

***DRIVEN BY DISTRACTIONS: A CRITICAL DISCOURSE ANALYSIS ON
CHINESE UNIVERSITY STUDENTS' ACCOUNTS OF PEERS WITH ADHD***

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Abstract

The concept of attention deficit hyperactivity disorder (ADHD) is lightly publicised in China. As a result, linguistic studies about laypeople's perceptions of individuals with ADHD, and how laypeople establish the meanings of ADHD are extremely uncommon. This study examined the narrative of 14 Chinese university students concerning ADHD and their peers affected by the condition. Student's accounts showed that ADHD was primarily perceived as children's hyperactivity impairing learning. Peers with ADHD were described as having a high level of energy, creativity and intellect, at the same time unreliable, socially ill-adapted and underachieving. This study showed how these narratives are effects of stigma, and recommended methods through which Chinese individuals with ADHD may be mobilized.

1 Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is estimated to affect 7.2% of the world's population (Thomas et al., 2015). Debilitated social functioning is regarded as a main deficit of patients of ADHD (Harpin et al., 2013). Other deficits are found within executive function domains, namely planning, flexibility, problem-solving, orienting, sustained attention, response inhibition, and working memory (Harpin et al., 2013). This cognitive profile appears to lay the foundation of various recreational difficulties across patients' life span, hence prevailing stigmatization within industrial societies (Leboowitz, 2013). The costs of this stigmatization can be enormous. Economic implications of ADHD include costs of criminality, psychiatric and medical conditions accompanying ADHD, decreased professional and educational attainment among patients of ADHD (Matza et al., 2005).

Despite the substantial economic burden, societies worldwide continue to overlook ADHD. As far as mainland China is concerned, dominant societal orientations exacerbate and decrease ADHD-related misconceptions simultaneously (Papadopoulos et al. 2012; Du et al., 2014). Ingrained attitudes toward psychiatric conditions are shaped by complex political, historical factors (Smith, 2015). In this regard, Chinese conceptualizations of ADHD does not resemble western counterparts completely. Nonetheless, published Chinese data on this condition is relatively rare. The existing few accounts have been focused on diagnosed children (Wang et al., 2017). Linguistic studies about how lay adults establish the meaning of ADHD are then, extremely uncommon. Thereupon, this paper set out to examine the following questions:

1. How is a peer with ADHD, or ADHD-like behaviours constructed in the narratives of Chinese university students?
2. Can evidence of stigmatization be found in the research data?
3. If so, are there cross-cultural implications on the management of stigma?

The remaining of this work begins with a review of current debates surrounding ADHD. It then examines the utilised methodology and analyses Chinese university students' accounts of ADHD and their peers. The final section discusses findings of the research and approaches mobilizing individuals with ADHD. Despite providing one of the first investigations into how ADHD is constructed in mandarin Chinese, this small-scale study is unable to encompass a broader demographic. More comprehensive explorations are for future research.

2 Literature Review

2.1 ADHD in Young Adults

Young adults with ADHD tend to cope less well in universities. Wolf (2016) noted that cognitive deficits such as those in attention, organisation and memory can severely erode the academic efforts of students. This is likely due to difficulties with following through on commitments, procrastination, meeting deadlines and time management. Other university-related issues are concerned with socialisation (Harpin et al., 2013). Wolf (2006) explained that this is because individuals with ADHD tend to have difficulties interpreting and using social behaviours and nuances. In addition, many

studies showed increased level of alcohol and substance abuse in young adults with ADHD (Lee et al., 2011; Kalbag & Levin, 2005; Biderman, 2003). This may, in turn, lead to poor social and school outcomes. Likely as a result of the numerous deficits, students diagnosed with ADHD report higher levels of depression and anxiety (Wolf, 2006). Also reported are fears, self-doubt, obsessive thinking, self-criticism and low self-confidence (Harpins, 2016). Although, the causal relationship between these recreational, mental health outcomes and ADHD is not clear.

A limited number of studies have examined the ways through which younger adults with ADHD are perceived by their peers. Canu et al., (2008) studied undergraduates in the US and found that students described as having ADHD were viewed as less socially desirable by their peers. However, ADHD in this study was compared with personality flaws rather than other psychiatric conditions. The findings may be not so reliable given personality traits have more simplistic presentations than mental disorders. This is complemented by Pauson et al., (2005), who found that undergraduates were less willing to interact with a person with ADHD, compared to one with another mental disorder and one without disorders. These findings are consistent with the previously reviewed literature, which showed that students with ADHD tend to have difficult social lives.

2.2 ADHD in the Frame of Chinese Culture

Zhou (2010) noted two dominant consensuses on naming the disorder within China: 1) ‘注意力缺陷多动障碍’ which is the translation equivalent of ADHD and consistent with DSM-III; 2) ‘小儿多动症’ which is better known among general health

practitioners and the lay public. A problem with the latter conceptualisation is that the term ‘小儿’ commonly refers to sons at a very young age, whilst ‘多动症’ stands for hyperkinetic syndrome (Du & Yu, 2004). In this case, ADHD was discounted to represent a hyperactivity disorder diagnosed among male children, without links to inattention, female or more mature patients. This possibly explains why Chinese teachers and college students were more attuned to hyperactivity than their US counterparts (Jill and Fang, 2005).

There is currently little evidence investigating how ADHD is conceptualised within China. Nevertheless, there are some clues of an association between health related-conceptions and Chinese collectivism. A number of studies have found that greater collectivism can exacerbate stigmatization toward mental illness (Papadopoulos et al., 2012; Al-Krenawi et al., 2009; Kolstad & Gjvik, 2014). Papadopoulos et al. (2012) explained that there is generally less fragmentation of behaviours in collectivist Cultures as members tend to desire in-group norms and goals. As a result, behaviours of ADHD may likely be easily rejected and devaluated by collectivist values. Taking a more favouring stance, several lines of evidence suggested that collectivist orientation can in actuality be beneficial to mental health (Du et al., 2014; Oyserman et al., 2002; Moscardino et al., 2010). Collectivism is found to reduce individuals’ self-efficacy, the increasing of which can lead to social isolation, henceforth exacerbate depression and anxiety (Du et al., 2014). These benefits may be particularly relevant to ADHD which commonly comorbid with depression and anxiety (Matza et al., 2005). Nevertheless, many of the studies above were concerned with the different cultural groups within a singular nation. Will the individual-collectivism explanation of stigma hold valid in a global context? This question was under-addressed.

