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Identity Formation in Adolescents with Concentration Problems, High Levels of Activity or Impulsiveness: A Pragmatic Qualitative Study

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Identity Formation in Adolescents with Concentration Problems, High Levels of Activity or Impulsiveness: A Pragmatic Qualitative Study

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Abstract

Students showing core symptoms of ADHD face additional challenges in school. This study asks how children and adolescents with inattentiveness, high levels of activity or impulsiveness perceive their symptom-like behaviour and how this may affect their identity, friendships and well-being. Researchers conducted individual interviews with 12 students (10–16 years) selected to attend a school programme aimed at improving their concentration. Six students had an ADHD diagnosis. The interviews were analysed, guided by theoretical reading. The students' narratives fit a discursive perspective showing that identity developed through interactions with others. All students told about their disturbing concentration problems. Students disliked having a short fuse and talking before thinking, and they admitted that impulsive behaviour could threaten their friendships. On the other hand, students with high levels of activity described this as fun in interaction with friends. Nobody mentioned that concentration problems affected friendships, and none of the core symptoms seemed to influence well-being. There were no obvious differences between students with or without an ADHD diagnosis. The students' stories, therefore, show that teachers should know their students with inattentiveness, hyperactivity or impulsiveness individually to learn about their challenges and preferences.

Keywords: Core symptoms of ADHD, school wellbeing, friendship, teachers.



Formación de La Identidad en Adolescentes con Problemas De Concentración, Altos Niveles de Actividad o Impulsividad: Un Estudio Cualitativo Pragmático

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Resumen

Los estudiantes que muestran síntomas básicos de TDAH se enfrentan a retos adicionales en la escuela. En este estudio se pregunta cómo perciben los niños y adolescentes con falta de atención, altos niveles de actividad o impulsividad su comportamiento sintomático y cómo esto puede afectar a su identidad, sus amistades y su bienestar. Los investigadores realizaron entrevistas individuales con 12 estudiantes (de 10 a 16 años) seleccionados para asistir a un programa escolar destinado a mejorar su concentración. Seis estudiantes tenían un diagnóstico de TDAH. Las entrevistas fueron analizadas, guiadas por lecturas teóricas. Las narraciones de los estudiantes se ajustan a una perspectiva discursiva que muestra que la identidad se desarrolló a través de las interacciones con los demás. Todos los estudiantes contaron sus inquietantes problemas de concentración. A los estudiantes no les gustaba tener una mecha corta y hablar antes de pensar, y admitieron que el comportamiento impulsivo podía amenazar sus amistades. Por otro lado, los estudiantes con altos niveles de actividad describieron esto como divertido en la interacción con los amigos. Nadie mencionó que los problemas de concentración afectaban a las amistades, y ninguno de los síntomas centrales parecía influir en el bienestar. No había diferencias obvias entre los estudiantes con o sin diagnóstico de TDAH. Las historias de los estudiantes, por lo tanto, muestran que los profesores deberían conocer a sus estudiantes con falta de atención, hiperactividad o impulsividad de forma individual para aprender sobre sus retos y preferencias.

Palabras clave: síntomas principales del TDAH, bienestar en la escuela, amistad, profesores.



Inattentiveness, hyperactivity and impulsiveness are core symptoms of attention deficit hyperactivity disorder (ADHD), a neurodevelopmental disorder. Symptoms related to ADHD may affect individuals throughout their lifespan, due to complex genetic and neurobiological factors that hamper self-regulation (Tarver, Daley, & Sayal, 2014). A recent review on perceptions of symptoms related to ADHD calls for research that examines the potential implications of children's recognition of their symptoms for their psychological well-being (Wong et al, 2018). The present study represents a response to this request by exploring perceived identity, friendship and well-being in a group of students in which some had an ADHD diagnosis and others did not.

The study is part of a longitudinal research project on students with concentration problems, high levels of activity and impulsive behaviour, and applies interview data gathered before an intervention. The main aim of this study was to explore how behaviour described as the core symptoms of ADHD, namely inattentiveness, hyperactivity and impulsiveness, affected the daily school life of the participants. Two research questions were formulated: firstly, how do the students with core symptoms of ADHD—either with or without an ADHD diagnosis label—describe themselves in terms of inattentiveness, hyperactivity and impulsiveness? Secondly, how do the students' perceptions of their symptom-like behaviour affect their identities, friendships, and well-being? As concentration problems related to schoolwork will be presented in another publication, the topic is considered outside the scope of this article.

