eyes to possibly emphasise the confusion at that time)).

100, Abdullah: And then I went through three, four days period of researching what is this ADHD? ((flicks pen back and forth continuously, smiles throughout point made))

110, Abdullah: So why did it take so long and why did I get told off in mosque? And growing up, why was I always told off struggling to take instructions from family members?

129, And I was thinking like ((raises intonation slightly)) If they do it what about me? ((looks away from camera, keeps eyes fixed on something in front of him)) it gave me that that like five, ten minutes of detachment from the world((looks at camera and smiles, appears to be per day.

137, Abdullah: I would say...it's still a struggle but I mean having the prayer mat and having a quiet room that helps me out and just mentally setting intentions like where am standing? ((nods head to emphasise the separate questions)) and who am I standing in front of? Allah and that and…

202, Abdullah: Yeah, I mean if you don't know what your life has been, for nearly 30 years ((looks back and forth at the camera)) and then you find out something which explains it. Why wouldn't you? I didn't have no time to wait ,like (2). I needed to find out so it's like I needed to work on it.

- **Use of laughter**

14, Abdullah: You know ((laughs, touches brow with left hand and then rests his forehead on top of hand)) and as much as I can, I try to be present in the moment ((laughs and smiles)).

29, Abdullah: And then my {career} which has been a work in some places which were good ((laughs)). Some were like challenging my sanity (laughs, puts head down)), yeah, probably making me insane.

41, Abdullah: I'm now becoming an {adult} (laughs and smiles at the camera)). I've got this maturity and this and that (.)

49, Abdullah: so, obviously we can talk about {ADHD} ((laughs and looks down)) but obviously like later. I got diagnosed later with Autism. I've got a diagnosis with autism and dyspraxia. So, I was very uncomfortable in my own body (2) Yeah.

59, Abdullah: The thing was a few years ago when I was at the {fire brigade} when I was undiagnosed, so they'd ask how did you get through school with your symptoms? ((Laughs and looks around a few times, rolls eyes up when thinking)) Alright, ADHD, I did get through school.

69, Abdullah: Nice. I think that's it like ((laughs)) as simple as I can put it

70, Abdullah: ((laughs)) Having an abundance of attention and energy, but difficult maintaining it on something(.), unless it's very interesting.

87, Abdullah: But it's like now I can look like (2) I know how to deal with certain symptoms and manage them and not burnout as much((laughs and smiles)) because it's like, I was burning out lots but yeah, That's what I see it as..

97, Abdullah: And my line manager ((looks down, laughs slightly, and keeps hand over mouth and rubs nose)), she's like you keep on making mistakes. You're really good with things but you keep on making certain mistakes on certain things, what's up? What's going on, ? Erm (.) ((looks down, squints eyes))

99, My colleagues were ex journalists and stuff like that ((swings pen back and forth in his hand)). So especially doing a not very hands on Job but it involved a lot of writing, and I was making mistakes. It's like what the heck? ((raises voice, laughs slightly, squints eyes and appears reflective)) I went through university. I went through school like how the heck could I, it doesn't make sense and stuff ((looks at camera, flick pen back and forth in hands, squints eyes to possibly emphasise the confusion at that time)).

104, Abdullah: I said to my doctor, look yeah ((laughs, looks to camera)) ever since I came to you, my life has been getting more intense. If you could describe it in one word it was intensity. That one word ((looks to camera)) that would define growing up it is on the go non-stop

113, but I think it was like, because I struggled to read the Quran and stuff like that and my attention span then obviously masking I just sit on the floor like all I did was move around ((laughs, looks away from camera)).

114, So I was always moving positions ((appears to be shaking leg)) when I was sitting down on the ground and stuff which is actually interesting because I prefer sitting on the ground ((laughs)).