2.3 Stigma and Otherness in ADHD

Stigma and otherness are interrelated notions. Schwalbe et al. (2000) described ‘the other’ as a social category referring to a more inferior group of people. In forming this category, ‘otherness’ is perceived as the opposition of ‘sameness’. That is to say, ‘the other’ embodies every character that the dominant group does not possess. Durkheim (1895) used the term deviance to theorise this process of othering. He conceded that deviance from norms is like conforming to norms, ultimately a way of indicating social identity. Stigma on the other hand, is defined by Goffman (1963) as a label of disqualified humanity or discredited identity. A more comprehensive definition is provided by Link and Phelan (2001), who coined five co-occurring characteristics of stigma, namely stereotyping, labelling, status loss, separation and discrimination. In this line of thinking, ADHD of itself can be understood as a category of stigma, the effects of which are perpetuated by the normative beliefs within society. Overall, it could be derived from the above theorisations that stigma functions as an indicator, if not a creator of othering, since both processes operate upon separation and stereotyping.

Stigma in ADHD can be extremely debilitating. Burch (2004) found a higher tendency for adults with ADHD to be associated with misconceptions compared to children. More recently, Muller et. al (2012) found that ‘public stigma’ within school settings and ‘self-stigma’ are crucial factors aggravating symptoms of ADHD. The researchers went on to propose that stigma of such can adversely impact the life satisfaction and mental health of their subjects. More specifically, stigma in ADHD is found to be related to productivity problems such as poor academic performance, social

rejection, low occupational status, decreased job stability and satisfaction (Lebowitz, 2013). According to US researchers, the estimated cost of this productivity loss in adult patients was \$3.46 billion in 2000 (Birnbaum et al., 2005). Vibert (2018), based in the UK, also noted that an excluded pupil with ADHD can cost the government an additional £7,181 through requiring alternative provisions. To my knowledge, there are currently no similar studies in China. If there was, the result could likely vary given the differences in social welfare protections (Wang, 2017). Nevertheless, stigma is also concerned with increased criminality among patients of ADHD. This could be equally, if not more impeding than productivity loss (Vibert, 2018). In conclusion, wherever and however stigmatisation takes effects, it will likely put significant strains on individuals, families and societies.

Examining this evidence, it appears that ADHD and its related stigma are widespread. They also tend to have serious economic and health impact on sufferers of ADHD. However, only a limited amount of Chinese research concerning how ADHD is perceived and stigmatised was found. And worldwide, little research has investigated the perceptions of ADHD among university students, of which those with the condition tend to struggle academically and experience severe peer rejection. This study therefore, set out to fill these gaps of knowledge. The following section will go on to describe the methodology and procedures of research in detail.

3 Methodology

3.1 Critical Discourse Analysis (CDA)

CDA is characterized by two principal purposes. Most notably is a commitment to uncover the relationship between ideology, power and language conveyed by dominant individuals in opaque manners (Fairclough and Wodak, 1997; Fairclough, 2001). Further is the obligation to seek solutions to inequitable distributions of cultural, political and economic goods within societies (Fairclough, 2001, van Dijk, 2001). The consensus has been that, if public language is free of undesirable elements, then social orders would be improved (Fairclough, 2001; van Dijk, 2001; Fairclough and Wodak, 1997).

Currently, several approaches exist for analysing text and talk. However, CDA is the only method by which means problematic linguistic relations can be challenged and addressed. Given that stigmatized language concerning ADHD can burden societies to no small extent, and this study has a particular interest in discussing such an issue, CDA provides a suitable framework for analysis.

3.2 CDA in the Chinese context

A drawback associated with using CDA is that it can be a culturally varying concept. For instance, whereas western CDA tends to be situated within legislative frameworks guaranteeing free, if not equal political participation, China, in its political and economic expressions, less frequently engages with the rules and principles of democracy (Chilton et al., 2010). The underpinning ideologies of the Chinese system has retained the rhetoric of socialism which in turn, legitimizes the coevality of high-level political centralization, private markets along with their democratized features (Montinola et al., 1995).

By stating such reality, my objective is not to endorse or diminish a particular political regime, but to make clear the societal variables affecting the measurement of political freedom across nation-states. How this reality changes as technology advances cannot be pursued further here (deLisle et al., 2016). It should be noted that, nevertheless, the ethical basis of conventional CDA can be problematic in the Chinese context, where there exists a long, non-linear history of curbing activism, and where definitions of political discretion are vague and controversial (Montinola et al., 1995). I considered this with respect to data analysis to reduce potential bias toward the data. I was also mindful with proposing social solutions that are pragmatic in their political environment.

4 Research procedures

4.1 Data collection

To ensure validity and rigour, this research has triangulated its data utilising two data collection tools, namely individual interviews and unstructured questionnaires. The former method was selected to report detailed beliefs and attitudes, whilst the latter provides access to a relatively large sample. It is thought that this combination can extend the depth and breadth of data simultaneously. To further strengthen reliability, interview participants were prompted to explore their perceptions in-depth. Prompts were designed to help produce rich textual data and consequently, an in-depth understanding of the research topic. Moreover, participants were each assured that straightforward answers are appreciated and encouraged. In doing so, the natural

occurrence of data is likely to be ensured, and potential bias undermining reliability may be minimized.

The design of the survey questions was underpinned by two purposes: to understand how ADHD is framed as a mental health category, and how students with ADHD are textually constructed by their peers. Therefore, participants were requested to account for 1) their knowledge concerning ADHD; 2) memory of a peer with ADHD; 3) and the likely impression of other neurotypical peers toward diagnosed students. Although, despite mindful design, there remains a possibility of bias from naming ADHD ‘小儿多动症’ (childhood hyperkinetic syndrome) within the first question. This more publicized concept was adopted since the translation equivalent of ADHD may be lesser-known. Although participants were familiarized with the concepts of ADHD afterwards, throughout which the acronym ADHD was used, the initial naming may have somewhat corrupted the data by implying ADHD is a hyperactive disorder of childhood.

4.2 Data Analysis

This study assumes ADHD identities are dealt with through talk and text. Therefore, data interpretation is grounded in Fairclough's (2009) dialectical-relational traditions of discourse analytics. This approach to CDA examines two dialectical relations: 1) between social structures and discursive events; and 2) between other social elements and semiotic structures within these (Fairclough, 2009). Although, according to Fairclough (2009), a focus of CDA is to address social ‘wrongs’. Such agenda adheres to critical realism by concerning itself with the creation of a more fair and just world.

