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Left Behind: Intersectional Stigma Experiences of African American College Women With ADHD

Angela Lynnette Anderson-Elahi
Walden University

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Walden University

College of Social and Behavioral Sciences

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Angela Lynnette Anderson-Elahi

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Walden University
2021

Abstract

Left Behind: Intersectional Stigma Experiences of

African American College Women With ADHD

by

Angela Lynnette Anderson-Elahi

MA, Walden University, 2016

BS, California State University, Hayward, 2014

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

African American college women with attention deficit hyperactivity disorder (ADHD) can experience intersectional stigmas based on race, gender, and learning disability. Intersectional stigmas affect African American college women in self-esteem, social acceptance, and academic progress. The scholarly community has not published literature regarding intersectional stigma experienced by African American college women with ADHD. The purpose of this study was to explore the lived experiences of African American college women who had encountered intersectional stigma based on race, gender, and ADHD. Goffman's social stigma theory and Crenshaw's intersectional stigma theory served as the theoretical and conceptual frameworks to explore how African American college women with ADHD described their experiences of intersectional stigma. A qualitative descriptive phenomenological approach was used to develop an interview instrument to collect data from 13 participants through semi structured telephone interviews. Analysis of the interview transcripts was conducted to determine common themes. Findings indicated that ADHD symptoms, lack of college preparation, and overwhelming emotions were a concern; reluctance to reveal diagnosis to professors and fellow students for fear of stigmatization and discrimination; ADHD accommodations, coping skills, and teaching in multiple intelligences was beneficial; and early diagnosis and treatment of ADHD is essential. Results may contribute to positive social change by providing college administrators with a better understanding of African American women's needs and challenges with ADHD and providing data to help develop support and services that will assist in this population's academic success.

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Dedication

This dissertation is dedicated, in loving memory, to my mother, Iva Lynn “Sue” Anderson, who always believed in my abilities. Although she was my inspiration to pursue my doctoral degree, she was unable to witness my accomplishment. During her terminal illness, she encouraged me to complete my degree. On her deathbed, I promised her that I would finish my doctorate. ... Promise kept, I love you, Mommy.

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Lastly, I would like to extend a special thank you to the participants in my study. The uncensored recount of your experiences made it possible to spotlight an underserved and pressing issue in the community. Your contribution is greatly appreciated and I hope that I captured your experiences sufficiently. May this study produce the social change that you are seeking.

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Chapter 1: Introduction to the Study

In the United States, attention deficit hyperactivity disorder (ADHD) diagnoses to be more prevalent in African American adults, at a rate of 14.54%, than in other ethnicities (Cénat et al., 2021). ADHD is a heterogeneous neurodevelopmental disorder mostly diagnosed in children, but that can persist into adulthood (Kaur et al., 2018; Leahy, 2018). The most common symptoms in ADHD are hyperactivity, inattention, and impulsivity (Leahy, 2018; Suades-González et al., 2017). ADHD can cause functional impairments in adults, leading to low self-esteem, social isolation, and academic underperformance (Cherkasova et al., 2020; Mattox & Vinson, 2018; Tinklenberg et al., 2018).

Furthermore, aspects related to intersection, such as race, low socioeconomic status, racial marginalization, racial discrimination, and racist microaggressions, could worsen the symptoms of ADHD in African American adults (Cénat et al., 2021). Intersectional stigma is a combination of multiple overlapping stigmas inflicted on an individual or group, which may negatively affect their social identity and overall quality of life (Cherkasova et al., 2020; Turan et al., 2019). Stigmas associated with being an African American, a woman, and having ADHD are often interrelated, resulting in more intricate effects than experiences of a singular stigma (Frederick & Shifrer, 2019). African American women who experience intersectional stigmas regarding race, gender, and learning disabilities, such as ADHD, are less likely to graduate from college versus those without a learning disability (Canu et al., 2020; Cénat et al., 2021). Although many

African American women will attend college, they are challenged by encountering racial stigma and stigma related to gender (Brown et al., 2017).

This study aimed to seek an understanding of the lived experiences of intersectional stigma of African American college women with ADHD. I explored the aspects of intersection in looking specifically at race and gender while seeking to understand how African American college women with ADHD described their lived experiences of intersectional stigma and the corresponding obstacles to receiving a high-quality education (Von Robertson & Chaney, 2017). The potential social implications of this study may be to provide college administrators with a better understanding of African American women's needs and challenges with ADHD and provide data to help develop support and services that will assist in this populations' academic success.

Chapter 1 covers the major sections of the background of ADHD, which summarizes the research literature related to the scope of the study topic. Also presented in is the problem statement, which gives evidence of consensus that the problem is current, relevant, and significant to the discipline. Furthermore, this chapter will build on and counter previous research findings from the last 5 years and address the meaningful gap, as well as state the purpose of the study. Moreover, Chapter 1 includes the research question, the theoretical foundation of Goffman's theory of stigma, the conceptual framework of intersectional stigma, and this study's nature, which was a descriptive phenomenological approach. Additionally, the significance, assumptions, scope, and limitations of this study and definitions of useful terms are presented in Chapter 1.

Background

Though ADHD is typically diagnosed in children, adults are usually underdiagnosed because they often develop various coping strategies to adapt to their deficiencies (Barkley et al., 2018; de Oliveira & Dias, 2017; Leahy, 2018;). Young et al. (2020) reported that women who had gone undiagnosed with ADHD as children had become the fastest-growing demographic of both types of ADHD diagnoses (i.e., compulsive/hyperactivity and inattentive), with more than half of the adult diagnosis being women. Additionally, women diagnosed with ADHD as children are more likely than men to carry childhood ADHD symptoms into adulthood (Holthe & Langvik, 2017).

African American women living with ADHD must endure the stigma of being women living with ADHD, compounded with the stigma of being African Americans who live with ADHD. The intersection of being both women and African Americans presents challenges pertaining to the experiences of living with ADHD. Crenshaw (1991) maintains that because of the stigmas that are attached to (a) being an African American, (b) being a woman, and (c) having a learning disability, being an African American woman with a learning disability is considered a triple threat.

Intersectional stigma, the merging of multiple stigmas (Turan et al., 2019), associated with being an African American woman with ADHD can lead to experiences of discrimination and marginalization (Hernández-Saca et al., 2018). The unfavorable learning environment of African American college women with ADHD can cause them to feel isolated, which may have a long-term adverse effect on their overall mental, emotional, and social well-being; this may contribute to academic failure and early

withdrawal from college (Donovan & Guillory, 2017; Hernández-Saca et al., 2018; Stergiopoulos et al., 2020; Tinklenberg et al., 2018). Previous studies have addressed stigma related to women who had been diagnosed with ADHD (e.g., Guelzow et al., 2017; Holthe & Lavick, 2017) but did not address the challenges of intersectional stigma experienced by African American college women who had been diagnosed with ADHD. This study was needed because the results may bring social change by providing college administrators with a better understanding of African American women's needs and challenges with ADHD and providing data to help develop support and services that will assist this population's academic success.

Problem Statement

African American college women with ADHD may experience intersectional stigmas, which may cause problems with social acceptance (Oexle & Corrigan, 2018), and academic progress. While all women with ADHD have experienced difficulties, African American women with ADHD experience difficulties in the social areas of fitting in, making and keeping friends, peer acceptance, self-esteem, and intrapersonal skills (Langlois, 2020). These social factors may place African American college women with ADHD at a higher risk of sexual victimization (Langlois, 2020).

Additionally, the experiences of the intersectional stigma and marginalization related to being African American college women with ADHD may contribute to academic failure and experiences of social stigmas (DuPont-Reyes et al., 2020). College students who have been diagnosed with ADHD are also more likely to experience multiple obstacles when seeking to sustain academic proficiency (Saleh et al., 2018).

Other challenges that may impact African American college women's academic success are stereotypes related to race and gender, disconnect with faculty, and hostile campus climate, as demonstrated in acts of microaggression (Primm, 2018; Von Robertson & Chaney, 2017).

The fear of being stigmatized may prevent African American college women with ADHD from seeking assistance from their university's disabled student's office (Ahmann et al., 2018). Without needed support, these individuals' symptoms of ADHD, such as cognitive processing, memory, concentration, organization, and poor social skills (Holthe & Langvik, 2017; Kaur et al., 2018), would only be exacerbated, causing a significantly lower college retention rate among African American women compared to their White counterparts who do not have ADHD (Kwon et al., 2018). The research problem under investigation is the intersectional stigma experiences encountered by African American college women who have been diagnosed with ADHD (Kaur et al., 2018; Saleh et al., 2018; Tinklenberg et al., 2018). Although studies have been conducted on men and women with ADHD, there remained a gap in the current research literature on African American college women's lived experiences of intersectional stigma (Mattox & Vinson, 2018).

Purpose of the Study

The purpose of this qualitative descriptive phenomenological study was to explore the experiences of intersectional stigma of African American college women who were living with ADHD. Previous studies conducted on stigma related to women who had been diagnosed with ADHD (e.g., Guelzow et al., 2017; Holthe & Lavick, 2017) did not

address the challenges of intersectional stigma experienced by African American college women diagnosed with ADHD. This study explored the lived experiences of African American college women who had encountered intersectional stigma based on race, gender, and ADHD.

Research Question

RQ: How do African American college women with ADHD describe their lived experiences of intersectional stigmas?

Theoretical Foundation: Social Stigma Theory

Goffman's (1963) social stigma theory states that an individual's attributes, behaviors, or physical characteristics are stereotyped by the social community, resulting in the individual being negatively characterized by others. As a result of negative stereotypes, the stigmatized individual may not gain full social acceptance into their community. The major theoretical proposition for Goffman's theory of stigma consists of three categories: (a) physical traits, (b) character traits, and (c) group identity. The stigma related to physical traits may include physical deformities of the body. The stigmas related to character traits may include elements deemed socially unacceptable by the community. The socially undesirable traits that may cause social stigma may include mental illness, substance abuse, sexual orientation, criminal record, and political affiliation. The stigma related to group identity refers to an individual's race, national origin, and religious affiliation. These stigmatizing traits can disqualify individuals from the social groups in which they would have otherwise been accepted (Goffman, 1963).