Together with empirical studies, the theoretical perspectives of Gee (2000) constitute the basis to discuss the students' formation of identity. Further, friendship is included in perspectives on well-being because previous research on students with ADHD often report problems in the relationship with friends (Gardner & Gerdes, 2015; Hoza, 2007; McQuade et al., 2014).

Identity Formation: Theory and Empirical Studies

I use Gee's (2000) perspectives on identity and add to it empirical findings that illustrate young people's interaction with peers and their perceptions of symptoms.

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Gee proposed four perspectives in the formation of people's identities, of which three are relevant to the present study (Gee, 2000). Of interest is also that Gee used ADHD to illustrate these perspectives. The 'nature perspective' includes what one carries with one from birth or closely afterwards. If born as an identical twin, you will always be so. One common view about ADHD is that a child with ADHD was born with a neurobiological condition or experienced harmful early events that caused the disease (Tarver et al., 2014).

The second perspective is the 'institutional perspective' (Gee, 2000). This can be a position you hold: for instance, you are the head of a school. If a child with an ADHD diagnosis becomes a patient for regular treatment at a medical centre, the child may acquire a patient identity. The 'discursive perspective' is the third. This kind of identity is something you get through interplay with others: for instance, in a dialogue, where a person might be valued as charismatic or smart. A student with ADHD may be valued or characterized in the classroom in another way than by parents at home (Gee, 2000). Furthermore, people in the same setting—for instance, the classroom—may also characterise a student with ADHD differently.

Tegtmejer (2018) observed students with ADHD and their peers in inclusive Danish classrooms for two years. Differently from many studies that have analysed individual behaviour, Tegtmejer looked at the interplay between students. Seeing the classroom as a sociocultural context, his analyses suggested that the actions and behaviour of ADHD students were often intentional and led to interactions with peers. Thereby, the researcher considered these initiatives to be part of the students' identity work.

Wong and colleagues (2018) identified in their review eight studies exploring children/adolescents' perceptions of ADHD and identity. The core symptoms of ADHD (inattentiveness, hyperactivity and impulsiveness) were typically referred to as ADHD symptoms. The results were, however, inconclusive with respect to possible differences in reports of ADHD symptoms between the young people with and without an ADHD diagnosis. One study (Kaidar, Wiener, & Tannock, 2003) reported no differences in ADHD symptoms in a sample of 32 children, comparing those with and without an ADHD diagnosis, whereas others found statistically significant differences in larger samples (Gau et al., 2010; Klimkeit et al., 2006; Wiener et al., 2012). Another study showed that adolescents diagnosed with ADHD reported only a limited number of symptoms when they were asked about their perceptions (Emilsson et al, 2017). It is also interesting to notice that studies

applying interviews agreed that the youngsters in behavioural terms spoke about hyperactivity, concentration problems or being easily distracted, even though some seemed to be unaware of their symptoms (Brinkman et al., 2012; Kendall et al, 2003; Mukherjee et al, 2016).

As the results above do not point to a firm conclusion, Wong and colleagues (2018) synthesized that there are substantial variability in children and adolescents' perceptions related to ADHD, and they suggested that young people's underestimation of their ADHD symptoms could be beneficial to their emotional well-being.

Friendship and Well-being: Theory and Empirical Studies

Most young people in Norway have friends at school, including a best friend (Bakken, 2018). Evolutionary psychology suggests that it is in human nature to develop friendships (Silk, 2003). After spending years observing and interviewing children, the sociologist William A. Corsaro concluded that friendship is about sharing, doing things together, being together and sharing in dialogues, and he underlined its emotional component. Friends will perceive happiness, well-being and satisfaction in sharing (Øksnes, 2015). Furthermore, disciplines like philosophy and psychology have contributed to the knowledge of friendship. Philosophers have over time discussed the importance of friends in a person's ability to understand him- or herself and to develop and confirm his or her self-image (Gadamer, 1999). Psychological theories elaborating on mirroring oneself in other people also point to the role of friends in confirming one's self-image (Blumer & Morrione, 2004).