However, in other western epistemological positions, poststructuralism, for instance, an grand agenda of such is difficult to accept, as the concepts of truth and morality is problematic (O'Regan and Betzel, 2015). Chinese epistemologies on the whole, also tend to reject objective knowledge and universal ethics such as those underpinning Fairclough (Liu, 2017). However, in conceptualising discourse, I agree with Fairclough, that language is contextual, cultural and dialectical. To accommodate the above-mentioned epistemological concerns and political interests, the dialectical-relational approach is recontextualized and divided into the following stages:

- a) Situate analysis within a wide, methodological trajectory encompassing Chinese socio-political structures.
- b) Categorize and interpret reoccurring sequences within data, with respects to interdiscursive social studies.
- c) Look for evidence of stigmatisation within data and identify causes.
- d) Identify approaches mobilizing the diagnosed individual, actionable within the Chinese context.

Stage a) was offered in the methodology section. Stage b) and c) were developed through data analysis whilst stage d) was presented in the discussion section.

4.3 Sample Selection

The participants of this study were recruited from a teacher's college located in Guangzhou, China. A sample consisted of 14 participants were chosen. Amongst the participants, 4 were interviewed individually, whilst the other 10 provided response for

questionnaires. The sample was selected based on participants' social and academic experience within a university setting so that adequate data on peer perceptions may be generated. In order to ensure similar quality levels of data, some level of awareness of ADHD or related concepts was another selection criteria. This condition was briefly mentioned in the textbook Educational Psychology Examination Outline, which was included in the curriculum of all participants (National Education Examinations Authority & Ministry of Education, 2002). Furthermore, the sample was representative in gender and academic terms. Equal numbers of males and females, as well as participants from social and natural science backgrounds have taken part. Only students aged between 19-25 years were included in this study, who has a committed interest in the perceptions of younger adults.

An area of uncertainty emerged from sample selection relating to the small size of datasets. Due to practical constraints, samples from other universities and cities were not accessed. Given the development disparity across regions of China, it may be difficult to determine the applicability of findings on a national level.

4.4 Ethical Consideration

In this study, ethical considerations were on the confidentiality, anonymity and consent of participants. All audio and textual data were stored in an encrypted and password-protected folder of the researcher's personal laptop. Data files were accessible to the researcher, the supervisor and markers of the research report only. Upon research submission, data will be destroyed immediately. Participants were anonymized with a pseudonym in all transcripts. Participants were also asked to review

the research procedures, risks and provided signatures on the consent forms prior to data collection. All participants were made aware of their rights to withdraw.

5 Findings & Discussions

5.1 Data Interpretation

As previously mentioned, othering may be deemed as a crucial producer of stigma. To fulfil the objective of this research concerning the identification of stigma, textual analysis has focused upon the process through which linguistic choices and features constitute othering, and henceforth stigma. Since the survey questions were designed around three diverging themes, analysis has gone ahead on a similar basis. In effect, the interpretation of textual data was developed around three axes, namely ADHD, the ADHD peer and the ADHD friend.

5.1.1 Axis 1: ADHD as a mental health category

Theme of Wording	Cases of Occurrence
Hyperactivity	14/14
Poor Academic Performance	10/14
Children and Childhood	13/14

Figure 1: number of cases each theme has occurred in

In response to the first question asking about ADHD knowledge, the condition was most frequently named by its symptoms of hyperactivity. For examples, ‘我的理解就是多动症吧’ (I just think of it as a hyperactivity problem), ‘喜欢动来动去’ (likes to move around), ‘比较闹腾’ (tend to make a fuss). In a bulk of data, ADHD was also named a childhood condition with casual references to educational institutions, as exemplified by interviewee A:

A: 可能在小学和初中比较常见吧。就是那种总是动来动去的小男生。

It's probably more common in elementary and middle school. You know, those little boys that are always really hyper. (Interview, 23/06)

Gender specifications such as ‘小男孩’ (little boys) were employed, however, only in a few instances. The most interesting aspect of this dataset is prevailing references to academic performances in all cases. Examples include ‘就是那种学习比较差’ (the kind that is bad at studying), ‘不好好学习’ (do not study well), ‘不喜欢学习’ (do not like studying) and ‘学习不好’ (not good at learning).

Here, several strategies of othering were in operation. Foucault (1997) used the term discipline to describe the unifying objective of institutional practices and knowledge. The institutional space is therefore, constantly governed by normalizing judgements, as well as principles of hierarchical observation. Here, participants have referred, directly

or indirectly, to unifying institutions such as schools and classrooms. ADHD was then assumed specific and debilitating roles within these contexts.

In terms of grammar, the Chinese equivalent of ADHD was rarely in a subject or actor position. Therefore, prior to being problematized, ADHD was personalized in order to establish meanings and in most cases, embodied by a school-age child. Processes of differentiation have followed immediately after - wording like '多动' (hyper), '那种' (those, the kind), '学习' (study) establishes the academically well-versed, calm children as the normative majority. Children with ADHD who had failed to achieve this idealized state of discipline was presented as the misbehaved, non-docile other.

This perspective may be advanced using Conchas and Gottfried's (2015) critical account of routinization. According to Conchas and Gottfried (2015), school conducts are maintained and organized with respects to routines, through which means some children were included, while others excluded. Lexical choices such as '差' (bad), '不好' (not good) attribute behaviours of ADHD, which are concerned with learning functions in this case, to conduct and self-regulation failures, instead of innate, neurocognitive differences. As a result of this narrative, children with ADHD were excluded from the good routines of schools.

5.1.2 Axis 2: the ADHD friend

Theme of Wording	Cases of Occurrence
High Energy	11/14
Creativity	6/14
Intelligent	5/14

Figure 2: number of cases each theme has occurred in

Participants had accounted for their impression of a similar-age friend in their university who demonstrate many symptoms of ADHD. Prior to this, participants were familiarized with the condition along with its presentations. Patients were then named directly in terms of their strengths: as ‘energetic’ in 11 cases, as ‘creative’ in 6 cases and as ‘intelligent’ in 5 cases.