The theory of social stigma has been utilized to address issues in the areas of race, gender, and mental health (Neel & Lassetter, 2019; Oexle & Corrigan, 2018; Parker, 2018; Young et al., 2019), as well as stigmas associated with substance abuse and intersection (Oexle & Corrigan, 2018; O'Shay-Wallace, 2020). The theory of social stigma provided a foundation for the qualitative approach of this study by allowing me to gain a deeper understanding of the described lived experiences of stigma as relayed by African American college women with ADHD. The social stigma theory is further discussed in Chapter 2. Goffman's theory of social stigma is also the foundation for the intersectional stigma theory.

Conceptual Framework: Intersectional Stigma

The conceptual foundation for this study was grounded in Crenshaw's (1991) intersectional stigma theory. The term *intersectional* refers to the intersection of two or more traits, such as race, gender, sexuality, class, and disabilities, resulting in life experiences which are unique to those who possess the intersection of traits. This term was coined by Crenshaw (1991) to incorporate disenfranchised women of color who face stigmatization on a multitude of levels, including race and gender. Though antiracist and feminist groups bring awareness to their plight, they do not address the intersection of both race and gender (Crenshaw, 1991). Intersectional stigmas are stigmas experienced by groups or individuals who have a combination of multiple overlapping stigmas, which can negatively affect the stigmatized social identity as well as their quality of life (Stergiopoulos et al., 2020).

The intersectional stigmas directed toward African American college women with ADHD can cause challenges to successfully completing their degree program compared to those who do not have intersectional stigmas (Kwon, 2018). Though multiple stigmas affect African American women differently than other marginalized groups such as African American men or White women who are disabled, there has been minimal research published to address the intersectional stigmas experienced by African American women with learning disabilities (Hernández-Saca et al., 2018). As with social stigma theory, researchers have used intersectional stigma theory to examine the stigmas and discrimination associated with race, gender, mental health, and socioeconomic status (Harrison, 2017; Oexle & Corrigan, 2018; Opara et al., 2020). The intersectional stigma conceptual framework relates to the qualitative approach by allowing African American women with ADHD to describe their lived experiences of intersectional stigma in a college setting. Intersectional stigma is further discussed in Chapter 2.

Nature of Study

This study is qualitative, utilizing descriptive phenomenology as the research method (Giorgi, 2012). I selected the qualitative design for this study because it allowed me to explore individuals' lived experiences. Quantitative studies generally allow for hypotheses and collecting information on external data about experiences, activities, or characteristics but do not permit the kind of data collection, for example, in-depth interviews, that allows individuals to reflect on their subjective experiences (Clark & Vealé, 2018).

The descriptive phenomenological approach was selected for this study because it allowed me to gather information from individuals who shared a common anomaly experience (Englander, 2020). Giorgi's (2012) descriptive phenomenology method is derived from Husserl's descriptive phenomenological philosophy. Husserl's phenomenological method utilizes *epoché* or "bracketing" to set aside the researcher's personal biases so that the explored phenomenon may be recorded exactly as experienced and described by the participants of the study (Gutland, 2018). The interpretive phenomenological approach requires an interpretation of the participants' experiences (DuPont-Reyes et al., 2020), and therefore was not selected for this study because this study emphasized the participants' authentic experiences without interpretation.

Giorgi's (2012) descriptive phenomenology method was used to discover the meaning of the phenomenon derived from the data collected from open-ended questions of the participants. I recruited 13 African American women with ADHD from online social groups and websites and interviewed them via telephone or audio conferencing about their experiences with intersectional stigma in the college setting relating to race, gender, and ADHD, and the resources they had used to seek support. Interview transcripts, coding, and thematic analysis were used to determine common themes leading to an understanding of the lived experiences of intersectional stigma in a college setting by African American women with ADHD. Giorgi's analysis method consists of a five-step process which includes (a) examining the transcripts, (b) scientific reduction, (c) delineating psychological meaning units, (d) transferring expression into scientific

meaning, and (e) using the transformed meaning unit expression to describe the psychological structure of the experience.

Definitions

Attention deficit hyperactivity disorder (ADHD): A neurodevelopmental disorder that is primarily diagnosed in children but can persist into adulthood (Leahy, 2018). The symptoms that are most common in those with ADHD are hyperactivity, inattention, and impulsivity (Leahy, 2018; Suades-González et al., 2017).

Executive functioning: The cognitive processes needed to execute objective-guided behavior, including self-monitoring of conduct, organization, and working memory (Molitor et al., 2019).

Heterogeneous: Involving multiple diverse factors and dimensions (Luo et al., 2019).

Hyperkinetic disorder: A more extreme form of ADHD, presenting symptoms that are severe, pervasive, and debilitating (Freedman & Honkasilta, 2017).

Hypermetamorphosis: The inability to maintain focus or to remain still for extended periods (Lanska, 2018).

Imposter syndrome: Self-doubt or a feeling of inadequacy, despite external success (Collins et al., 2020).

Intersectional stigma: A combination of multiple overlapping stigmas imposed on an individual or group, which may negatively affect their social identity and overall quality of life (Turan et al., 2019). Stigmatized characteristics may include race, class, gender, and various disabilities (Turan et al., 2019).

Intersection: Any combination of age, race, class, gender, sexuality, disability, and other factors that form overlapping discrimination and social disparities (Crenshaw, 1991).

Intrapersonal skills: Self-awareness and introspection; the ability to interpret one's thoughts and emotions (Rahimi & Shojaei, 2017).

Marginalization: A person or group being treated as second class citizens (Von Robertson & Chaney, 2017).

Microaggression: Daily comments, insults, actions, and unconsciously realized animosity directed toward members of marginalized groups (Von Robertson & Chaney, 2017).

Neurodevelopmental disorder: Impairment of the brain that affects memory, learning, emotional expression, social interaction, impulse control, and executive functioning (Leahy, 2018; Suades-González et al., 2017).

Assumptions

All research approaches have specific philosophical and methodological assumptions. Assumptions are factors in the study that the researcher believes to be true (Marshall & Rossman, 2016). This qualitative phenomenological study was based on basic qualitative research perspectives, including ontological, epistemological, and rhetorical assumptions. The ontology assumption is that reality is subjective and experienced differently by the participants in the study, meaning that each participant's personal experiences may be perceived differently from other participants' personal experiences and that the researcher must record and incorporate these multiple realities

(Al-Ababneh, 2020). The epistemology assumption is that as the researcher interacts with the subject of that research, the researcher may unknowingly bring assumptions into the research process (Al-Ababneh, 2020). The rhetorical assumption is that the researcher is not truth-seeking but will, instead, record the experiences as described by the participants of the study (Al-Ababneh, 2020). These assumptions may have affected how the data was approached, implied, and interpreted.

It was assumed that the African American college women with ADHD shared a similar experience relative to intersectional stigma. Another assumption is that the participants accurately and candidly recounted their lived experiences of intersectional stigmas. Additionally, it was assumed that the participants (a) had a medical diagnosis of ADHD, (b) attended college for at least one year, (c) were at least 18 years old, (d) were biological females, (e) were African American, (f) had a common experience, (g) had no ulterior motive for participation, and (h) were medically stable. These assumptions were necessary in the context of this study in order to explore the lived experiences of intersectional stigma as described by African American college women with ADHD, while maintaining the participants' privacy and confidentiality.

Scope and Delimitations

The specific aspects of the research problem addressed in this study were African American women with ADHD who attended college and their experiences of intersectional stigma. This focus was chosen because there had been a lack of research on African American women with ADHD who attended college and their experiences of intersectional stigma. The scope and delimitations are boundaries of a study (Qiu &

Gullett, 2017). The participants in this study included African American women with ADHD who were at least 18 years old and had attended at least one year of college. This study did not include individuals of races other than African Americans, children, men, or those who did not have ADHD. Critical race theory was not selected as the research framework of this study because it focused primarily on race (Annamma et al., 2017). Critical race theory does not address the intersectional stigmas experienced by African American college women with ADHD. This research will not be transferable to other races, genders, minors, or those with other learning disabilities.

Limitations

The limitations are factors that may impact the outcome of the study (Almeida et al., 2017). The primary limitations of this study were related to the delimitations that participants were African American women who had ADHD and attended at least one year of college. Consequently, this study is not generalizable to those of other races, males, minors, those who had not attended college, or those who did not have ADHD. Other limitations were related to this study's method, the descriptive phenomenological approach, which focuses on a small number of participants and the lived experience of a specific population. The sample size of this study was therefore small and specific to the population of African American college women with ADHD, which could cause an issue with transferability.

Because I am a middle school teacher of special education children with ADHD and other learning disabilities, biases in the research could have influenced the study's outcome. The measures that were implemented to mitigate potential biases included using

a reflective journal to record my thoughts and feelings digitally. The committee chair reviewed the journal to address any issues that could have influenced the study.

Significance

This study filled a gap in the research literature by focusing on the intersectional stigma experiences of African American college women with ADHD in the context of intersectional stigma. This study was relevant because there has been minimal qualitative research conducted that detailed the intersectional stigma experiences faced by African American college women with ADHD (Guelzow et al., 2017). Furthermore, Srivastava et al. (2017) maintained that informing teachers and the public about ADHD may help lessen the burden of stigma endured by individuals diagnosed with ADHD and increase their social and academic success. This study's findings may lead to positive social change by providing college administrators with a better understanding of African American women's needs and challenges with ADHD and providing data to help develop support and services that will assist this population's academic success.

Summary

African American women with ADHD who attend college may be more likely to encounter intersectional stigmas that are not experienced by other marginalized groups such as African American men or White women who are disabled (Hernández-Saca et al., 2018). As a result, African American women with ADHD who attend college may experience microaggressions, marginalization, and social isolation linked to the intersection of their race, gender, and disability (Crenshaw, 1991). The majority of ADHD literature had limited studies on African American women. Fewer publications

were found on African American college women's microaggression experiences, marginalization, and social isolation related to intersectional stigma and its impact on successful college completion (Mattox & Vinson, 2018). Consequently, there was a need to explore the experiences of intersectional stigma of African American college women with ADHD. Chapter 2 details a comprehensive overview of African American college women with ADHD, and Chapter 3 presents the framework for the methodology and interview instrument used in the study. Chapter 4 reveals the final results of the study. Chapter 5 discusses the implications of the study's findings.