Most studies investigating the friendships of young people diagnosed with ADHD typically point to problems in the relationships (Gardner & Gerdes, 2015; Hoza, 2007; McQuade et al., 2014). Hoza's (2007, p. 102) findings led her to conclude that the 'peer problems of children with ADHD follow them wherever they go'. Others opposed to the problem-focused perspective finding it promising that children with ADHD are within the average range in terms of number of collaborated friends and demonstrate adequate stability of their friendships, although some friendships had shorter duration than those in a comparison group (Marton et al, 2015). A classroom study (Tegtmejer, 2018) where the researcher defined the behaviour of students with ADHD as communicative initiatives to create fun and amusement supports this more optimistic view.

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Furthermore, the literature has debated whether mental health problems influence the peer relationships of young people with ADHD symptoms. A comprehensive review (Becker, Luebbe, & Langberg, 2012) responds by determining that neither externalising nor internalising problems seem to affect the friendships of children diagnosed with ADHD. To my knowledge, no publications have explicitly reported on relational trust or well-being among students with the core symptoms of ADHD. Therefore, I present general knowledge on the topics in the following section.

Turning to the school community, teachers are important to students' satisfaction with school (Samdal et al, 1998) and to their well-being (Løhre, Lydersen, & Vatten, 2010). The teacher may also be essential for students who need someone to turn to in difficult situations (Løhre et al, 2014) and of the utmost significance: well-being and a sense of connection to school predict present and later health (Monahan, Oesterle, & Hawkins, 2010). Researchers further emphasise relational trust as a prerequisite for building strong learning communities (Cranston, 2011), and relational trust between students and teachers (Gregory & Ripski, 2008) supports student achievement.

Method

As mentioned above, the data material in this study is from the baseline in a longitudinal project. The intervention, Shooting for Mastery (SFM), was school-based and offered indoor shooting training guided by certificated instructors. Researchers from the Norwegian University of Science and Technology (NTNU) evaluated the educational program (Østerlie et al., 2018). The setting for the research is a rural municipality about one hours drive to the south of Trondheim, Mid-Norway. In addition to schools with grades 1–7, the municipality has one compulsory public school with grades 1–10 located in the centre of the municipality.

In contrast to studies that search for homogenous groups, the present study has a pragmatic (Salkind, 2012) nature with a heterogenic group of participants of whom half had an ADHD diagnosis and the others did not. The common feature of the group was concentration problems considered by their class teachers to affect their learning. Thus, the participants represent students in typical Norwegian classrooms.

Participants in the Study

The participants attended the 1–10 school and were chosen to take part in the SFM program. The schoolteachers selected students from the fifth through the tenth grade for the programme. The main criterion for selection was concentration problems at school that teachers, counselling services and parents had observed and characterised as harmful to the student's learning. The second selection criterion was that the student had not previously attended the SFM educational programme. In total, 12 students aged 10 to 16 years old participated (five girls and seven boys). Six of the students were diagnosed with ADHD. Because there were more boys than girls, the students will be referred to as males (he) to protect their anonymity.

Data Collection and Analysis

Researchers in the team collaborated to develop a semi-structured interview guide. Two of the researchers performed individual interviews in a quiet room in the school's administration area. All students agreed to have the interview recorded, and the interviewer reminded them they could leave the study at any time. The research team hired a student teacher to transcribe the interviews. Three researchers read and discussed the transcribed text. As responsible for this study, the author did the first steps in the analysis and presented ideas and sketches which were discussed in the research team. Colleagues supported the process and agreed in the analyses. By this triangulation, we consider the results to be trustworthy.

Theoretically informed reading (Brinkmann & Kvale, 2015) guided the analysis. To perform theoretically informed reading the researcher must be sensitive toward the topic that will be investigated and have a conceptual mastery of the applied theories. Additionally, the data must be rich regarding the chosen topic. As no specific methodical procedure is used to validate the theoretical interpretations, much depends on the researcher (p. 273).