Naming strategies of such invariably falls into othering. Instead of deductive traits, participants have ascribed numerous affirmations to their friends’ positions as others. The ADHD friend was, in these instances, perceived to have an exceptional level of creativity, intellect and energy. There is currently not a scientific, credible term describing this more favourable form of othering. Coffman (1963), nonetheless, distinguished between negative and positive stigma, of which the latter is relevant to the references above. Whilst being described as ‘energetic’, ‘creative’ and ‘intelligent’ does not result in moral scars such as those produced by negative stigma, such favourable categories function to separate individuals into groups, defining those

categorized as outsiders, distancing them from the social and intellectual life of a neurotypical person.

Moving on, a surprising observation emerged from this dataset was that vocabulary implying empathy and acceptance were extremely common:

B: 每个人都会有自己的特点。现在长大了不会给别人贴精神病这种标签。

Everyone has (his/her) own characteristics. Not that (I am) grown-up (I) won't label other people like this as mentally sick. (Questionnaire, 25/06)

Here, participant B appears to have taken an overall empathetic stance. It should be noted that the narrative of B is without a grammatical or logical subject. Since a specific version of self or the majority was not referred to directly, it is natural to not assume the above excerpt as wholly stigmatising. However, evident self/other dichotomies remain. For instance, the use of ‘别人’ (other people) is essentially a call for exclusion as it placed an emphasis on the unity, including the participants themselves, of people without ADHD. Similarly, a seemingly inclusive rhetoric was offered by participant C:

C: 现在大家见得多了，我们整体包容心就大了。

Now that we have seen many things, we are more inclusive as a whole. (Questionnaire, 29/06).

Contrasting B, participant C has in multiple instances, opted for wording signifying majority groups and consequently dominance such as ‘整体’ (a whole) and ‘大家’

(we). Moreover, phrases such as ‘*包容心*’, meaning ‘the heart for acceptance’ when translated directly, has exacerbated the distance between the ADHD friend and the usual person by reinforcing the image of a maladaptive other requiring conscious inclusion. Under such differentiation, the ADHD friend emerged as the contrariety of the standardized, routinised peer. Overall, the self and its other have outwardly occurred in this group of data. They are not so conceivable, however, given that the ADHD friend was awarded favourable status in place of being problematized.

5.1.3 Axis 3: the ADHD peer

Theme of Wording	Cases of Occurrence
Unreliability	5/14
Unable to Fit in	8/14
Undereachivement	6/14
Collective	7/14
Harmony	4/14

Figure 3: number of cases each theme has occurred in

In the final part of the survey, respondents were requested to describe the likely impression of neurotypical peers toward students with ADHD. The purpose of this question is to investigate how patients may be perceived when rid of personal relationships with the participants. It is striking that almost no favourable references have occurred in this dataset – the ADHD peers was principally constructed around their impairments, namely low reliability, inability to fit in and tendency to underachieve. No vocabulary has assumed hyperactivity in this dataset. This is in

contrast with the previous finding around axis 1 and broadly supports other studies linking ageing with the decline of ADHD symptoms, of which hyperactivity was shown to remit the most as patients mature (Biederman & Faraone, 2005; Cherkasova et al., 2013).

To offer a more detailed account of the wording of participants, the unreliable peer was referred to as ‘不靠谱’(unpredictable), ‘没有担当’(having no sense of responsibility), ‘耍嘴皮子功夫’(all about talks but never action) and so on. The peer who is unable to fit in was constructed around characteristics such as ‘不想和谐’(doesn't want harmony), ‘扰乱到集体’(disturbing the collective), ‘只爱自己出风头’(too much of a showoff) and ‘个性太分明’(too distinctive a personality). Cultural and political factors which appear to be associated with the above phrases will be examined in more details in the next section.

At a textual level, references constructing the underachieving peer appears to be the most noteworthy and interesting. This is exemplified by participant D, who employed a small amount of vocabulary from classical roots whilst generating data:

D:这种人怎么说呢，就是相当于，绝对做不了管理人员的那种，就是一定是为人做事的那种。就是他/她可以当小卒，但绝对当不了将军的那种。

This kind of people, how to say, it is like, the kind that will never be managers, must be the kind that does things for people. He/she can be a spent force, but will never be the general. (Interview, 20/06)

The term ‘小卒’ in this excerpt has been commonly used since the Three Kingdoms period (169-280AD) to refer to low ranking soldiers (Xinhua Dictionary, 2004). ‘将军’ is also a historical title referring to the commanders of the military with absolute power through authoritative means (Xinhua Dictionary, 2004). The two terms were recontextualized in the data to become contemporary notions, assuming a status order that likely exists in modern institutions such as schools and the workplace. Whilst this wording alone cannot be seen as an appreciable and valid otherness, it is extremely reductive and stigmatizing as the ADHD person was automatically assigned a downward placement in the power hierarchy (Link & Phelan, 2001).

5.2 Evidence and Causes of Stigma

Abundant evidence of stigma has emerged through data analysis. Participants may not have always intended the presence and effect of stigma in discourse, nevertheless, became producers of stigmatising language through the construction of a devaluated, othered ADHD citizen. In this section, the causes of stigma will be analysed with respects to three themes according to the axis considered. These themes are namely children’s ADHD, the favourable friend and the incompetent peer.

5.2.1 Children’s ADHD

Around axis 1, stigma and othering are principally concerned with childhood, education, as well as the institutions in which education typically take place. Smith (2015) spoke of a Chinese society concerned with educational attainment and excessive

competition. He went on to suggest that Chinese perceptions of ADHD and childhood were partly due to such societal factors. Indeed, there has been an extensive Chinese history of valuing education and examination (Zhao et al., 2015). The notions of discipline and routinization therefore, have a historical root within China. Moreover, contemporary Chinese policies surrounding education tend to be centered upon the generation of economic outcomes (Zhao et al., 2015). These factors together may have contributed to the prevailing stigma on children with ADHD, their educational achievement and self-regulation impairments in schools.

However, to attribute the institutional stigma in the data to national factors would seem somewhat simplistic. For instance, elements of competition have been steadily more evident in a number of English and US curriculums in the recent decade (Griffiths, 2015; Kromydas, 2017). Competition is therefore, increasingly a global phenomenon. It is unlikely that any nation-state alone could bring about this intensified global focus upon utilitarianism. More comprehensive analysis would take into account discursive factors such as immigration and perhaps, the shifting global order. Nevertheless, this study agrees with Smith (2015), that stigma concerned with the ADHD patients' ability to learn and behaviours in the classroom was largely a result of Chinese history and policy.