Chapter 2: Literature Review

African American college women with ADHD may experience intersectional stigmas, which can cause problems with social acceptance (Oexle & Corrigan, 2018) and academic advancement. The encounters of intersectional stigma related to women living with ADHD, notwithstanding the marginalization of being African American, can contribute to academic decline and social branding (DuPont-Reyes et al., 2020; Tinklenberg et al., 2018). Additionally, undergrads with ADHD will, in general, experience numerous obstacles in the attempt to maintain academic aptitude (Kwon et al., 2018; Saleh et al., 2018). Moreover, stigma threats may unfavorably influence the assessment result of those living with ADHD (Foy, 2018). Furthermore, women with ADHD encounter cognitive processing challenges in memory, focus, and organization (Holthe & Langvik, 2017; Kaur et al., 2018). Thus, students with ADHD will, in general, have a higher dropout rate than those who do not have ADHD (Caun et al., 2020; Kwon et al., 2018; Tinklenberg et al., 2018).

Goffman (1963) explained that the stigmas linked with the diagnosis of disorders such as ADHD might cause the persons afflicted with these disorders to act in the manners in which they were stigmatized. These demonstrations of conforming to stereotypes may contribute to an absence of social identity and negative self-confidence in individuals afflicted (Goffman, 1963). Tending to the issue of stigma is particularly crucial to women because the symptoms of ADHD in women may be displayed as depression, anxiety, drug and alcohol abuse, and marital and social issues (Holthe & Langvik, 2017).

Previous studies have shown an absence of research on African American college women's experiences with ADHD (e.g., Guelzow et al., 2017; Holthe & Lavick, 2017). Therefore, this qualitative phenomenological study explored African American college women's lived experiences of intersectional stigma based on race, gender, and ADHD. The results of this study may give college administrators a better understanding of the needs of this population.

This chapter includes the strategy for searching for literature on this topic, a review of the literature related to the theoretical framework, the history of ADHD, and ADHD diagnosis, as well as a review of the literature on experiences of African Americans with ADHD, women with ADHD, and African American women with ADHD. This chapter will also outline the college retention rate of those with ADHD and the resources available to assist college students with ADHD.

Literature Search Strategy

The psychology databases I used to gather literature to review were PsycArticles, Psychiatry Online, Psychology Experiments Online, Psychotherapy.net, PsycINFO, SAGE Journals, SocINDEX, Project Muse, JAMA Psychiatry, and ProQuest Central. The education databases used to gather literature to review were Education Source, ERIC, Science Direct, and the Oxford Educational Bibliographies. Other databases that were used to gather literature were Google Scholar, Thoreau, A.D.D. Resource Center (ADDRC), and Children and Adults with Attention-Deficit/Hyper-Activity Disorder (CHADD).

The search terms I used to search each of the databases were the following:

African Americans and ADHD, Black and ADHD, African American Women with ADHD, Black Women with ADHD, African Americans in College, Blacks in College, African American Women in College, Black Women in College, College Women with ADHD, African American College Women with ADHD, Black College Women with ADHD, White Women and Stigma in College, Asian Women and Stigma in College, Hispanic Women and Stigma in College, Learning Disabilities, ADHD and Isolation, Social Stigma Theory, Intersectional Stigma, Experiences of Intersectional Stigma, College Drop-out ADHD, Assistance for ADHD, ADHD Medication, ADHD Testing, ADHD Counseling, and ADHD Life Coach.

There was little available literature on the experiences of intersectional stigma in African American college women. Therefore, the databases were searched using search terms that accessed relevant information on the experiences of stigma in a college setting of women of other races, including Asian women, Hispanic women, White women, and Native American women.

Theoretical Foundation

The theory of social stigma (Goffman, 1963) was the foundation on which this study was grounded. Goffman's theory expressed that a person's attributes, conduct, or physical components such as physical deformities, drug addiction, race, gender, religious affiliation, are stereotyped by society. These stereotypes may cause the individual to be portrayed by others negatively. This negative portrayal may prevent the stigmatized person from receiving total social approval. Goffman separates stigma into three

classifications: the stigma of character traits, the stigma of physical attributes, and the stigma of group identity. The stigma of character traits is identified as undesirable qualities or shortcomings in a person's character, encompassing mental issues, illicit drug use, criminal record, sexual orientation, or political association. The stigma of physical attributes incorporates any physical distortion of the body. The stigma of group identity alludes to a person's group association, such as race, national origin, or religious association. These stigmatizing traits are disqualifiers, causing rejection either partially or entirely of people who might typically have been welcomed into social groups (Goffman, 1963).

The theory of social stigma had previously been utilized to address issues in the areas of race, gender, and mental health (Neel & Lassetter, 2019; Oexle & Corrigan, 2018; Parker, 2018; Young et al., 2019), as well as stigmas associated with substance abuse and intersectionality (Oexle & Corrigan, 2018; O'Shay-Wallace, 2020). Previous research also suggested that individuals with learning difficulties may start to internalize the stigma placed on them by their peers. Guarneri et al. (2019) explained that self-stigma is caused by the affected individual's knowledge that their peers see their disability in a negative light which, in turn, may cause the affected individuals also to see themselves negatively, resulting in a loss of self-esteem. Peer-imposed stigmas and low self-esteem experienced by individuals with learning disabilities are carried over into academic performance. Minev et al. (2018) concluded that there was a strong relationship between self-esteem and academic performance. University students who have high self-esteem tend to be accepted socially by their peers, resulting in higher academic performance than

students who suffer from low self-esteem caused by peer stigmatization and rejection (Minev et al., 2018).

Moreover, parents of children diagnosed with ADHD may be affected by the phenomenon known as courtesy stigma (Goffman, 1963). Courtesy stigma is linked to the fact that the affected person's family is also judged and stigmatized (Goffman, 1963). The mother of the stigmatized person receives most of the courtesy stigma backlash, mainly because she is blamed for the child not thriving (Charbonnier et al., 2019). Courtesy stigma is reinforced by the belief among some that ADHD is not a legitimate disorder (Charbonnier et al., 2019). Additionally, the afflicted person's mother may begin to display signs of affiliate stigma, which is her belief in the stigma that has been placed on her child (Charbonnier et al., 2019). As a result of affiliate stigma, the mothers become embarrassed and exhibit signs of guilt and depression (Charbonnier et al., 2019). The theory of social stigma relates to the present study by allowing African American college women with ADHD to describe their lived experiences of stigma. Goffman's theory of social stigma is the foundation on which the intersectional stigma theory is based.

Conceptual Framework

In the past, many researchers have addressed different types of stigmas individually. However, intersectional refers to any combination of age, race, class, gender, and sexuality, which are factors that present social disparities in the areas of healthcare, education, and employment opportunities (Collins, 2015; DuPont-Reyes et al., 2020). Crenshaw (1991) coined the phrase intersectional stigma to incorporate

disenfranchised African American women and other women of color who faced inequalities on many different levels, including race and gender. Crenshaw stressed that feminist and antiracist campaigns were productive but did not address the combination of inequities that were experienced by women of color.

Intersectional stigma is identified as a combination of multiple overlapping stigmas experienced by an individual or group, which may negatively affect their social identity and overall quality of life (Stergiopoulos et al., 2020). Characteristics that are identified by intersectional stigma are a combination of several stigmas, including race, class, gender, and various disabilities (Frederick & Shifrer, 2019). While the intersectional stigma theory suggests that stigmas affect the experiences of African American women in every part of their lives (Crenshaw, 1991), Turan et al. (2019) explained that multiple stigmas might have long-term adverse effects on the social well-being, as well as the mental and emotional health (Hernández-Saca et al., 2018) of the one being stigmatized. Notwithstanding the revelation that stigmas affect African American women differently than they affect members of other stigmatized groups, such as African American men or White women who are disabled, there has been minimal research conducted in the areas of intersectional stigma encountered by African American women with learning disabilities and their experiences of marginalization and discrimination (Hernández-Saca et al., 2018).

Previous research had used the intersectional theory to examine the stigmas and discrimination that were associated with race, gender, mental health, and socioeconomic status (Harrison, 2017; Oexle & Corrigan, 2018; Opara et al., 2020). However, there was

a need to understand the intersectional stigma experienced by African American college women with ADHD (Hernández-Saca et al., 2018). The following sections will further explore how intersectional stigma theory is applied to African American college women with ADHD.

Literature Review Related to Key Concepts

History of ADHD

Throughout history, the condition now commonly known as ADHD has been referred to by many different names, including hyperkinetic disorder (Banaschewski et al., 2015), hypermetamorphosis (Martinez-Badía, & Martinez-Raga, 2015), unstable nervous system, sanguine personality temperament (Parra & Argibay, 2016), partial moral dementia, minimum brain damage, a malady of attention, and mental instability (Harding, 2017). However, the most recent reference to ADHD was listed in the *Diagnostic and Statistical Manual of Mental Disorders* (5th edition; *DSM-5*) as a disorder of high impulsivity, hyperactivity, or inattention (American Psychological Association [APA], 2013).

The first reference to ADHD has been attributed to the father of medicine, Hippocrates (460-375 B.C.), who claimed that he had observed some patients who could not hold their focus for long on a subject and who reacted quickly toward things around them (CHADD, 2018). Hippocrates theorized that the disorder was caused by diet and prescribed a strict diet of fish and plenty of exercise as treatment (CHADD, 2018).

After Hippocrates, little information was mentioned about the disorder until the late 1700s when Alexander Crichton, a Scottish physician, published his observation of

an inattentive form of ADHD (Crichton, 1798). Crichton stated that those who had this condition tended to have difficulty focusing on a single task for an extended time (CHADD, 2018). In the early 1900s, British pediatrician Sir George Sill (1868-1941) conducted the first study of this hyperkinetic behavior and concluded that the disorder was the result of an organic brain injury (Albrecht et al., 2015). Sill observed that these children had a difficult time controlling their emotions and that more boys displayed these symptoms than girls (CHADD, 2018). Nevertheless, it was not until the year 2000 that the APA published the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, labeling the three different types of ADHD as Predominantly Inattentive Type, Predominantly Hyperactive-Impulsive Type, and ADHD Combined Type (Iannelli, 2019).

