

# ADHD, Self-Esteem, and Stigma



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# ADHD, Ethnicity, and Family Environment

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# Developmental Relationship: ADHD and Self-esteem

- ADHD impairs adaptive functioning placing children at greater risk for poorer outcomes in school, peer relationships, psychological co-morbidities and difficult behaviors
- Children most commonly diagnosed at age 8; start to have more problems outside of home
- Coincides with the development of self-esteem becoming internalized at about this same age.

# Adaptive Functioning/ Self-esteem Spiral

- Self-esteem thought to mediate negative outcomes
- If functioning is impaired, challenges the child's view of self worth, and self-esteem begins to plummet, which, in turn, causes poorer social, behavioral, academic, and emotional functioning, causing lower self-esteem.
- Research demonstrates: ADHD children at greatest risk for low self-esteem, are older, are boys with high levels of aggression, have more severe co-morbidities, and have been under-treated for ADHD or received treatment late.

# Early Intervention is Key

- Early intervention increases likelihood that self-esteem can remain intact,
  - specific to ADHD and co-morbid symptoms
  - specific to self-esteem building, positive affirmations, seeking success, peer groups
- Early intervention directed toward ADHD symptoms can keep child's functioning closer to peers and developmental level; higher functioning related to improved self-esteem, improved self-esteem improves functioning

# Research Findings



- Stimulant medication (Ritalin), not only improves functioning, has a direct positive effect on self-esteem.

# Etiology – Our Expanding Knowledge

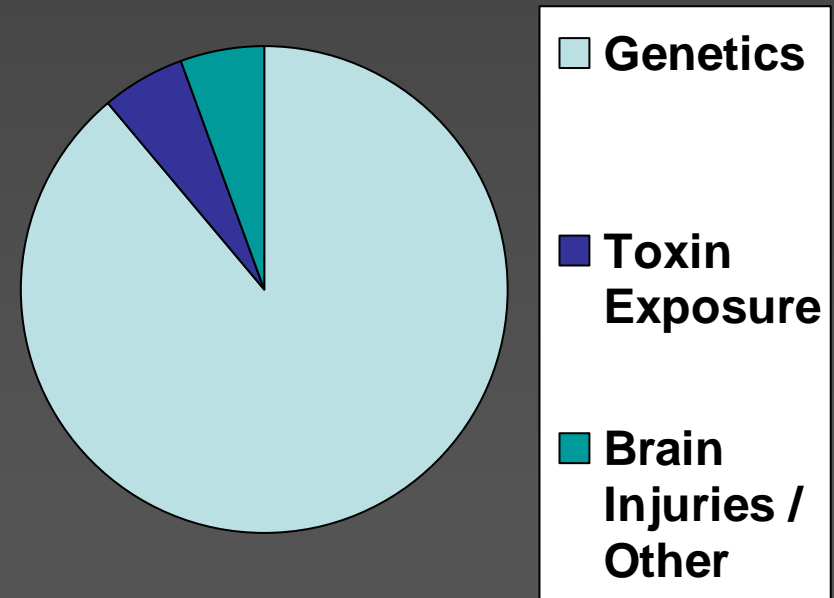
- Genetics
  - IS NOT a chromosome-level flaw
  - IS a gene-level weakness (4 genes consistently implicated)
  - 3 genes regulate dopamine in the prefrontal cortex
  - 1 gene regulates norepinephrine in the prefrontal cortex
  - Result: deficient frontal lobe neurotransmission
- Neuro-structural
  - Neurological immaturity
  - Dysfunction in the reticular activating system
  - Decreased cerebral blood flow
- Brain Damage from injury/toxins/pollutants

# The Big Picture – *Why ADHD?*

Genetics make up the largest percentage of ADHD causes = up to 97% (80% avg.)

Toxins such as tobacco, alcohol, and lead make up 2 to 10% of cases

Brain Injuries 1 – 10%



# ADHD: Four Areas of Major Impairment

- Contribute to poorer adaptive functioning
  - Conflict resolution/problem-solving
  - Conversational skills
  - Anger management
  - Time management
- Interferes with developmental expectations
- Cumulative effect of years of negativity and social rejection leads to lower self-esteem over time

# Self-concept



- Self-esteem is the expression of one's self-concept
- Self-concept is the person's mental image of him or herself and includes ideas, beliefs, and attitudes about the self, including thoughts and feelings about one's physical body, intellectual abilities, or worth as a human being.