5.2.2 the Favourable Friend

Stigma around the ADHD friend on the other hand, is wholly positive. A possible explanation of this may be Chinese collectivism. Baumgarte (2009) described that friends with collectivist orientations tend to feel obligated to protect, aid and take care

of one another in warm and caring ways. Because of this, participants may feel responsible to speak favourably about their friends in order to protect and care. This assumption is supported by Du et al. (2014) who found that collectivism tends to reduce self-efficacy in socialization. If such explanation holds true, it brings a dynamic set of incentives for the organizing and providing of peer support to students with ADHD. The societal desire for interpersonal harmony may well motivate students to neutralize indifference. But then, the achieving of an objective like this inevitably involves institutional persuasion or propaganda, the ethics of which cannot be pursued further here due to a limited scope of discussion.

Returning now to the factors contributing to the positive stigma, participants were also made aware of the presentations of ADHD as a biological disorder prior to data collection. The interference of this biological explanation cannot be ruled out. The effect of interference is debatable, however. Because conceptualizing mental conditions biologically can, in actuality, decrease public empathy, as patients were depicted as incompetent in recreational and social terms (Lebowitz & Ahn, 2014). This possibly explains the overwhelming amount of negative stigma around axis 3. It may be that conceptualizing ADHD biologically has engendered among participants a number of negative attitudes, which was kept private initially due to friendship.

5.2.3 the Incompetent Peer

Finally, contrasting the ADHD friend, the ADHD peer was unreliable, unable to fit in and underachieving, in short deficient. Shrivastava et al. (2012) concluded that stigma tends to result from lack of education, awareness and the complications of the mental

disorder. Currently, there is little public knowledge and references concerning ADHD within mainland China. The single notable figure known to have ADHD is entrepreneur Yonghao Luo, whose condition gained publicity as his nationwide business venture failed (Kang, 2018). It could thus be speculated that a low level of health and medical awareness concerning ADHD has led to the prevailing stigma in the data. Shrivastava et al. (2012) further noted that the consequences and causes of stigma are usually indistinguishable. As prior mentioned, executive functions tend to remain impaired for adults with ADHD, many of whom suffer from productivity and social credibility losses. It is therefore, likely that the many impairments accompanying ADHD have functioned to perpetuate stigma and misconceptions.

It is somewhat paradoxical that the negative stigma on ADHD may be partly due to collectivism. Extensive research has shown more stigmatizing attitude toward mental illness within collectivist cultures compared to those of individualistic cultures (Papadopoulos et al., 2012; Al-Krenawi et al., 2009; Kolstad & Gjvik, 2014). Because harmony and conformity are aspired to, people tend to be scrutinized if they failed to adhere to norms. This aspiration was reflected in the wording of participants, such as ‘和谐’ (harmony) and‘集体’ (the collective). The ADHD peer was also depicted as someone deviating from the norm through phrases like ‘个性太分明’ (too distinctive a personality). The character 太 (too) conveys a sense of descent, implying the behaviours of ADHD are outside of those commonly expected. Here, an interesting dilemma arises - if stigma surrounding the impairments of ADHD is indeed so severe, should Chinese students disclose their indifference completely within their respective communities? And if so, will explaining one’s ADHD biologically accelerate social

rejection or, as mentioned above, enhance peer support in a Chinese context? These will certainly be fruitful areas for future investigations.

5 Conclusion

The main ambition of the present paper is to examine how are ADHD and university students with ADHD constructed through the language of lay Chinese peers. ADHD emerged through data analysis as children's hyperactivities impairing learning. The ADHD friend was a favourable figure, characterised by a high level of energy, creativity as well as intelligence. The ADHD peer on the contrary, was the anti-thesis of the ADHD friend, labelled in repeated instances as incompetent, untrustworthy in social and recreational terms.

This study was also concerned with the causes of stigma, some of which identified suggests important implications for mobilizing students with ADHD. Firstly, synthesis of social studies identified a biological explanation as a plausible magnifier of stigma. Students with ADHD may therefore, disclose their condition as psychosocial. In doing so, the mental health category became a normalised human neurocognitive profile. Peers may perceive this as more predictable, recognisable and therefore, with fewer stigmatising attitudes (Read et al., 2006). Also endorsed is the facilitating of university-wide peer support programmes. This is because peer inclusion is found to be the most advantageous method in advancing the social functions of ADHD (Cordier et al., 2018). Socialisation brought by peer support also has the potential to alleviate the depression and anxiety co-occurring with ADHD (Du et al., 2014). Collectivist orientation could be particularly beneficial in these instances, as peers may feel obligated to support and

care (Baumgarte, 2009). Finally, the absence of public knowledge regarding ADHD is speculated in the analysis to be a trigger of stigma. That being the case, educating the lay public about ADHD and how stigmatizing labels burdens families and individuals could be a prominent step forward.

On a concluding note, findings presented in this study must be approached with some caution. On one hand, the notion of ADHD is derived from the American discourse of childhood and psychiatric practices (Smith, 2015). These conceptualizations, along with those around stigma and othering, find their grounds in philosophical traditions that view individual identities and their surrounding world in separation (Chilton et al., 2010). In many eastern contexts, however, 'the self' is theorised to be closely related to 'the other' and the psychical environment it resides in (Liu, 2017). This has resulted in approaches to epistemology, ethics and ontology differing widely from the west. Therefore, the validity of present findings may likely vary across cultures. On the other hand, the denaturalising of a social order inevitably requires actions and opportunities to carry effects. Critique, of itself, may not always be capable of destabilizing or overcoming any discourse of a dominant position. Nevertheless, by subjecting a peer discourse of ADHD to criticism, this study makes a beginning for neutralising the often-devaluated behaviours of ADHD.

References

Al-Krenawi, A., Graham, J., Al-Bedah, E., Kadri, H. and Sehwail, M. (2008). Cross-National Comparison of Middle Eastern University Students: Help-Seeking Behaviors, Attitudes Toward Helping Professionals, and Cultural Beliefs About Mental Health Problems. *Community Mental Health Journal*, 45(1), pp.26-36.

Baumgarte, R. (2016). Conceptualizing Cultural Variations in Close Friendships. *Online Readings in Psychology and Culture*, 5(4).

Biederman, J. and Faraone, S. (2005). Attention-deficit hyperactivity disorder. *The Lancet*, 366(9481), pp.237-248.

Biederman, J. (2019). Pharmacotherapy for attention-deficit/hyperactivity disorder (ADHD) decreases the risk for substance abuse: findings from a longitudinal follow-up of youths with and without ADHD. *The Journal of Clinical Psychiatry*, 64(Suppl11), pp.3-8.