Diagnosis of ADHD

The *DSM-5* published 18 common symptoms of ADHD, nine representing the inattentive type and nine representing the hyperactivity/impulsive type, that must persist for at least 6-months before a diagnosis is given (APA, 2013; Leahy, 2018; Suades-González et al., 2017). The criteria for diagnosing inattentive ADHD include the following nine symptoms: (a) Often forgets daily responsibilities such as doing chores, paying bills, or keeping scheduled appointments; (b) distracted easily from tasks; (c) daydream when being spoken to; (d) does not pay close attention to details of a task which contributes to them making needless mistakes at school or work; (e) disorganization causes missed deadlines; (f) may start a task but neglect to complete it, resulting in incomplete schoolwork or work project; (g) trouble maintaining focus on

activities such as lectures or meetings; (h) avoids participating in tasks that require focus for long periods; (i) often misplaces items that are needed to perform daily tasks, such as keys, glasses, and textbooks (APA, 2013).

The criteria that are associated with hyperactivity and impulsivity types of ADHD include the following nine symptoms: (a) Fidgets with hands or feet; (b) difficulty sitting still; (c) runs around and climbs on objects at inappropriate times; (d) unable to play or participate in activities quietly; (e) constantly in motion; (f) talks excessively; (g) interrupt others while they are speaking; (h) difficulty in waiting in line; (i) cannot wait to speak, blurts out answers (APA, 2013). Though children are required to present at least six of the nine symptoms of either type of ADHD, adults tested for the disorder are only required to present five symptoms in two or more settings to be diagnosed with ADHD (Leahy, 2018; Martel et al., 2017). The severity of the disorder is demonstrated by how many symptoms are present for at least 6-months; however, other tests are given to rule out other disorders with similar symptoms as well as to identify disorders that may have comorbidities to ADHD such as depression, anxiety, and other types of learning disabilities (Barkley et al., 2018; Leahy, 2018; Oehrlein et al., 2018). Adults are typically underdiagnosed with ADHD because they usually develop various coping strategies to adapt to their deficiencies (Cherkasova et al., 2020). Additionally, individuals with the hyperactivity/impulsive type of ADHD are more likely to perform poorly on the response inhibition (RI) task than those who do not have ADHD. RI is the ability to control one's impulse to react to stimuli while managing to maintain focus on the task presented (Meza et al., 2016).

Women With ADHD

The symptoms of ADHD are presented differently in women than in men.

Whereas males with ADHD are more likely to display symptoms of impulsivity and hyperactivity, females are more likely to exhibit inattentive symptoms of ADHD (Holthe & Langvik, 2017; Young et al., 2020), which can manifest itself in the cognitive areas of organizational skills, motivation, and executive functioning (de Oliveira & Dias, 2017; Molitor et al., 2019; Young et al., 2020). Stibbe et al. (2020) maintained that women who had been diagnosed with ADHD scored significantly lower on cognitive tests than their male counterparts. Because inattentive ADHD is less disruptive than the impulsive or hyperactivity types of ADHD, women were more often underdiagnosed with inattentive ADHD compared to their male counterpart's diagnoses of ADHD (Holthe & Langvik, 2017).

As a result of women being underdiagnosed with ADHD as children, de Oliveira and Dias (2017) reported that women had become the fastest-growing demographic of both hyperactive/impulsive and inattentive types of ADHD diagnoses, with more than half of the adults diagnosed being women (Young et al., 2020). The symptoms of ADHD displayed by women may become more apparent when coupled with the stressors of managing the obligations of family, career, and school (de Oliveira & Dias, 2017; Young et al., 2020). Furthermore, the stressors experienced by women who have been diagnosed with ADHD are compounded when these women are marginalized by their community for not presenting characteristics that are typically thought of as feminine qualities, such as docility and patience (Holthe & Langvik, 2017). As a result of being stigmatized and

rejected by their community, women with ADHD have a higher occurrence of depression, anxiety, eating disorders, relationship problems, and complications with employment and career advancements compared to their male counterparts (Robinson et al., 2015; Smyth et al., 2015). Though there has been research conducted to reveal differences in ADHD symptoms and diagnosis between men and women, minimum literature has been published to address specifically the impact of ADHD on the lives of women living with ADHD (Guelzow et al., 2017).

The Impact of ADHD on Women's Lives

Women diagnosed with ADHD as children are more likely than men to carry symptoms of ADHD into adulthood (Holthe & Langvik, 2017). These ADHD symptoms may impact multiple domains of a woman's life, which can consist of her socio-economic circumstance, physical and psychological well-being, and social acceptance (Guelzow et al., 2017; Young et al., 2020). Women with ADHD are twice as likely to fall into a lower socio-economic class than women who do not have ADHD (Guelzow et al., 2017; Holthe & Langvik, 2017). Similarly, because of untreated ADHD, women with ADHD have a higher prevalence of health and psychological problems, including drug abuse, sleep issues, depression, and anxiety, as well as a higher occurrence of suicide attempts and self-injury (Meza et al., 2016). Moreover, ADHD is related to increased problems with relationships as well as complications with social interactions in social groups (Kaur et al., 2018; Meza et al., 2016).

College Women and ADHD

College women who are living with ADHD are faced with many academic challenges such as difficulties in the areas of concentration, motivation, organization, assignment completion, maintaining grades, and completing their college degree, compared to students who do not have ADHD (Saleh et al., 2018; Tinklenberg et al., 2018). Additionally, students with ADHD have experienced difficulties in the social areas of fitting in, making and keeping friends, peer acceptance, self-esteem, and intrapersonal skills (Kaur et al., 2018; Rahimi & Shojaei, 2017). These social factors may place college women with ADHD at a higher risk of sexual victimization.

Symptoms of ADHD in college women, such as deficits in social cognition and impulsiveness, may increase their vulnerability to sexual predators (Thoma et al., 2020). As a result of their compromised cognition and socialization, these women are placed at a higher risk of being sexually assaulted by their significant others, with 16.5% experiencing sexual assault compared to 10.3% of college women who do not have ADHD (Wymbs & Gidycz, 2020). Moreover, in their eagerness to make friends and avoid social isolation, college women with ADHD may not perceive the dangers of being exposed to sexual predators, leaving themselves vulnerable to sexual victimization (Scherer, 2020).

African Americans and ADHD

Though there has been limited research on African Americans and ADHD, recent data has determined that there are significant ethnic and racial disparities in ADHD diagnoses (Mattox & Vinson, 2018). There is an even distribution of ADHD across

ethnic and racial groups; however, Whites are diagnosed with ADHD two-thirds more often than their African American counterparts primarily because of many African Americans' limited access to educational referrals and medical referrals, as well as their fear of social ostracism from their community (Alvarado & Modesto-Lowe, 2017). Other variables that impact the disparities in ADHD diagnoses in the African American community include limited income, inadequate insurance resources, and fear of being labeled with multiple stigmas (Alvarado & Modesto-Lowe, 2017; Foy, 2018).

African Americans with ADHD are more likely to experience the school to prison phenomenon than Whites with ADHD (Mattox & Vinson, 2018). This disparity in school-to-prison rates is due primarily to the fact that African Americans are less likely to be treated for ADHD because of the stigma that may be placed on them (Glynn & Schaller, 2017; Mattox & Vinson, 2018; Thurston et al., 2018). The lack of treatment may cause the affected African Americans to drop out of school and encounter legal problems (Mattox & Vinson, 2018). To avoid legal peril, the African American family must get involved in the treatment process by taking the necessary medication and undergoing behavior therapy (Glynn & Schaller, 2017; Mattox & Vinson, 2018).

African American Parents of Children with ADHD

African American parents tend to be less likely to allow their children to be tested for ADHD for fear that their children may be misdiagnosed, stigmatized, and unnecessarily placed in special education classes (Alvarado & Modesto-Lowe, 2017; Thurston et al., 2018). Additionally, African American children who are tested for ADHD are more likely to be over-diagnosed with Conduct Disorder (CD) than White

children with similar symptoms diagnosed with ADHD (Alvarado & Modesto-Lowe, 2017; Lawson et al., 2017). As a result, this disparity in the appropriate diagnoses in African American children as opposed to their White counterparts have reduced access to needed medication and academic support (Coker et al., 2016; Mattox & Vinson, 2018).

African American parents are apprehensive about allowing their children to be evaluated for ADHD for fear that their children may be ostracized or become victims of discrimination (Mattox & Vinson, 2018; Thurston et al., 2018). However, ADHD should be addressed early so that cognitive and learning issues do not cause long-term academic deterioration (Mattox & Vinson, 2018). The diagnosis of ADHD will allow affected children to receive Individual Education Plan's (IEP), which will give them access to needed academic support to be academically successful (Mattox & Vinson, 2018). An IEP may include additional time allotted to complete assignments and exams, a quiet location to take exams, the opportunity to use audio recording devices, computers, or notetakers to document lectures, and tutoring services to help support children with an ADHD diagnosis (Mattox & Vinson, 2018).

An IEP can also be used to adapt the curriculum to the learning style that best fit the way in which the student learns best. Sfrisi et al. (2017) demonstrated that when a student with ADHD is taught in a learning style that is best suited for them, they showed academic improvement. Furthermore, according to Najafi et al. (2017), teaching children with ADHD in the multiple intelligence or learning style they best learn can increase self-esteem and decrease behavior problems.

African American children are less likely to be placed on needed medication that may help to alleviate some of the symptoms of ADHD because they fear the stigma of addiction (Lawson et al., 2017; Mattox & Vinson, 2018). The lack of medication makes it more likely that African American children may have disciplinary problems related to their ADHD and academic failure and a higher drop-out rate than their White counterparts who receive medication (Mattox & Vinson, 2018). The African American children who do receive needed medication and behavior therapy tend to have a higher rate of treatment discontinuance than their White counterparts due to African American children not receiving follow-up and maintenance treatment due to lack of medical coverage and lack of support from the school and the community (Mattox & Vinson, 2018).