I read the written interviews several times and wondered whether and how the narratives would reflect the core symptoms of ADHD. For all students, I found text excerpts that shed light on issues of inattentiveness, hyperactivity or impulsiveness. During repeated reading, I began to assign keywords, or codes, to mark interesting citations. The codes led to three main themes, which I denoted as Identity, Friendship and Well-being. In a back-and-forth process between the empirical data and theory, I decided to explore how concentration problems, impulsiveness and high levels of activity affected each of the main

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themes. Thus, the analysing process pointed to the second research question, whereas the setting and the group of participants informed the first question.

Ethics

The researchers informed participants about the evaluation in information letters as well as in meetings with their parents and teachers. The information addressed the option to withdraw from the evaluation study at any time without explanation. Students, parents and other informants signed a written informed consent form. The Norwegian Centre for Research Data approved the research. The present study uses interview data gathered in October 2016, before the shooting training started that year.

Results

The first part of the results describes the students' perceptions and consciousness regarding the core symptoms typically seen in people with ADHD-related challenges. Thereafter, I present the students' experiences and thoughts on the core symptoms in relation to identity, friendship and well-being.

Consciousness on Inattentiveness, Hyperactivity and Impulsiveness

In this section, I let the participants briefly describe themselves with respect to core symptoms of ADHD. Do they typically experience inattentiveness, hyperactivity and impulsiveness?

All the participants told they had concentration problems, although their consciousness about this differed. Student 19 said directly and without any excuses: 'I easily become inattentive and distracted'. Other students had difficulties maintaining concentration over time and described changes throughout a lesson:

P 15: I can feel that it's okay at the beginning of the lesson, and as the lesson proceeds I can hardly write and then I just wait a bit with writing, but then I lose track of what the others are doing.

Speaking about their concentration, most students mentioned *Shooting for Mastery*, and hoped the training could improve their concentration. Regarding those who were rather unconscious about their ability to concentrate, I would like to recount parts of an interview:

- I: What do you think about your concentration?
P 13: I think it is good.
I: Pretend you are sitting in the classroom, concentrating on your own work. Then, something is going on over there . . . what happens?
P 13: Then I only look at that person.
I: Does it become difficult?
P 13: Yes, then it becomes really difficult to concentrate.

This student started to say that his concentration was good and that he did not believe he was easily distracted. The same was the case with everyone who first said they had good concentration. Later in the interview, they described episodes that shed light on their inattentiveness or poor ability to maintain concentration over time.

When the conversation was about hyperactivity, something similar happened. Among the students who had high levels of activity, their thoughts and consciousness about this behaviour turned out to be quite interesting. In response to the interviewer asking whether he experienced himself as hyperactive, the student answered: 'Maybe, a little' (P 20). The interviewer continued: 'In what ways?', and the student replied: 'That I run around all the time' (P 20). From an outside perspective, however, running around all the time sounds like being very active. I can add that this student did not have a diagnosis.

Another student, P 19, felt that it was difficult to sit quietly throughout a whole session at school, and said; 'I have to stand up, walk and move a little'. Furthermore, he said: 'Yes, I fiddle with things all the time', and the interviewer wondered whether that helped with respect to the restlessness in his body. The student replied: 'Yes, it does. I sort of have to fiddle with something'. In spite of the need to move and the experiences of restlessness, this student did not label himself as hyperactive: 'I'm not exactly hyperactive, but there is much that could be perceived as hyper'. This student did not have

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an ADHD diagnosis, and perhaps, therefore, thought it was incorrect to say that he was hyperactive but that ‘hyper’ was acceptable.

None of the students knew the word *impulsive*, but nevertheless, their stories provided insight into different episodes or behaviour related to impulsiveness. I will let the following citation illustrate emotional reactions added to impulsiveness:

P 25: If they are being rude and unfriendly, then I don’t become a little angry; I become furious in a second. I have a very short fuse.

From the students’ stories, it was considered that each of the participants had problems related to one or more ADHD symptoms. Some had many problems and others had fewer in terms of hyperactivity or impulsiveness. Everyone, however, had harmful concentration problems, and thus it seems that the selection of students for the SFM programme was well founded. It was therefore interesting to explore the core symptoms of ADHD in this group of students in relation to identity, friendship and well-being.