Birnbaum, H., Kessler, R., Lowe, S., Secnik, K., Greenberg, P., Leong, S. and Swensen, A. (2005). Costs of attention deficit–hyperactivity disorder (ADHD) in the US: excess costs of persons with ADHD and their family members in 2000. *Current Medical Research and Opinion*, 21(2), pp.195-205.

Burch, R. (2004). Attention Deficit/Hyperactivity Disorder: A disorder of self-awareness. In: J. Nair, ed., *Self-awareness deficits in psychiatric patients: neurobiology, assessment and treatment*. New York: W.W. Norton & C, pp.229–254.

Canu, W., Newman, M., Morrow, T. and Pope, D. (2007). Social Appraisal of Adult ADHD. *Journal of Attention Disorders*, 11(6), pp.700-710.

Cherkasova, M., Sulla, E., Dalena, K., Pondé, M. and Hechtman, L. (2013). Developmental course of attention deficit hyperactivity disorder and its predictors. *J Can Acad Child Adolesc Psychiatry*, 22(1), pp.47-55.

Chilton, P., Tian, H. and Wodak, R. (2012). Discourse and Socio-political Transformations in Contemporary China. *Benjamins Current Topics*, 9(4), pp.1-18.

Conchas, G. and Gottfried, M. (2015). *Inequality, power and school success*. Routledge.

DeLisle, J., Goldstein, A. and Yang, G. (2016). *The internet, social media, and a changing China*. Philadelphia [Pa.]: University of Pennsylvania Press.

Durkheim, E. (1963). *The Rules of Sociological Method*. New York: The Free Press.

Du, H., Li, X., Lin, D. and Tam, C. (2014). Collectivistic Orientation, Acculturative Stress, Cultural Self-Efficacy, and Depression: A Longitudinal Study Among Chinese Internal Migrants. *Community Mental Health Journal*, 51(2), pp.239-248.

Du, Y. and Yu, D. (2014). 儿童多动症. 上海科技教育出版社. [online] Available at: https://xueshu.baidu.com/usercenter/paper/show?paperid=8c2be45ff25a84d4f9cc25e9969e1dbe&tn=SE_baiduxueshu_c1geupa&ie=utf-8&site=baike [Accessed 19 Aug. 2019].

Fairclough, N. (2009). A Dialectical-Relational Approach to Critical Discourse Analysis. In: R. Wodak and M. Mayor, ed., *Methods of Critical Discourse Analysis*. London: Sage, pp.86-162.

Fairclough, N. (2001). Critical discourse analysis as a method in social scientific research. In: M. Meyer and R. Wodak, ed., *Methods in critical discourse analysis*. London: Sage, pp.121-138.

Foucault, M. (1997). *Discipline and punish*. New York: Pantheon Books.

Goffman, E. (1963). *Stigma*. London: Penguin.

Griffiths, S. (2015). Education Policy: Consumerism and Competition. *The Conservative-Liberal Coalition*, pp.36-49.

Harpin, V., Mazzone, L., Raynaud, J., Kahle, J. and Hodgkins, P. (2013). Long-Term Outcomes of ADHD. *Journal of Attention Disorders*, 20(4), pp.295-305.

Kalbag, A. and Levin, F. (2005). Adult ADHD and Substance Abuse: Diagnostic and Treatment Issues. *Substance Use & Misuse*, 40(13-14), pp.1955-1981.

Kang, N. (2019). 看媒体是如何把罗永浩的“多动症”写成“精神病”的. [online] Huxiu.com. Available at: <https://www.huxiu.com/article/271580.html> [Accessed 19 Aug. 2019].

Kolstad, A. and Gjesvik, N. (2014). Collectivism, individualism, and pragmatism in China: Implications for perceptions of mental health. *Transcultural Psychiatry*, 51(2), pp.264-285.

Kromydas, T. (2017). Rethinking higher education and its relationship with social inequalities: past knowledge, present state and future potential. *Palgrave Communications*, 3(1).

Lebowitz, M. (2013). Stigmatization of ADHD. *Journal of Attention Disorders*, 20(3), pp.199-205.

Lee, S., Humphreys, K., Flory, K., Liu, R. and Glass, K. (2011). Prospective association of childhood attention-deficit/hyperactivity disorder (ADHD) and substance use and abuse/dependence: A meta-analytic review. *Clinical Psychology Review*, 31(3), pp.328-341.

Link, B. and Phelan, J. (2001). Conceptualizing Stigma. *Annual Review of Sociology*, 27(1), pp.363-385.

Liu, J. (2017). Neo-Confucian epistemology and Chinese philosophy: Practical postulates for actioning psychology as a human science. *Asian Journal of Social Psychology*, 20(2), pp.137-149.

National Education Examinations Authority and Ministry of Education (2002). *教育心理学考试大纲*. 北京: 北京师范大学出版社.

Norvilitis, J. and Fang, P. (2005). Perceptions of ADHD in China and the United States: A Preliminary Study. *Journal of Attention Disorders*, 9(2), pp.413-424.

Matza, L., Paramore, C. and Prasad, M. (2005). *Cost Effectiveness and Resource Allocation*, 3(1), p.5.

Montinola, G., Qian, Y. and Weingast, B. (1995). Federalism, Chinese Style: The Political Basis for Economic Success in China. *World Politics*, 48(1), pp.50-81.

Moscardino, U., Scrimin, S., Capello, F. and Altoè, G. (2010). Social support, sense of community, collectivistic values, and depressive symptoms in adolescent survivors of the 2004 Beslan terrorist attack. *Social Science & Medicine*, 70(1), pp.27-34.

Mueller, A., Fuermaier, A., Koerts, J. and Tucha, L. (2012). Stigma in attention deficit hyperactivity disorder. *ADHD Attention Deficit and Hyperactivity Disorders*, 4(3), pp.101-114

Oyserman, D., Coon, H. and Kemmelmeier, M. (2002). Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-analyses. *Psychological Bulletin*, 128(1), pp.3-72.

Papadopoulos, C., Foster, J. and Caldwell, K. (2012). 'Individualism-Collectivism' as an Explanatory Device for Mental Illness Stigma. *Community Mental Health Journal*, 49(3), pp.270-280.

Paulson, J., Buermeyer, C. and Nelson-Gray, R. (2005). Social Rejection and ADHD in Young Adults: An Analogue Experiment. *Journal of Attention Disorders*, 8(3), pp.127-135.