118, In a way, even with Islam, I've had to be more compassionate with myself ((looks at camera, sqints eyes whilst expressing his point)) and actually realizing that Allah doesn't punish you ((laughs)) you know a lot of these people don't even understand what neurodiversity or anything is so from their point of view it's completely different

130, Abdullah: So in the {spiritual} aspect of it and even metaphorically and what they call mindfulness and all this nowadays here yeah.. ((appears to be tapping leg and laughs)). Islam, I feel like it's had a lot of these practices embedded within it.

153, As always been saying its behaviours and then when you say to people, some people are like labels or why you labelling yourself for ((looks to camera)). It doesn't mean anything ((laughs slightly, lowers tone of voice)) And it starts to become a blame game, they blame your symptoms and why you always trying to escape things and whatever blah blah blah ((smiles at camera

155, Obviously, when you are overstimulated, they perceived you as being angry and stuff like that or rigid, or very overstimulated. People can brand you as mad or insane and stuff like that ((appears to be shaking/tapping leg throughout, laughs making the last point)) but yeah

158, So, it's normalized it and now obviously certain people and certain family members and things like that have symptoms, so I'll be putting them and I'll be like look, I'm not saying anything but you can see ((laughs)). And stuff like that, so it is what it is that's your neurodivergence.

171, and I think there was certain points of masking that especially when your told your argumentative and this and that ((laughs))

184, Even in class I'll be writing down the information but it wouldn't be going in my head. Like errr (3) And then just falling asleep nodding off and daydreaming hmmm (2) in exams ((laughs, looks down)) or told I should work harder ((clears throat)).

187, And then they just threw a lot of people out((laughs, rolls eyes and shakes head)) and then it's like we've got back in and stuff like that.

189, Abdullah: So, Yeah, that's where my fire began ((laughs)). I don't like to be told I can't do something ((laughs continuously and looks at the camera)).

194, No, I went for it, has always been me first ((stretches arm, laughs)).

196, because if I need to sort this neurodivergence out in the world or whatever ((laughs, keeps head and yes down)), it started with me first, and if whatever it is (2) ((keeps head down)) start changing my life so yeah

203, Abdullah: that's why, bring whatever is so I go for it ((laughs leans forward to the camera)). I'm gonna go for it Alhamdulilah...

204, Abdullah: I think. That's all I've got ((laughs))

208, Abdullah: We all have one life and that and just because our brains are designed differently((laughs, looks to camera)), doesn't mean, we should be at the wrong side of society, or not face any support this and that.

210, You got that rawest version ((laughs, leans forward)).

Appendix 11 - Recruitment stages, notes from diary

Appendix

Stage 1

The only way I could describe my experiences of recruiting participants was that it I was like. After contacting post 16 settings I did not receive responses. I thought this was particularly odd considering most of the post 16 settings had a large majority of students from a British Pakistani background. However, I persevered along and decided to follow up on the advice my colleague had given me. At this stage I was still hopeful I still had many avenues I could explore.

Stage 2

I reflected upon the educational criteria and how that had possibly been a barrier i.e. participants should be on a level 2 course or above. Representatives at the network meeting had mentioned that those that come onto level 1 courses very rarely move up to a level 2 course. I did wonder about the social mobility of children and young people with an ADHD diagnosis.

I managed to gain the interest of one lead who was willing to help me. They shared that students who fit my criteria in terms of their ethnicity and nationality had SEMH as a primary need however none had a diagnosis of ADHD. This did make me wonder about the prevalence of ADHD diagnosis in young adolescents from the Pakistani communities. Could some of these students have neurodivergent conditions but their needs are attributed to social emotional or behavioural difficulties just as the literature review suggested or was there reluctance to seek a diagnosis?