African American Women with ADHD

African American women living with ADHD must endure the stigma of being women living with ADHD, compounded by the stigma of being African Americans living with ADHD (Taylor & Richards, 2019). This unique combination of being both women and African Americans presents unique challenges to the experiences of living with ADHD. Because of the stigmas that are attached to a) being an African American, b) being a woman, and c) having a learning disability, being an African American woman with a learning disability is considered a triple threat (Crenshaw, 1995). However, the intersection of being an African American woman has mostly been overlooked by placing this group in the gender category or the race category (Crenshaw, 1995). Moreover, the theories developed to address the combined challenges of being a woman of color, such

as critical race and black feminist (Crenshaw, 1995), have not included the additional factor of disability when addressing elements of intersection.

African Americans in College

Obtaining a college degree has long been believed to be the path to social and financial advancement in the African American community (McCloud, 2019). Though African Americans represent approximately 15 percent of students who are enrolled in college (Snyder et al., 2018), the journey in the pursuit of higher education has been challenging for African Americans (McCloud, 2019). Although African Americans' access to college has increased, there have been disparities between African Americans and Whites in the areas of enrollment retention and degree completion (National Center for Education Statistics, 2018). The National Center for Educational Statistics (NCES) (2018) illustrates that the graduation rate of African American students from a four-year university was 41% compared to 63% for White graduates.

Moreover, many African Americans face the challenges associated with being first-generation college students. Fourteen percent of all first-generation college students are African American (U.S. Department of Education, 2017). Studies have shown that once they enter college, first-generation African American college students are more likely to experience isolation, exclusion, and imposter syndrome than their White counterparts who are not first-generation college students (Malott et al., 2020). First-generation African American college students often lack the preparation needed to navigate the campus culture, such as where to look for social, emotional, academic

assistance and how to deal with experiences of racism and microaggressions (Malott et al., 2020).

African American students are also faced with many other obstacles when pursuing a college degree (Campbell et al., 2019; Primm, 2018). Challenges that are encountered by African American college students include financial barriers, lack of social support, unfamiliarity with college norms, stereotypes, and lack of connection with faculty, and unwelcoming campus climate demonstrated in acts of racial discrimination (Primm, 2018). Additionally, African American students have reported encountering hostility from both students and faculty, based on gender and race, that significantly impacted their academic success and social acclimation (Cénat et al., 2021; Von Robertson & Chaney, 2017).

Experiences of Hostility and Isolation

Many African American college students described their experiences on college campuses, particularly White campuses, as unwelcoming and unsupportive, often resulting in feelings of social marginalization and inadequacy (Lige et al., 2017; Von Robertson & Chaney, 2017). As a result, many African American students have reported exclusion and social isolation in sports, dramatic productions, clubs, dorms, and the dining hall (Stewart, 2018). These feelings of isolation experienced by African American students can lead to difficulties in the students acclimating to campus life (Brown et al., 2017; Primm, 2018).

Moreover, African American students have also reported that experiences of being treated as unintelligent and with low expectations by their schools' counselors,

faculty, and other staff members have created barriers to their academic and social success (Cénat et al., 2020; Primm, 2018; Von Robertson & Chaney, 2017). Stereotypes and rejection of African American students by the college staff may also give them a feeling of not belonging or acceptance, further impeding the academic progress of these African American students (Lige et al., 2017; Von Robertson & Chaney, 2017). The feelings of rejection experienced by African American students can eventually lead to antisocial behavior and a higher drop-out rate amongst African American students (Primm, 2018).

To overcome feelings of isolation, stereotypes, and academic failure, Primm (2018) recommended that African American students be proactive in their college experience. African American students can overcome some of their academic and social obstacles by making appointments with their professors to understand what is expected (Kwon, 2018). It is also imperative that African American students take advantage of resources such as academic tutoring and counseling and attempt social integration by establishing relationships with their peers in culturally significant programs (Von Robertson & Chaney, 2017). While establishing ways to integrate African Americans into the college community is essential for their academic and social success, it is equally vital that the intersecting characteristics of African Americans, such as gender, also be considered.

African American Women in College

African American women's college enrollment has been on a steady incline for the past ten years, resulting in African American women representing a majority of the

African American college enrollees, eclipsing their African American male counterparts by a margin of 2:1 (Winkle-Wagner, 2015). Additionally, African American women earned 65% of the Bachelor of Arts degrees received by African American graduates (National Center for Education Statistics, 2018). However, African American college women face many challenges that may affect their self-identity and academic success (Patton et al., 2016).

Most studies that address African Americans' experiences in college either address only African American men's experience or include African American women as the same as African American men (Patton et al., 2016). However, African American women's college experiences are significantly different from those of African American men (Johnson & Reynolds, 2018; Patton et al., 2016). According to Winkle-Wagner (2015), African American college women occupy the intersection of both race and gender in marginalized groups, which can contribute to specific academic and social challenges that can affect the overall well-being.

Intersection of African American College Women with ADHD

Though there has been literature published on African Americans, college women, and ADHD, there has been a limited amount of literature produced that addresses the subject of the intersection of African American college women with ADHD. Crenshaw (1991) explained that the experiences of African American women are different from those of White women; consequently, sexism may be experienced differently by African American women compared to their White counterparts. Conversely, African American women's experiences are different from those of African

American men; accordingly, racism may be experienced differently by African American women than African American men (Crenshaw, 1991; Johnson & Reynolds, 2018).

Therefore, being an African American and a woman presents a unique set of issues that differ from those of White women or African American men (Hernández-Saca et al., 2018).

African American women are the symbolic crossing of the roads of being a woman and an African American, hence the term intersection (Crenshaw, 1991). When the road of having a learning disability, such as ADHD, intersects the preexisting intersection of being an African American woman, the interlocking oppressions of discrimination and marginalization may tarnish her college experience (Hernández-Saca et al., 2018). The hostile learning environment can cause African American college women with ADHD to feel isolated and stigmatized, which may negatively affect their overall mental, emotional, and social wellbeing (Hernández-Saca et al., 2018; Stergiopoulos et al., 2020). Canu et al. (2020) and Donovan and Guillory (2017) explained that the combination of the effects of intersectional discrimination experienced by African American college women with ADHD might contribute to the type of disconnect that can contribute to academic failure and may eventually lead to early withdrawal from college.

ADHD College Retention Rate

College students who present consistent symptoms of ADHD may experience academic impairments that may lead to higher class withdrawal rates, higher academic probation occurrences, and ultimately lower retention rates than students who do not have

ADHD (Agnew-Blais et al., 2016; Ahmann et al., 2018; Saleh et al., 2018; Tinklenberg et al., 2018). Additionally, Donovan and Guillory (2017) surmised that as a result of stereotypes, marginalization, and discriminatory practices, African American women's college experiences might cause psychological stress and social isolation, which may contribute to them dropping out of school early. D'Alessio and Banerjee (2016) explained that students' self-confidence, how they handle discrimination, study skills, and their social interactions have a more significant effect on student retention rates than their grades. Therefore, to avoid dropping out of college, students who have ADHD must seek assistance in academic accommodations, academic counseling, and ADHD coaching, which can help with academic and social issues (D'Alessio & Banerjee, 2016).

Seeking Assistance for ADHD

Students with ADHD often utilize support services available to them by the Disabled Student Services (DSS) of their university (Gormley et al., 2016). The types of accommodation provided to students in need of support may include preferred seating in the classroom, allowing the use of recording devices and laptop computers to record lectures, access to professor's notes, and additional time to complete assignments and exams (Ahmann et al., 2018). The university support services are vital because resilience theory affirms that academic accommodations can contribute to academic success among college students with disabilities (Ganguly & Perera, 2019; Srivastava et al., 2017).

Though these support services are made available to students with learning disabilities, many do not use the services offered or opt to seek help from sources outside of school for fear of being stigmatized (Ahmann et al., 2018; Yates et al., 2015). African

American college students with ADHD may also forgo pursuing academic accommodations for fear of being stigmatized, stereotyped, or subjected to other forms of microaggressions (D'Alessio & Banerjee, 2016). However, Gormley et al. (2016) maintained that if African American students accept the provided services and effective communication with faculty, they are more likely to have a more successful outcome than if they do not take these steps.

ADHD Coach

To maintain retention of students with ADHD, D'Alessio, and Banerjee (2016) recommended that African American college students with ADHD utilize the services of an ADHD coach. ADHD coaching is a system of techniques designed as interventions to help assist and support students diagnosed with ADHD (Prevatt et al., 2017). These coaching interventions may include developing strategies that will help the impaired students deal with the challenges and limitations of their impairment (Gatlin et al., 2016; Prevatt et al., 2017). Some skills developed during coaching sessions are strategies that will help the student with planning, study skills, effective time management, organizational skills, completing tasks, and problem-solving (Gatlin et al., 2016; Prevatt et al., 2017).

Review and Synthesis

ADHD can affect cognitive processing, organization, motivation, and executive functioning throughout the life of the individual (de Oliveira & Dias, 2017; Molitor et al., 2019; Young et al., 2020). Moreover, intersectional stigma experiences can have a profound effect on the lives of African American women with ADHD who attend college

(Renshaw, 1995; Turan et al., 2019). Microaggression experiences, marginalization, social isolation, and academic challenges of African American college women with ADHD can lead to academic failure and a lower graduation rate than those who do not experience intersectional stigma (Tinklenberg et al., 2018). This study is meaningful because it will emphasize the challenges specific to African American women with ADHD who attend college as described in their own words.

Summary

The theory of intersectional stigma addresses the challenges that are experienced by African American college women with ADHD. Previous research regarding African American college students with ADHD is limited. Research that incorporates African American college women with ADHD is even more scarce. A majority of the research that is directed toward ADHD college experiences focuses extensively on White students. The literature reviewed in this chapter explored factors such as diagnosing ADHD, the impact of ADHD on women's lives, intersection of African American college women with ADHD, experiences of hostility and isolation, college retention barriers of African American women with ADHD, and ADHD coaching. The present study will fill at least one gap in the literature and will extend knowledge in the discipline by adding the described experiences of intersectional stigma encountered by African American college women with ADHD. A more comprehensive study is needed to explore further the intersectional stigma experiences of African American college women diagnosed with ADHD. This study may help assist African American college women diagnosed with

ADHD to understand the barriers encountered and available resources. Chapter 3 details the qualitative method and instrument that will be used.