Read, J., Haslam, N., Sayce, L. and Davies, E. (2006). Prejudice and schizophrenia: a review of the 'mental illness is an illness like any other' approach. *Acta Psychiatrica Scandinavica*, 114(5), pp.303-318.

Schwalbe, M., Holden, D., Schrock, D., Godwin, S., Thompson, S. and Wolkomir, M. (2000). Generic Processes in the Reproduction of Inequality: An Interactionist Analysis. *Social Forces*, 79(2), pp.419-452.

Shrivastava, A., Bureau, Y. and Johnston, M. (2012). Stigma of Mental Illness-1: Clinical reflections. *Mens Sana Monographs*, 10(1), p.70.

Thomas, R., Sanders, S., Doust, J., Beller, E. and Glasziou, P. (2015). Prevalence of Attention-Deficit/Hyperactivity Disorder: A Systematic Review and Meta-analysis. *PEDIATRICS*, 135(4), pp.e994-e1001.

van Dijk, T. (2001). Critical discourse analysis. In: D. Tannen, D. Schiffrin and H. Hamilton, ed., *Handbook of discourse analysis*. Oxford: Blackwell, pp.352-371.

Vibert, S. (2018). *Your attention please: the social and economical impact of ADHD*. [online] DEMOS. Available at: <https://dera.ioe.ac.uk/31107/> [Accessed 19 Aug. 2019].

Wang, T., Liu, K., Li, Z., Xu, Y., Liu, Y., Shi, W. and Chen, L. (2017). Prevalence of attention deficit/hyperactivity disorder among children and adolescents in China: a systematic review and meta-analysis. *BMC Psychiatry*, 17(1).

Wang, Y. (2017). The Development of China's Social Welfare System. *Research Series on the Chinese Dream and China's Development Path*, pp.1-17.

Wodak, R. and Fairclough, N. (1997). Discourse as Social Interaction. In: T. van Dijk, ed., *Discourse as Social Interaction*. London: Sage, pp.258-284.

Wolf, L. (2006). College Students with ADHD and Other Hidden Disabilities. *Annals of the New York Academy of Sciences*, 931(1), pp.385-395.

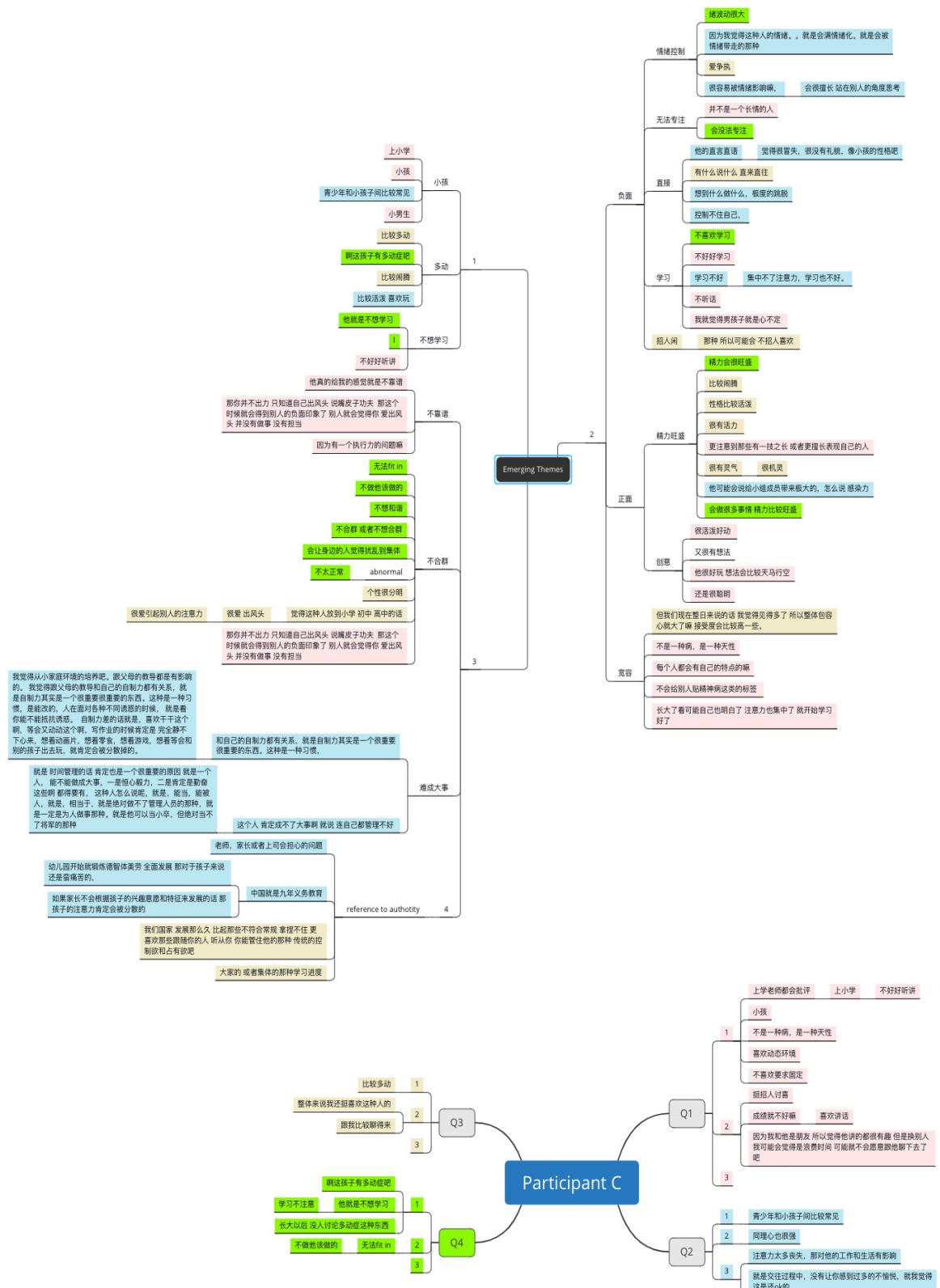
Xinhua Dictionary. (2004). Beijing: Shang Wu Yin Shu Guan.

Zhao, X., Selman, R. and Haste, H. (2015). Academic stress in Chinese schools and a proposed preventive intervention program. *Cogent Education*, 2(1).