# Self-esteem

- Self-esteem is the manifestation of one's self-concept and is defined as the value and significance one places on who one is.
- It is a subjective and emotional experience – the way one feels about one's self-concept; about who they are.

# Interviews with Children with ADHD

- “Some people say I am just dumb because I’m slower”
- “Sometimes I think I’m doing really well at something and then it comes back really bad – but I thought I had done good. That’s really hard”
- “I’m like whacko. I beat up kids”
- “I take medicine so I won’t be bad”

- “I get frustrated at school. I get frustrated with stuff. When I get home I get frustrated with people. I get really sad sometimes. I see my friends who are at the same speed as everyone else, and I’m not. I get sad.”
- “I feel like I’m a good person. I don’t do anything bad on purpose. I just feel really bad.”



- “I don’t want anyone to know I take pills...because then they would laugh at me”
- “Kids at school think I’m just stupid”.
- “I get mad and I throw an attitude – I have an attitude and I talk mad...Its just hard sometimes”.
- “If I don’t take the pill, I’ll be bad, like real hyper, I get out of control. I sometimes talk a lot and I’m bad. I sometimes throw things”.



- “ADHD means you’re hyper and you act up and acting up means like doing something bad that you’re not suppose to do and like doing something that isn’t right”.
- “I feel bad for my Mom. Sometimes at school I get in trouble and the school calls and my Mom has to come and take me back to her work with her, and she’s not suppose to do that. I worry that she’ll get in trouble because of me. She tells me not to worry, but she don’t like it, but she loves me so she does it”.

# Our Study: Why collect data about self-esteem? Isn't it obvious?

- The controversy
- No controversy that ADHD in children is related to higher levels of depression.
- Results of several studies on self-esteem in children with ADHD are mixed.
- ADHD: an externalizing and “invisible” disorder.
  - is it just an “inflated” sense of self?
  - is an inflated sense of self a sign of a “fledging psychopath” or is it a healthy “positive illusory bias”?

# Mixed Research Findings

- Higher scores on self-esteem
- Same as with non-ADHD peers
- Lower scores from non-ADHD peers
- Our question – are the mixed results related to the primary family/home environment in which these children are raised? Can we control for family/home differences between children with ADHD?

# In light of the controversy...

- Conducted a cross-sectional study of 68 pairs of ADHD children and their non-affected siblings on how they rated their self-concept (an essential aspect of self-esteem).
- Studying sibling pairs allowed us to control for the family environment, an integral social/environmental component in the development of self-esteem.

# Our Sample – 68 families

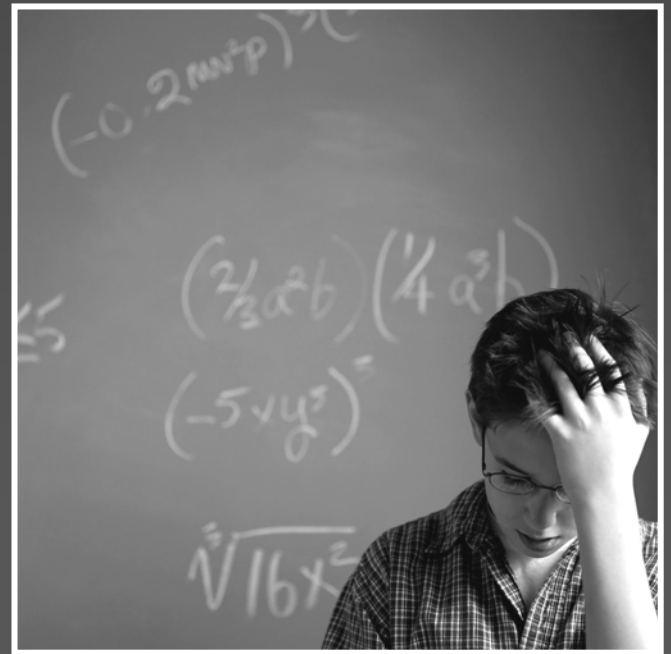
- Ethnicity – self-report
  - 40% (n=27) of families self-identified as Hispanic American, 35% (n=24) as African American, 24% (n=16) as White, and 1 family as bi-racial.
- Income
  - less than \$10,000 (28%, n=19), \$10,000-\$25,000 (25%, n=17), \$25,000-\$40,000 (22%, n=15), and over \$40,000 (24%, n=16).
- Gender and Age
  - more of the ADHD children were male (82%, n=56) than were the siblings (53%, n=36).
  - ADHD children (age) - ranged from 6 years to 17 years with a mean of 10.6 years (SD = 2.75).
  - siblings ranged from 6 years to 18 years with a mean of 11.7 years (SD = 3.34). None of the siblings included had a diagnosis of ADHD.