Chapter 3: Research Method

This chapter is dedicated to the methodological process I used to navigate through the research process. The purpose of this qualitative phenomenological study was to explore the lived experiences of African American college women who had encountered intersectional stigma based on race, gender, and ADHD. There has been minimal research published concerning the intersection of the experiences of African American women who had been diagnosed with a learning disability as it pertains to the college environment. By conducting comprehensive interviews with individuals (Sundler, 2019), researchers using the descriptive phenomenological method can gain a rich, in-depth understanding (Giorgi, 2012) of the lived experiences of stigma by African American women who have been diagnosed with ADHD. In this chapter, I present the research design and the rationale for using a descriptive phenomenological approach to explore the research question, as well as my role as the researcher, recruitment of participants for the target population, instrumentation, data collection methods used, and data analysis. The chapter concludes with a discussion of issues of trustworthiness and ethical procedures for protecting participants' data and with a summary.

Research Design and Rationale

RQ: How do African American college women with ADHD describe their lived experiences of intersectional stigmas?

The qualitative method was selected for this study because I determined that it was the most appropriate design for exploring the lived experiences of the participants. The quantitative design was not suitable for this study because the quantitative design

utilizes numerical data, closed-ended questions, and hypotheses (Englander, 2020), and therefore would not have allowed for the open-ended questions and in-depth interviews that were required to understand the lived experience of the participants of the study. Moreover, the present study explored the experience of the intersectional stigmas encountered by African American college women with ADHD; it was not intended to prove or disprove a hypothesis (Al-Ababneh, 2020; Clark & Veale, 2018).

The descriptive phenomenological approach was selected for this study because this approach allows researchers to document a first-person account of shared experiences. The interpretive phenomenological approach would not have been appropriate because it requires an interpretation of the participants' experiences (DuPont-Reyes et al., 2020), whereas this study emphasizes the participants' authentic experiences without interpretation. The descriptive phenomenological approach was best suited to explore the complexities of the lived experiences of African American college women with ADHD who shared a collective experience of intersectional stigmas. Giorgi's (2012) descriptive phenomenological approach allowed the participants to detail their lived experiences of the intersectional stigmas of race, gender, and the learning disability of ADHD in open-ended semistructured interviews.

The aim of the current study was to explore the lived experiences of a small sample of African American college women who had been diagnosed with ADHD to increase awareness of the intersectional stigma experiences they may face. The qualitative descriptive research design (Giorgi, 2012) allowed me to ask detailed open-ended questions concerning the participants' experiences of intersectional stigma

encountered in their interactions with fellow students, faculty, and the staff of their school. The qualitative descriptive research design permitted me to attain an in-depth description of the participants' lived experiences (Clark & Vealé, 2018). Using a purposive sampling approach (Gentles et al., 2015), I specifically recruited African American college women with ADHD. A purposive sample ensured that the participants who met the criteria of the study were selected to participate in the research. Interview transcripts were reviewed and assigned meaning unit numbers. I used thematic analysis following Giorgi's (2012) procedures to determine common themes, which led to an understanding of the lived experiences of intersectional stigma in a college setting by African American women with ADHD.

Role of the Researcher

The qualitative researcher observes, interviews, extracts meaning units objectively, and analyzes the data collected to present an accurate representation of the research (Giorgi, 2012). I was responsible for identifying, and recruiting participants who fit the criteria stated. I made sure that the participants had a clear understanding of the process and of their right to withdraw from the study at any time. I ensured that consent forms were thoroughly explained to the participants and that all their concerns were addressed before they signed the consent forms (Jenkins et al., 2020). As the researcher, it was crucial that I protected the participants' identity and maintained respect for person, beneficence, and justice (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). To avoid bias or other ethical issues and to ensure integrity, I applied bracketing to help prevent prejudgment. Bracketing is the

process of the researcher setting aside personal biases so that they may document a phenomenon exactly as experienced and described by participants of the study (Gutland, 2018). Additionally, I kept a reflective journal during data analysis to monitor potential bias.

Qualitative Methodology

For this study, I used a descriptive phenomenological qualitative method (Giorgi, 2012) to examine intersectional stigmas experienced by African American college women with ADHD. This methodological framework allowed me to stay focused on the participants' lived experiences as described from their point of view (Englander, 2020). Conducting comprehensive one-on-one interviews with a small number of individuals allowed me to gain an understanding of the lived experiences of the stigma of African American college women with ADHD. These descriptive accounts included the external experiences of the participants as well as the internal intersectional stigma experiences of the participants (Giorgi, 2012).

Population and Sampling Procedures

To select the participants for this study, I used purposeful sampling, a type of qualitative sampling that helps to give insight to the research problem and research question of the study (Gentles et al., 2015). Van Rijnsoever (2017) identifies purposeful sampling as the researcher deliberately selecting participants based on their ability to add rich and relevant details to their account of their experiences of the phenomenon. The target population for participants for this study was African American college women with ADHD.

A purposeful sample of 13 African American women with self-reported ADHD, who had attended at least one year of college, was obtained by recruiting participants from Facebook ADHD social media groups, Walden University Participation Pool, and snowball referrals. Because the selection criteria were specific to African American women, the study results are not generalizable to those of other races, men, or children. The primary goal was to continue sampling and interviewing participants until saturation was reached (Van Rijnsouwer, 2017).

Inclusion and Exclusion Criteria

The criteria for an individual to be included in this study were that each participant must be an African American woman with ADHD who was at least 18 years old. The participant had to be able to speak and understand English and have completed at least one year of college. Exclusion criteria for participation in the study were men and those who were of races other than African American; did not have ADHD; were not 18 years old or older; were not able to speak and understand English; had not attended college for at least one year; and had mental or physical health issues that would have affected the interview process. All criteria for inclusion were met before an individual was considered for participation in the study (Korstjens & Moser, 2018). If an individual satisfied any of the exclusion criteria listed, they were disqualified from the study.

Instrumentation

It was essential to select the proper instrument so that the data collected from the participants was accurate and precise. As the researcher, I was the primary instrument for this study. Due to this study's nature, collecting data through open-ended semistructured

interviews was the appropriate choice for this research (Englander, 2020). I developed the interview instrument from information gathered from literature research; it consisted of 3 interview questions with probes (see Appendix). The interview questions aligned with the research question of how African American college women with ADHD described their lived experiences with intersectional stigmas of race, gender, and ADHD. The data collection instrument included notetaking while on video conferencing or telephone. According to Gray et al. (2020), video conferencing provides a convenient, accessible, time-saving option for the interview process. The interviews were video or audio recorded.

Procedures for Recruitment, Participation, and Data Collection

The participants were selected based on whether they met the criteria of being an African American woman with ADHD who attended at least one year of college. Also, the participants had to be able to speak and understand English. Participants were recruited from ADHD support groups, social media sites like Facebook, and snowball referrals. A telephone number and an email address for the prospective participants to contact me for an initial interview were provided. I conducted preliminary interviews to ensure that prospective participants met the inclusion criteria (Qiu & Gullett, 2017). An overview of the purpose and the design of the study was reviewed with the prospective participant, and any questions or concerns that the prospective participant had were addressed. Once preliminary inclusion criteria had been met, consent was given by the prospective participant to participate in a private interview. To ensure saturation, I had planned to conduct the study by selecting 8–10 African American women with ADHD

who had completed at least one year of college. However, the eventual sample size was 13, and saturation was attained. Data saturation is the act of adding participants and data until no new information is discovered (Guest et al., 2020).

Data collection utilized Giorgi's descriptive phenomenology method. Giorgi's method was derived from Husserl's descriptive phenomenological philosophy (Giorgi, 2012). Husserl's phenomenological method utilized *epoché* or "bracketing" to set aside the researcher's personal biases so that the explored phenomenon may be recorded exactly as lived, experienced, and described by the participants of the study (Gutland, 2018). Data collection consisted of presenting in-depth, open-ended questions created by me (see Appendix). The video conference or telephone interviews were digitally recorded for reference and the accuracy of the analysis. Each interview lasted approximately one hour. The participant was offered a \$10.00 digital gift card as an appreciation for participating in the study. Following the interview, each participant was debriefed about her experience with the interview. If distressing feelings and emotions arose, a list of counseling services was provided if the participant needed to speak to someone to help process her feelings.

Qualitative Data Analysis Plan

Data collection consisted of in-depth, open-ended questions presented to the participants (Giorgi, 2012). The interviews were digitally recorded for reference and accuracy of the analysis. The interview was conducted via video conferencing at a time and place convenient and comfortable for the participant and me. Each digitally recorded interview was reviewed and carefully transcribed verbatim. The transcripts were analyzed

using Giorgi's (2012) descriptive phenomenological psychological analysis method, the purpose of which is to discover the meaning of a phenomenon by identifying themes derived from the open-ended questions. This analysis method consisted of the following five-step process:

1. Examining the transcripts. The first step was to read the transcript to gain a sense of the situation. When reviewing the transcripts, I assumed the phenomenological attitude by bracketing my presumptions to allow myself to record the data as it was originally presented, without the interference of my personal biases (Giorgi, 2012; Gutland, 2018).
2. Scientific reduction. The second step was to assume the attitude of the scientific phenomenological reduction. I reread the transcripts and divided the descriptions into identifying meaningful units of the participants' experiences. The meaningful units were recorded as described by the participant without the interjection of my critical reflection (Giorgi, 2012).
3. Delineating psychological meaning units. The third step was the demarcation of the "meaning units". This step was meant to further divide the "meaning units" into manageable parts. Each meaning unit was numbered and a demarcation, indicated by a forward slash, was placed between the meaning units (Giorgi, 2012).
4. Transferring expression into scientific meaning. The fourth step was intuiting and transforming expression into psychological meanings. The meaning units were transformed from the first-person to the third person, while maintaining

the content and meaning of the participants' experiences. The third-person transformation facilitated my ability to continue the phenomenological attitude (Giorgi, 2012).