Core Symptoms and Identity

This section explores the possible effects of the core symptoms of concentration, hyperactivity and impulsiveness on the students’ perceptions of their identities. Would some students describe themselves as, for instance, an ADHD person? The answer to this question was that most of the students seldom thought about symptoms or a diagnosis label. This seemed to be outside their consciousness. Student 15 answered: ‘Nooo!’ with surprise when the interviewer asked whether he often thought about his concentration problems. Many of the students did not remember how long they had had concentration problems or a diagnosis, while others like P 25 said precisely: ‘Since fifth grade. I was not able to pay attention’.

Students with high levels of activity typically perceived this to be fun. One of those without a diagnosis said: ‘Yes, I’m hyperactive’, and explained that hyperactive suggested being ‘very, very, very hyper’ (P 25). This student had a clear idea that being hyperactive was positive. When he was asked how he perceived being hyperactive, he replied: ‘It’s fun’. Other students also used the word ‘fun’ to describe being hyperactive. I will let a small sequence from another interview illustrate this:

P 12: I am quite silly.

I: You dally a lot?

P 12: Yes, I dally a lot.

I: Do you like it?

P 12: Yes, it's kind of funny.

The stories reflecting impulsiveness contrasted with the positive thoughts on hyperactivity. Students who described having a short fuse or anger in response to comments from peers often seemed to dislike their own reactions. Some of the participants felt that it was best to remain by oneself after a nasty situation. When the interviewer asked student 19 to come up with suggestions for what others could do in such situations, he answered that for him personally it was best to be left alone:

P 19: Stay away until I become happy and cheerful again . . . Leave me alone and calm myself down . . . Just be in a quiet room. Almost like a yoga-exercise. You breathe calmly, out and in.

Another student related his disease to worries about bullying. When he was younger, he had experienced bullying from his peers, but this had stopped when he moved to a new school, and thus he felt happy because the disease did not give him trouble any longer:

P 16: No, because I don't think about that I have ADHD. And I'm not bullied or anything. That is what I am most happy about, that I'm not bullied for it. Because there are very many people who are bullied for their diseases. And it's not their fault that they have a disease.

To illustrate that other circumstances could worry the students more than having a diagnosis, we present another part of the interview with Student 16. The interviewer asked whether he wished something to be different, and the student answered: 'I wish I could have been somewhat taller. . . . I will surely be much taller later. In tenth grade I'll be very tall, surely'.

Overall, the empirical data led to the conclusion that having the core symptoms of ADHD or a diagnosis label did not provide any significant contribution to identity formation in this group of students.

Core Symptoms and Friendship

All the students said that they had friends, including good friends, and nobody expressed the idea that their concentration problems or their diagnosis ruined friendships. Students 13 and 21 said, respectively: ‘I have the boys in class and some in the class below me and the class above me, and the girls in the class’ and ‘I have many friends to be with’. Furthermore, if the students argued with friends, the conflict did not last long: ‘Yes, but we became friends again the next day’ (P 16).

None of the students mentioned concentration problems in relation to friendships. On the other hand, several described an anger that was difficult to hide or control. The impulsiveness and anger might result in adverse interactions with peers and friends. Student 12 explained how talking before thinking sometimes gave him trouble: ‘Sometimes I say things I don’t mean to people and then they become very upset’. Another student described his low levels of frustration. When he did not succeed at schoolwork, the emotions took over and anger came to the forefront: ‘Yes, I can get angry easily. If there is something I don’t manage, I can perhaps get angry quickly’ (P 24).

Often the students said that their impulsive angeriness came as a reaction to what other people said or did. If their mood was not good at that moment, such as when they were having a bad day, the chances of a negative emotion and thereby, a negative reaction, increased:

P 16: It doesn’t happen suddenly because it happens when people say something to me.

P 19: Occasionally I become angry . . . if I am tired and haven’t slept much and someone gives me a rude comment, then it is. . . .