Stage 3

Initial recruitment efforts resulted in adults more willing to telling their stories. I therefore though perhaps this was a more viable option. This resulted in a change in direction of participants – I came across many anecdotal accounts of those from my community (male and female|) seeking diagnosis themselves at an older age. Their stories highlighted the deep distress receiving a late diagnosis had on them and also the avenues that were sought towards diagnosis. They also highlighted the importance of Islamic faith practices in helping overcome some of the symptoms of ADHD. However, they also discussed the damaging effects of cultural perceptions on their diagnosis. This was of little surprise to me! It was something I was becoming increasingly aware of often in my practice. Whilst in discussion with some parents I completely understood why so many that shared my background did not want to seek a neurodivergent diagnosis for their children, I could not help but think of the wider consequences on these children who may not be able to access resources if they did not seek a diagnosis. I also often think of how important early intervention in my community is and the importance of helping parents understand this. I have often felt limited in my role as a TEP in a traded

service. Schools and settings often have a particular view of how they want to use EP time and I so often feel that EPs can play a significant role by building community and working systemically.

I went ahead and once asked charities to post my research. Finaly, I received a flurry of interest, quick consent forms signed. However, something did not feel right and I sensed that some of the responses were disingenuous. I asked myself could this actually be a thing and had this ever occurred in research scenarios. I had a hunch due to the unusual names and similar format of emails i.e., use of numbers. Also, the consent form asked for contact numbers, but none were provided. Some also did not want to meet on Google Meet but other platforms. To affirm my suspicions, I set about researching whether this was case. I came across accounts of this happening more so since the 2020 covid pandemic where researchers used alternative ways of communicating to explore their research aims. I devised a verification process - potential participants to confirm their names, contact numbers and country of residence.

Stage 4

I emailed local mosques and also Islamic societies and waited and waited to see if I would have any responses. I didn't! Throughout the whole process of recruitment I often felt I should follow things up but I also felt that that in order for participants to feel like their participation was a truly voluntary process and for those who would have helped to publicise the research would have to be in a place where they did not feel obliged. At this point, I felt a deep sense of frustration with my own community. Perhaps I felt that someone would reach out and would have wanted to help, surely children with SEN were accessing the mosques or universities. It reminded me of the time I was in my son's induction to his Quran classes. I remember being told that if children with SEN did not make progress over 3 months would be unable to access the Quran classes. Whilst this mosque was in my view doing so much for the young people in the context of a creating a communal space for parents and children. I feel we still have a long way to go to being inclusive of SEN children within places of worship, considering through the anecdotal accounts of adults, faith practices are an important aspect of support, healing and making sense of the symptoms.

Stage 5

I began to run out steam but forever a stickler, I persevered and decided to go back to social media. Again, I had some interest but sensed ambivalence from potential participants after initial emails. Taking a step back I reflected on how perhaps some potential participants were not ready to share their stories and who was I to assume they were. However, Abdullah to the rescue! Not only to my area of research but I hoped for all those young and older men from my community who struggle daily with, concealment of their diagnosis, judgement of seeking a diagnosis, mislabelling, self-doubt, shame and guilt. I hope this research will embolden them to tell their stories.

Appendix 12 – Ethics Approval Certificate

The University Of Sheffield.

Downloaded: 02/05/2024
Approved: 30/10/2023

Mamuna Shahzad
Registration number: 210103340
School of Education
Programme: DEdCPsy Doctor of Educational and Child Psychology

Dear Mamuna

PROJECT TITLE: An exploration of adolescent British Pakistani Muslim males' perceptions of their ADHD diagnosis on their sense of self and identity
APPLICATION: Reference Number 054663

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 30/10/2023 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 054663 (form submission date: 27/10/2023); (expected project end date: 30/07/2024).
- Participant information sheet 1123766 version 4 (16/10/2023).
- Participant information sheet 1123767 version 3 (16/10/2023).
- Participant consent form 1123768 version 1 (09/06/2023).
- Participant consent form 1123769 version 1 (09/06/2023).

The following amendments to this application have been approved:

- Amendment approved: 19/04/2024

If during the course of the project you need to deviate significantly from the above-approved documentation please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

James Bradbury
Ethics Administrator
School of Education

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: https://www.sheffield.ac.uk/research-services/ethics-integrity/policy
- The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.671066!/file/GRIPPolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.