5. Using transformed meaning unit expressions to describe the psychological structure of the experience. Synthesis was achieved by identifying statements that were similar even through the experiences were unique to each participant (Giorgi, 2012).

Bracketing was used throughout the analysis process to ensure that personal bias was set aside, and the data will be viewed in its original state as it was intended to be viewed (Gutland, 2018). The goal of the thematic analysis was to gain an understanding of a developed theme (Sundler, 2019) of intersectional stigma experienced by African American college women with ADHD.

Issues of Trustworthiness

Trustworthiness

To ensure trustworthiness, the study must be credible, transferable, confirmable, and dependable so that it may be replicated (Lemon & Hayes, 2020). To ensure trustworthiness was achieved, I regularly referenced the research question to ensure that the research was in line with the research question. The quality of the research was necessary to produce a final product that was substantive. Therefore, asking the same consistent questions of each participant was imperative to help ensure the trustworthiness of the study.

Credibility

The study's credibility was a crucial portion of the research design, which was achieved by triangulating the data collecting process (Shufutinsky, 2020). I interviewed multiple participants to ensure the triangulation of the data collected and to enhance the credibility of the research. The interviews were recorded digitally and transcribed verbatim. Detailed written fieldnotes of the interviews were also recorded to heighten credibility. Frequent communication was maintained with my chair and committee member to ensure additional validity.

Transferability

To achieve the transferability of the findings of this study, I applied thick descriptions by providing detailed descriptions of the method, data collection, and analysis process of the study. Kyngäs et al. (2020) suggested that the information provided will allow future researchers to select specific parts of the research and transfer them while taking notice of the different factors instead of duplicating the study. The study may be transferable to African American women with other types of learning disabilities.

Dependability

The concept of dependability relies on this research's ability to remain homogeneous and steady over time (Graneheim et al., 2017). The dependability of the study was established by implementing the use of an audit trail. The audit trail provided a detailed record of the research process by documenting the steps taken during the research process. The audit trail included the methodology used in the study, the

participants' characteristics, and the analysis and summary of the data collected from the interviews.

Confirmability

The steps followed to provide confirmability were very similar to the steps needed to establish dependability. Therefore, the audit trail approach was again used to establish confirmability of the results of this study (Abdalla et al., 2018). Diary notes documented the research process from the development of the methodology to the analysis of the data collected. A detailed journal was maintained to note any biases and to preserve confirmability.

Ethical Procedures

The APA Code of Ethics (2013) requires APA members to adhere to strict ethical standards. Ethical standards must be maintained to guard against threats to the well-being of human subjects (NIMH, 2015). These regulations support the principle of beneficence and justice (NIMH, 2015). Because the current study involves human subjects, I took extra care to maintain confidentiality.

Agreements

After gaining clearance from IRB to commence with data collection, I will request six ADHD website administrators to post a flyer to recruit members of the forum who are African American college women with ADHD. The websites that I would request to post will be (a) African American ADD, ADHD, Asperger, HF Autism Parent Support, (b) African Americans with ADHD, (c) Women With ADD/ADHD, (d) InATTENTIVE ADHD/ADD ADULT - Info and support group, (e) Older / Senior

Adults with ADD / ADHD, and (f) Parents of College Bound Kiddos with ADHD. The intent of the request to post the recruitment ad on the site would be to access the needed target population for data collection.

Treatment of Human Participants

The participants for this study will be recruited from online forums dedicated to serving the ADHD community. The ad posting will include my name and the type of study that will be conducted. The flyer will include my email address and my telephone number so that qualifying participants may contact me regarding the research. An informed consent form will be emailed to all eligible participants. The informed consent form will consist of full disclosure about the purpose of the study and how the data collected would be used (Xu et al., 2020). The participant would be aware of any potential risks that may be encountered as a result of participating in the study. The consent form would also explain that participation in the study is entirely voluntary and that the participant may withdraw from participating in the study at any time, for any reason, without repercussions (Arifin, 2018).

Treatment of Data

Data collected from participants in the study will be kept classified. Privacy would be secured by removing any information that may reveal the identity of the participant. Identifiable information that may be withheld includes names, addresses, telephone numbers, email addresses, and any other identifiable feature that may compromise the participant's confidentiality. To identify participants, each participant will be assigned an alias name from a pseudonym generator. All data collected will be

stored on a password-protected database (Liu et al., 2020). The data collected will be maintained for five years and then destroyed by shredding, deleting software, or physically destroying thumb drives (APA, 2013).

Threats to Trustworthiness

To minimize threats to trustworthiness, I will prevent biases by recording interviews (Mohajan, 2017). The recorded interviews ensured that the participants' responses were accurately transcribed. The chair and dissertation committee member will further review my interview instrument, interview transcripts, and data analysis to ensure minimum bias'.

Summary

This chapter concentrated on the research design, research approach, and rationale for conducting the research. The qualitative descriptive phenomenology is appropriate for exploring the intersectional stigma experienced by African American college women who have been diagnosed with ADHD. The chapter provided descriptive details of the research process research design and rationale, my role as the researcher, criteria for recruiting participants, trust and validity, and data analysis. Chapter 4 begins with an overview of the section that will be included in the chapter. Chapter 4 also includes identifying meaning units and themes.

Chapter 4: Results

Studies have shown that ADHD is diagnosed in African American adults more often than adults of other ethnicities (Cénat et al., 2021). Additionally, African American women with ADHD who attend college are met with the stigma of the simultaneous challenges related to race, gender, and disability (Brown et al., 2017). Furthermore, Cénat et al. (2021) noted that symptoms of ADHD worsen in adults who are marginalized because they possess an intersection of a stigmatized race and gender. As a result, Canu et al. (2020) and Cénat et al. (2021) explained that African American college women with ADHD who experience intersectional stigma related to race, gender, and disability are more likely to encounter delays in graduation compared to their counterparts who have not experienced the stigma of race, gender, and disability.

Previous studies conducted concerning the experiences of women who had been diagnosed with ADHD (e.g., Guelzow et al., 2017; Holthe & Lavick, 2017) did not cover intersectional stigma experienced by African American college women diagnosed with ADHD. The purpose of this study was to explore the lived experiences of African American college women who had encountered intersectional stigma based on race, gender, and ADHD. Giorgi's five-step descriptive phenomenological method was used to collect data through 13 semistructured interviews, including 12 telephone interviews and one secure internet audio conferencing interview. The following research question was used to guide the data collection: How do African American college women with ADHD describe their lived experiences of intersectional stigmas?

Chapter 4 includes an in-depth description of the findings from this study, the research setting, and participants' demographics. This chapter also includes a discussion of data collection, data analysis, and evidence of trustworthiness. Chapter 4 will conclude with a report of the study's results, followed by a summary of the chapter.

Setting

Because participants were recruited from across the country, I offered the participants the option to participate in the study via telephone or through video/audio conferencing. Twelve of the thirteen participants elected to participate in the interview via telephone, and one opted for a secure audio conference via the internet. I conducted each interview from a quiet and private location. The participants were also encouraged to choose a quiet area, away from distractions, ensuring privacy and allowing freedom to participate in the interviews openly and honestly. No conditions were present at the time of data collection that influenced the participants' responses or the interpretation of the results.

Demographics

Initially, 22 prospective participants contacted me in response to my recruitment flyer requesting participants for the study. I sent, via email, a copy of the consent form to these prospective participants for review. Although 17 of these individuals initially consented to the terms of the consent form, only 14 participants agreed to continue with their participation in the study. One of the interviews resulted in technical difficulties, which resulted in the participant being removed from the study. The study concluded

with a total of 13 participants to ensure saturation. According to Guest et al. (2020), data saturation is essential to ensure that no new information is discovered.

All participants confirmed that they met the eligibility criteria through verbal self-reporting. All participants were adult African American women 18 years of age or older. Participants reported a diagnosis of ADHD and had attended at least one year of college. Each participant was assigned an alphanumeric identity (i.e., P1–P13) to ensure confidentiality. Table 1 displays the participant, ADHD type, when diagnosed (i.e., child or adult), and each participant’s highest level of education.

Table 1

Participant Demographics

Participant	ADHD type	Diagnosed	Highest education
P1	Hyper	Child	PhD
P2	Hyper	Child	BA
P3	Inattentive	Adult	MA
P4	Inattentive	Adult	AA
P5	Hyper	Child	Some college
P6	Inattentive	Adult	AA
P7	Inattentive	Adult	BA
P8	Hyper	Adult	MA
P9	Combination	Adult	MA
P10	Inattentive	Adult	BA
P11	Inattentive	Adult	MA
P12	Hyper	Child	MA
P13	Inattentive	Adult	PhD

Of the 13 participants, five (38%) were diagnosed with hyper ADHD, seven (54%) with inattentive ADHD, and one (8%) with combination ADHD. Four (31%) participants were diagnosed as children, and nine (69%) were diagnosed as adults. The

highest education attained by participants was one (8%) attended some college, two (15.5%) associate degrees, three (23%) bachelor's degrees, five (38%) master's degrees, and two (15.5%) doctoral degrees.

Data Collection

The primary data collection method used for this study was semistructured interviews developed around interview questions. The instrument used to conduct the interviews was a self-created interview guide (see Appendix) to explore the intersectional stigma experiences of African American college women with ADHD. I began the data collection process on May 12, 2021, upon receiving Walden University's IRB approval (#05-12-21-0541355). Data collection concluded on June 23, 2021.

I contacted the administrators of several Facebook sites specializing in African Americans and women with ADHD. I explained the purpose of the study and requested permission to post my flyer on their site to recruit participants for the research. Once the site's administrators granted permission, the flyer was posted on the sites for recruitment purposes. One site administrator commented that they did not allow solicitations but granted me an exception because they wanted to support the study. The research information was also posted in the Walden University recruitment pool to recruit interested participants who met the eligibility requirements. I created a secure spreadsheet to document the appointed dates and times of potential participants' consent forms and interviews. A total of 13 participants who met the eligibility requirements were selected to participate in the data collection portion of the study.