Contrary to impulsiveness, the level of activity did not seem to cause trouble among friends. Common for the students with high levels of activity was a relaxed attitude towards their friends. They experienced having good friends, which I will illustrate with some citations. Student 25 suggested that, if they were asked to characterise him, his friends would describe him with the three words ‘hyper, funny and frisky’. Others felt sure that their active behaviour had no negative influence on their friendships. Rather, the stories gave the impression that their friends took care of them and protected them:

P 21: I can be, not upset, but I can easily become irritated and angry. And then my friends understand that I haven't slept well that night.

Thus, impulsiveness could be a problem among peers, but friends seemed to understand, forgive and support when necessary. Hyperactivity was looked upon as positive by those with high levels of activity and expected to be welcomed by their friends. Lastly, concentration problems did not seem to affect friendships.

Core Symptoms and Well-Being

The students typically described their well-being and everyday life as good. One student said: 'During the day I am happy, but at night I'm tired' (P 18) and another uttered: 'No, I think I'm doing well. I'm mostly happy. I do what I want to and then I enjoy myself' (P 14).

None of the students suggested having great problems, and none mentioned the core symptoms of hyperactivity, impulsiveness or inattentiveness when the interviewer asked about their well-being at school or in general.

In response to a question about how they experienced their well-being at school, all of the students expressed satisfaction. They liked it at school, and nobody said anything about poor well-being at school:

P 15: It goes quite well.

P 19: I like it quite well, actually.

P 24: I like to be outside during recess. Play football and do different things. The lessons go well, too.

Some students had variations in mood without knowing why:

P 25: It goes up and down. . . . No, it happens suddenly, so I don't know. . . . I can easily become upset and I can easily become happy.'

P 14: Yes, usually I am mostly happy, but I can get mad occasionally. . . . That's mostly at home. It all turns out well in the end.

The empirical data has thus far focused on the students in relation to their peers and friends. It is noteworthy, however, to recognise the value and importance of the class teacher for the students. We must bear in mind that these students live their daily school life with concentration problems, some

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are easily disturbed, some have high levels of activity and restlessness and some have great challenges because of their impulsiveness. One student had had some long-lasting challenges outside school. Thoughts about this often came to his mind. Sometimes his thoughts and feelings were mixed up so that he needed to talk to someone, and the class teacher was the person he usually turned to. The family and school had an agreement that the student and teacher could spend time to talk when this student was in need of comfort. Some episodes might empty him of energy, and he had this comment:

P 21: My reaction to that is to disappear into my own world. ... I can't control it either because it kind of shows on me. ... Of course, I speak with [my class teacher]. He used to speak with me afterward. ... You kind of get to talk about what's on your mind, then. It always feels good to get it out.

The class teacher was his first choice and the one he turned to when something bothered him. If the class teacher was not at school that day, he turned to his best friend:

P 21: Yes, or I speak with [my best friend]. He spoke with me last, since my class teacher was gone. And, I feel that if my teacher is gone, it is him I want to speak with.

The students' well-being at school and in general seemed to be good, although some had variations in mood or challenges outside school. Both teachers and friends played significant roles in balancing the school days for some of the students.

Discussion

This study explored individual narratives of 12 adolescents, half of whom had an ADHD diagnosis and half of whom did not. All students perceived themselves as having inattentiveness, describing their major concentration problems; furthermore, the group of students had various degrees of hyperactivity and impulsiveness independent of the existence of an ADHD diagnosis. High levels of activity combined with fun seemed to nurture friendships and well-being and positively affect the students' self-image and identity. Impulsiveness was the only behaviour that had the potential to threaten their friendships and self-image, but impulsiveness did not colour

their identity, and their adverse impulsive behaviour or verbal reactions did not ruin their friendships. Inattentiveness did not turn out to be essential in the students' stories on friendships or well-being.

Formation of Identity

This section will discuss the findings in light of Gee's (2000) suggested perspectives on identity. In line with previous findings (Brinkman et al., 2012; Kendall et al., 2003; Mukherjee et al., 2016), consciousness related to the experiences of core symptoms varied among the students and differed from one symptom to another. For instance, some students verbalised their concentration problems explicitly early in the interview, while others were less aware of the problems; still, everyone at some point in the conversation described situations where such problems bothered them. This tells us that the students experienced concentration problems, although their consciousness about it varied. The experience of *having* concentration problems, however, is far from adopting them as part of one's identity.