Zhou, Y. (2000). 儿童多动症. 心血管病防治知识, [online] (8), pp.44-45.
Available at: <http://www.cqvip.com/Main/Detail.aspx?id=34924773>
[Accessed 19 Aug. 2019].

Appendix

Appendix 1: Sample Data Processing Map



Appendix 2: Sample Interview Transcript (with translation)

Interviewer: 那你是怎么看待这种同学的呢?
So how do you usually perceive peers like these?

Interviewee: 我还满喜欢这种人的，就是专注的时候可以跟你一块疯一块闹。有时候可能时间观念不太行。但是你可以，给一个时间限制，就是比如这二十分钟三十分钟就是做一个事情，大家可以一块玩。跟他/她讲清楚，还是没事的。会相处的时候的话，有的时候你可能会因为他的直言直语，就是会听起来…可能是对方的无心之语，但是会造成他说这样的话就觉得很冒失，很没有礼貌。

I actually quite like this kind of people. When they are focused, they can get on really well with you. Sometimes maybe (their) sense of time is not as good. But you can, just give a time constraint, like for example, for this 20 minutes, 30 minutes, we will focus on one thing, we can have fun together. Talk to him/her nicely, things should be fine. Sometimes when you are hanging out together, because of how straight forward he/she can be, you can feel... Maybe the other person did not mean it, but if he/she actually said things impulsively, you will feel very offended and that he/she is really rude.

像小孩的性格吧，就是可能控制不住自己。然后呢，就是有时候会迟到啊，或者总是闲不下来，管不住自己，总喜欢在工作的时候，学习的时候，做些其他的事情，影响其他的人。这种人同理心也很强，因为很容易被情绪影响嘛，这种人你跟他好好讲道理，他可能还是会理解你。他是肯定能懂的，就也会很擅长站在别人的角度思考。

It's more like having the personality of little kids, maybe (they) just can't control themselves. And also, they sometimes may be late for things, or always just can't relax, can't control themselves, always like to do other things when working and studying, disturbing other people. These people can also be very empathetic, because they are so easily affected by emotions. If you talk to them nicely, they may still understand you. He must be able to understand, because they are good at putting themselves in other people's shoes.

Appendix 3: Sample Questionnaire

1→ 能请您用150-200字，阐述一下您对注意力缺失过动症/多动症的认识吗？如果完全没听说过，可以跳过这题。

Please could you describe your understanding of hyperactive syndrome/attention deficits hyperactivity disorder using 150-200 characters? If not, feel free to skip.

两百字长度参考

忙碌的一天作文200字

今天，我早早的被妈妈从床上叫了下来，下来后，趁妈妈在房间里的时候，又跑上床上继续睡，因为我知道，每一次妈妈叫我起床的时候都没有好事的。所以我才会跑去床上继续睡我的觉。

一小时过后，我起来了一下，那是因为我现在有点想上厕所，所以马上去了一下厕所又跑回来继续睡，不久，妈妈从房间里走了出来，我心里有点怕怕的，怕她一出来就会骂我说：“林佳琪，你怎么还在睡觉啊，我刚刚叫你起来是要你去洗客厅里的地板，这是你和我定下的约定，你今天既然睡到了10:30才肯起床，看来今天你工作完后是没有奖金的啦！

之后，我才想到，妈妈叫的话，我们应该马上就去做，不要老是拖拖拉拉的，拖拖拉拉的后果是很倒霉的哟！

Type your answer here...

SHIFT + ENTER to make a line break

“ 感谢您的回答！接下来我们会先对ADHD进行简单的科普，再继续向您提问。

Thank you, we will now familiarise you with the concepts of ADHD before moving on to the next question.

Continue

press ENTER

2 → ADHD, 全称为注意力缺失过动症 (Attention Deficit Hyperactivity Disorder), 俗称多动症。患者的大脑多巴胺分泌不足, 导致他们在做不感兴趣的事情的时候, 没有足够的补偿机, 导致失去注意力。

ADHD的主要特征是不专注、过动和冲动, 但这些症状多会造成他们很难遵守规则行为或者维持固定的表现。该症状其实非常普遍, 每11个美国儿童里有1个患ADHD, 但在中国普及率较低。 (general introduction)



5→ 您认识的大学同学/同龄人里，有（疑似）患ADHD的吗？能请您用150-200字描述一下对此（些）人的看法和评价吗？*

Do you know any peers in the university that have many traits of ADHD, or have the condition? Could you describe your impression of that person?

正向特征

1. 具高度创造力，常有特别的新点子（但因组织能力差，常无法将之化为具体行动）。
2. 特立独行，思考不循俗。
3. 对理想保持极大的坚持度和毅力，甚至可说是顽固。
4. 直觉非常强，能单凭直觉深入问题核心，进而发现问题所在（但他通常无法说明如何得知）。
5. 速度非常快，能单凭直觉深入问题核心，进而发现问题所在（但他通常无法说明如何得知）。
6. 善于冒险，且过程十分聪明。
7. 创性十足。
8. 活泼开朗。
9. 热心助人，富有正义感。
10. 说话风趣。
11. 追求创新。
12. 有兴趣时非常能够坚持。
13. 大方，魅力个人风格，想像力，好奇心。
14. 能够跳脱框架思考。

负面特征

学习方面：
完成小团体任务，个人作业，或者其他不感兴趣事情时总是拖延。
经常低估完成任务所需要的时限，导致小组和个人任务无法准时提交。
错过文书作业的截止日期。
极容易忘事：忘记要上课，忘记和朋友有约，上课忘带笔或者课本。
阅读速度慢，学习时极其容易分心。
很聪明，但是成绩不好，学习有障碍。
上课或者在图书馆学习时会激动地动来动去，找身边人说话。

社交方面：
和同学聊天的时候经常没等对方说完就插话，或者转移话题。
和同学聊天时经常分心，感觉没在专心听的样子。
经常打断别人却去不成礼貌地打断别人。
和朋友的关系处不好，因为常冷感，冲动，不会做人或者不善言谈的印象。
学习，工作和社交常常平衡不好。

Type your answer here...

6→ 您认识的朋友里，有（疑似）患ADHD的吗？能请您用150-200字描述一下对此（些）人的看法和评价吗？*

Do you know any friends of your age that have many traits of ADHD, or have the condition? Could you describe your impression of that friend?

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1. 具高度创造力，常有特别的新点子（但因组织能力差，常无法将之化为具体行动）。
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学习，工作和社交常常平衡不好。

Type your answer here...

SHIFT + ENTER to make a line break