# Measure

- Piers-Harris Children's Self-Concept Scale (CSCS).
- A self report instrument measuring the self-concept between the ages of 8 and 18.
- Measures physical appearance and attributes, anxiety, intellectual and school status, behavior, happiness and satisfaction, and popularity.
- Test and retest reliability range from .71 - .96. Internal consistency range from .78 to .93 for total scale.
- 6 families spoke only Spanish – used translation and back translation methods to translate the instrument into Spanish.

# Results

- Scores for the ADHD children were significantly lower on self-concept as compared to their non-affected siblings.
- Differences not related to gender or age.



# Findings Support the Research of....

- Russel Barkely, 1998
- Slomkowski, Klein, & Mannuzza, 1995.
- Barber and Cottrell, 2005.
- Biederman, 2003
  - Followed 140 boys with ADHD and 120 non-ADHD boys from childhood into adulthood
  - Persistence of ADHD is not always associated with dysfunction
  - Emphasized that Early Intervention in addressing self-esteem, identifying personal strengths, and treating ADHD symptoms was key

# Early Intervention

- Referrals of children for ADHD testing, counseling, medication management as soon as symptoms indicate – do not delay
- Referrals for parents for support and parenting strategies
- Encouragement of the skills the child excels; limit negativity
- Encouragement of open communication between parents, teachers, kids, and caregivers
- School-based peer support groups

# Courtesy Stigma

- Stigma – a condition that is “deeply discrediting (Goffman, 1963). Society tends to devalue a person based on that attribute alone.
- Courtesy stigma – a person is stigmatized and discredited by association with a stigmatized person.

# Mothers of Children with ADHD

- Higher levels of depression – ADHD predicts depression in these mothers
- Higher levels of alcohol use
- More marital discord
- Mothers take the brunt of this disorder, were identified in interviews with the children that she was the one who helped them the most

# Moms



- “My Mom keeps me safe”
- “My Mom understands me”
- “My Mom does good with my ADHD”
- “My Mom is the only person who helps me”
- “The hardest thing about ADHD is what it does to my Mom. I mean, she doesn’t say it, but she gets so tired. I worry about her so much. She’s the only person who understands me”.

# What Moms say

- “I know when I go to the school to pick him up because he got in trouble again, I know what everyone is saying – they think I’m a bad Mom – I’ve stopped trying to get them to understand – they won’t ever get it. But I’m not a bad Mom – I try the best I can”.

- “I try to get my husband to understand it, but he just thinks Ben should be able to sit still in class and not talk – I keep telling him its neurological and if you keep punishing him for it will make things worse. I know what he’s thinking, that I don’t parent him right – I’m not a good enough mother. I get that all the time – even my mother tells me.”

# In Fairness to Dads

- Men often process concretely and visually...these kids “look” healthy. ADHD is “invisible”
- Dads may have to confront and rethink their own childhood narratives to understand their child
- It’s a confusing disorder; it’s scary
- It’s unpredictable



- Its not “fixable”
- The usual stuff doesn’t work with these kids
- The fathers are in as much pain about it as the mothers, they just don’t know what to do.
- We as a society, have to do a lot better
- Educate teachers

- “If he was in a wheelchair, no one would question his disability – but its invisible, ya know – no one else is here every night trying to get his homework done, but the teachers tell me I don’t spend enough time with him – I spend 6 hours every night helping him do his homework – it hurts that no one understands”