On the other hand, those students who struggled with impulsive behaviour typically reflected on their challenges. They disliked and regretted the impulsive behaviour, whether proactive or reactive, that often got them into trouble. Confirming the literature on ADHD (Tarver et al., 2014), they referred to a short fuse, talking before thinking, getting easily frustrated, and becoming furious in a second. From this, we can anticipate that impulsiveness could be a burden for some of the students and thus might have the potential to influence their self-image and the formation of their identity. According to the students, however, their friends forgive them, and the situations normalizes after their impulsive behaviour. Those students had supportive people around and thus, avoided developing a negative self-image that badly might influence their identity. This fits well with theories stating that one's self-image needs confirmation by others (Blumer & Morrione, 2004; Gadamer, 1999).

According to Gee (2000), we can say that the core symptoms were more or less in the nature of the students, but at the same time, their interactions with others shaped their identity in line with Gee's discursive perspective on identity. Let us use high levels of activity as an example. The actual students were fully aware of this behaviour. Some calmed down their restlessness by walking around in the classroom and others did funny things. Those with especially high levels of activity signalled that they strongly appreciated this

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behaviour. One undiagnosed student claimed to be hyperactive and explained that this meant to be extremely active or, in his words: ‘very, very, very hyper’. Furthermore, the same student had experienced that his friends welcomed his behaviour and suggested they looked upon him as: ‘hyper, funny and frisky’. It seems this student mirrored himself in his friends. This corresponds to the philosophical and psychological theories (Blumer & Morrione, 2004; Gadamer, 1999) emphasising the important role of friends in identity formation.

Thus, hyperactivity provided a strong and positive contribution to identity formation in some students. We can easily imagine the eager interaction between peers and a loop of transactions strengthening the student’s identity as a beloved friend. This finds support in Tegtmejers’ (2018) sociocultural analysis of interplay in classrooms where students with ADHD created amusement as part of their identity work. Several of our participants used the word ‘fun’ to describe activities in their interactions with peers. This does not represent just a single observation in the present study. Other researchers (Brinkman et al., 2012; Gardner & Gerdes, 2015) have also reported the perception of ‘fun’ in students’ stories about their hyperactive behaviour. From my point of view, it is important to acknowledge students’ positive feelings and thoughts about high activity levels and the love they feel for friends in such interplay. High levels of activity may often imply creativity, and many successful adults praise their creative ideas and fast improvisational thinking.

The institutional perspective (Gee, 2000) is also interesting to discuss, but from a different angle than that of the straightforward thinking of someone who monitors the child. As I suggested above, the students typically seemed to develop their identity in interactions with others, and the teachers were of course part of the developmental context (e.g., Løhre et. al, 2010; 2014; Samdal et al., 1998). In this study, we have little explicit information on the interplay between students and teachers. All the same, the narratives give an impression that the actual school and teachers had avoided labelling the students selected for the SFM programme. None of the students described themselves as an ‘ADHD person’ and thus Gee’s (2000) institutional perspective proved irrelevant to the students’ identity formation.

Identity Embedded in Friendship and Well-Being

In line with Emilson and colleagues (2017), the students reported few problems, and inattentiveness seemed irrelevant when the students discussed friends. None of the students said anything that indicated that their concentration problems influenced their relationships with friends. Impulsiveness, on the other hand, was a challenge that sometimes led to conflicts, but impulsiveness with verbal or behavioural expressions never threatened the friendship. Their friends understood and forgave them, according to those with impulsive behaviour, so after a while, everything was okay again, underscoring the necessity and nature of friendship (Silk, 2003).

This indicates that the relationship was built on emotional sharing, which Carsaro suggested was basic in friendships (Øksnes, 2015). The friends knew each other and supported each other when necessary. Furthermore, the students characterised their friendships as a source of happiness. Stories about hyperactivity and silliness typically described joy and fun in the togetherness. Such happiness is considered by Corsaro as another active ingredient in friendships (Øksnes, 2015).

The findings contrast former studies (Gardner & Gerdes, 2015; Hoza, 2007; McQuade et al., 2014) with a problem-oriented view in exploring peer relationships. Moreover, the findings definitely oppose Hoza's (2007) words intending that peer problems were black shadows always following a child or adolescent with ADHD symptoms. On the other hand, recent publications (Marton et al., 2015; Tegtmejer, 2018) support the present findings by demonstrating a more positive view in analysing and commenting upon the behaviour of students with ADHD. I will likewise highlight the review by Becker and colleagues (2012), as their research contributes to basic knowledge on peer relationships; concluding that internal as well as external problems apparently do not affect the friendships of children with ADHD symptoms.

In accordance with most Norwegian adolescents (Bakken, 2018), all students clearly expressed that their school well-being was fine. They were satisfied with their daily lives, although some had personal challenges with a quickly changing mood or challenges outside school. It is interesting to notice that none mentioned any of the core symptoms when they were talking about their well-being. Furthermore, the students never used the word *trust* in the interviews, but it is obvious that mutual trust (Cranston, 2011; Gregory & Ripski, 2008) created the basis for the emotional sharing between peers and

between at least some students and their teachers. With these relationships, I suggest that the students are better equipped to meet challenges. Their well-being and trust in peers and teachers are signs of feeling connected to their school and, are promising for their academic achievement and good health, as pointed out by Monahan et al. (2010). Perhaps Wong and colleagues (2018) are right when they suggest that underestimation of ADHD symptoms is actually beneficial to emotional health?

Strengths and Limitations

The United Nations Convention on the Rights of the Child states that every child has the right to express their thoughts and opinions. This suggests the need to let children and adolescents tell their own stories, as done in the present study. It is the students' experiences, thoughts and opinions that I put forward. I consider this bottom-up perspective a strength of the research.

Another strength is the essential knowledge brought to the table, possibly by the pragmatic design. The participants shared one criterion: namely, harmful concentration problems at school. Otherwise, they were different individuals, some with stronger and some with weaker symptoms compatible with ADHD regardless of whether they had a diagnosis label or not. This may reflect the situation in many public classrooms, and therefore the findings are interesting. Other researchers, however, might see the heterogeneous group as a limitation. In line with Kaidar and colleagues (2003), I found no substantial differences in symptoms between participants diagnosed with ADHD and those without this diagnosis. Others (Gau et al., 2010; Klimkeit et al., 2006; Wiener et al., 2012) have reported differences between those groups, but these reports may rely on quantitative samples showing statistically significant differences despite small estimate differences suggesting minimal impact in the real world.

The students seemed to answer honestly. They did not hide emotional information. Although none of the students knew the word *impulsiveness*, those who had personal experiences spoke freely about their short fuses and unwanted behaviour. Likewise, some students mentioned happiness related to high levels of activity, and others talked about hard days because of difficulties sleeping at night. At the same time, we must be aware that some citations may be coloured by positive bias, as is often found in the reflections of adolescents with ADHD (Wiener, 2012).

The pragmatic design of the study may reflect typical classrooms and thereby give valuable insight to local communities. Although the small number of 12 participants is a limitation in terms of making strong conclusions, the findings may give rise to new ideas.

Conclusion

All 12 participants had concentration problems that harmfully influenced their learning at school. Otherwise, the group of students was heterogeneous in age (10–16) and in respect to having an ADHD diagnoses or not. The qualitative analysis showed no significant differences in terms of inattentiveness, levels of activity, impulsiveness, friendship or well-being between the six students who were diagnosed with ADHD and the others. Furthermore, the ADHD label did not seem to affect the formation of identity in students diagnosed with ADHD, and reasons for this is discussed.

The results indicate the need for teachers to know each student with symptom-like behaviour of ADHD individually in order to be able to give valuable support and guidance related to concentration problems, high levels of activity or impulsive behaviour. Furthermore, schools and teachers should be aware of the possible effects of the labelling or non-labelling of their students. The students' teachers in the present study may have avoided labelling, as those students who had an ADHD diagnosis were often unaware of the label. This opens the space for reflections in the school systems related to identity formation in students. The topic of identity formation in students with symptom-like behaviour of ADHD calls for more research, however, and schools as well as communities will welcome effective interventions.

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