Once the 13 participants agreed to the terms of the consent form via email, the interview was scheduled. Twelve participants preferred telephone interviews and were asked to provide a phone number and day and time of availability for an interview. One participant chose an internet audio conference and provided her contact information and a day and time of availability for an interview. I contacted participants at the time of the scheduled interview. I began by reviewing the study's purpose and reiterating that the participants had the option to opt-out of the study at any time, for any reason. Each participant was assured that their identity would be protected and that an alphanumeric identity would be assigned to ensure confidentiality. Before proceeding to the interview, the participants were asked if they had any questions concerning the consent form or the nature of the study. The participants presented no questions or concerns and agreed to proceed to the interview phase of the study. I asked for and was granted consent to record the interview session. I also took detailed field notes during the data collection phase of the study.

The interview instrument consisted of three questions to gain an understanding of the experiences of intersectional stigma as described by African American college women with ADHD. The duration of the interviews ranged from 30 to 60 minutes, depending on the length and details given in the responses. All interviews were complete, and saturation was achieved within the 13 interviews. No follow-up interviews were needed. At the conclusion of each interview, I transcribed and typed the digital recordings by hand. I referenced the recordings of the interviews to ensure accuracy. Transcripts were shared with my chair for review. Feedback was received and applied.

The digital recordings, transcripts, and notes taken were stored in a secure, password-protected file. I am the only person who has access to the digital file and password. There was one variation in data collection from the plan presented in Chapter 3. The study concluded with a total of 13 participants instead of the 8–10 participants I initially proposed. Thirteen participants were needed in order to achieve data saturation. There were no unusual circumstances encountered during data collection.

Data Analysis

For my data analysis, I used Giorgi's (2012) five-step descriptive phenomenological psychological analysis method to explore the intersectional stigma experiences of African American college women with ADHD. Giorgi's analysis method assisted in identifying the meaning and themes that developed from the participants' responses to the open-ended interview questions. After transcribing the digitally recorded interview data verbatim by hand, I reread each transcript to immerse myself in the data and better understand the participants' experiences. During transcript review, I assumed the phenomenological attitude by bracketing my personal biases to ensure that the data was recorded in its original state as presented by the participants (Giorgi, 2012; Gutland, 2018).

While maintaining a phenomenological attitude, I divided the descriptions of the participants' experiences into identifying meaningful units. Each participant was assigned an alphanumeric identity (P1–P13) to ensure participant confidentiality. A Microsoft Word document table entitled "Descriptive Phenomenological Approach Data Analysis" was created for each of the 13 participants to organize their responses to the interview

questions. Each table had columns for the meaning units extracted from the transcript, analysis of meaning units, phenomenological meaning unit reductions, and a number assigned to each reduced meaning unit. While reading through each transcript, I identified and extracted meaning units of the participants' experiences, gave them a meaning unit number, and added the meaning units to their designated Word document. The analysis revealed 71 meaning units representing the participants' experiences. The meaning units were numbered MU1–MU71 to identify each meaning unit.

After the transcripts were reviewed, recorded on the tables, and given meaning unit numbers, the meaning units from the 13 data analysis tables were combined and placed in a self-created Word document table entitled "Combined Data Meaning Units". The Combined Data Meaning Unit table consisted of 71 sections that represented the numbers assigned to each meaning unit. Participants were color-coded, and the numbered meaning units from their analysis tables were added to the designated section. The sections were reviewed to find similarities between meaning units. When similarities were found, those meaning units were combined to develop psychological value expressions. I continued to reduce and combine meaning units until categories and themes relevant to the experiences of African American college women with ADHD were clearly revealed.

Specific meaning units that emerged from the data included social experiences, emotional experiences, adjusting to college, encounters of discrimination, support systems, resources, and learning styles. The combined meaning units resulted in an

overarching theme of “struggled in college.” Eight themes and seven subthemes emerged from the analysis of the meaning units (see Table 2).

Table 2

Thematic Structure of Findings

Overarching theme: Struggled in college	
Theme	Subtheme (if applicable)
1. Disruptive ADHD symptoms that affected the college experience	
2. No preparation for what to expect in college	2a. First in their families to attend college
3. Experiences of discrimination and stigma	3a. Experiences of Sharing ADHD Diagnosis with Professors 3b. Experiences with students and problems making and keeping friends 3c. Feelings of imposter syndrome and of not belonging
4. Experiencing overwhelming feelings and emotions	
5. Accommodations accessed to assist with academic challenges	
6. Strategies for coping with the stigma and challenges of ADHD in college	6a. Coping by using meditation, therapy, and self-medicating 6b. Taking control by keeping a detailed schedule and self-advocating
7. Teaching in multiple intelligences to improve the college experience	
8. Early diagnosis and support is the key to success	8a. Apprehensive parents

The final themes and categories were recorded in a Word document entitled “Analysis Themes.” These emergent themes were used to construct the final “Results” section of this chapter. Though there were some variances, the core elements of each participant’s college experience remained relatively consistent with the overarching

theme and subthemes of the findings. The variances and discrepant cases were factored into the final analysis.

Evidence of Trustworthiness

Trustworthiness

Trustworthiness in qualitative research is the degree to which credibility, transferability, confirmability, and dependability can be established (Lemon & Hayes, 2020). To ensure trustworthiness was achieved, the research question was referenced often to ensure that the study was in line with the research question. Trustworthiness in the study was also established by asking each participant the same consistent questions.

Credibility

Several strategies were used during the data analysis process to ensure the credibility of the research. Strategies used were data saturation, self-reflection, and bracketing (Giorgi, 2012). Additionally, multiple participants were interviewed to ensure triangulation of the data collected. Interviews were recorded digitally and transcribed verbatim. Detailed written fieldnotes of the interviews were also recorded. Furthermore, I maintained frequent communication with my chair and committee member to ensure additional credibility.

Transferability

Transferability provides information that will allow future researchers to select specific parts of the research and transfer them while taking notice of the different factors (Kynğäs et al., 2020). To ensure the transferability of the findings of this study, I provided detailed descriptions of the method, data collection, and analysis process. The

participants in this study were African American college women with ADHD. This study's results may be transferable to African American women with other types of learning disabilities.

Dependability

The concept of dependability relies on this research's ability to remain homogeneous and steady over time (Graneheim et al., 2017). The dependability of this study was established by implementing the use of an audit trail, which provided a detailed record of the research process by documenting the steps taken during the research process. The audit trail included the methodology used in the study, the participants' characteristics, and the analysis and summary of the data collected from the interviews.

Confirmability

The steps taken to provide confirmability to this study were similar to the steps taken to establish dependability. Therefore, the audit trail approach was also used to establish confirmability of the results of this study (Abdalla et al., 2018). Diary notes documented the research process from the development of the methodology to the analysis of the data collected. A detailed journal was maintained to note any biases and to preserve confirmability.

Results

This section presents the study findings, including the emergent themes and quotes from participants' transcripts to support each theme. An assigned alphanumeric identity protected the confidentiality of each participant's quotes. The interview

instrument contained three interview questions with probes that supported the research question. The interview questions (see Appendix) included questions addressing the participant's college experience, encounters of discrimination, and support that they found helpful. The participant responses were then transcribed, assigned meaning unit numbers, and analyzed.

Central Research Question

Based on an in-depth analysis of the data collected from interviews of the 13 African American college women who were diagnosed with ADHD, one overarching theme, eight themes, and seven subthemes (see Table 2) emerged that addressed the following central research question: How do African American college women with ADHD describe their lived experiences of intersectional stigmas? The following sections present the findings organized according to themes.

The interview instrument (see Appendix) was referenced to present the three interview questions with probes, which supported the central research question. Interview question 1 asked the participants to share their college experiences. The probe used to support interview question 1 asked the participants to describe their relationship with professors and fellow students. Interview question 2 asked the participants to describe any acts of discrimination, stigma, or microaggression experienced while attending college. The probe used to support interview question 2 asked the participants to describe their feelings about the experiences. Interview question 3 asked the participants to describe any helpful support services. The probe used to support interview question 3 asked the participants their experiences with tutoring, advising, and other resources.

Because the questions were open-ended, there were some deviations from the responses from the participants. As a result of the participants' responses to the interview questions, one overarching theme and eight themes were revealed. Seven subthemes were contained within the eight themes.

Overarching Theme: Struggled in College

As a result of the participants' responses to the interview questions, "Struggled in College" emerged as the overarching theme of the study. Twelve of the 13 participants, or 92%, expressed that college was a challenge for them. P2 stated, "I did not perform well in school; I didn't find it very easy." P4 shared, "I did not have the discipline that I needed then." P6 noted,

It was really a struggle, but I had a hard time with getting through the math courses ... I did not like going into classroom environments whenever I had to be in the classroom; it was a struggle. It was just sitting in a classroom for that long was very difficult for me.

P5 reported, "The classrooms were very large, and I did not relate personally with my professors." P6 added, "I remember how stressed out I was and how much time it took for me to get through papers." P9 shared, "From my very first class, I literally was crying and bawling." P10 reported:

I struggled with schoolwork. It was really hard for me to like make grades and write papers. But I always figured out how to do it ... But I sort of always was like a page short of any papers. I ended up just like going to one of my professors and just being like, 'look, a 20-page paper just ain't gonna happen for me.'

P13 added, “I had to stay up all night to do an assignment. I knew what I wanted to do and what was important, and I will get it done. It might just take a lot more time to do it.”

Ten of the 13 participants, or 77%, shared that school was more challenging if the subject matter did not interest them. P1 commented, “If I found interest in it, then it was great. If it did not interest me, if it did not intrigue me, I just did horrible.” P3 noted, “Certain topics that didn’t interest me or didn’t catch my interest were the ones that I suffered in. I zoned out and daydreamed a lot. But I would get a passing grade.” P8 added, “So if it was something that I found very interesting, it was easier for me to pay attention.”

Eight of the 13 participants, or 62%, mentioned that their experiences in college contributed to a delayed graduation date or caused them to drop out of school altogether. P3 stated,

It took me a lot longer for my bachelor’s, and I think a lot of that was because I didn’t have the resources, I did not know that I had ADHD, and it was a struggle for me. It was not registering. I was not retaining the information.

P4 shared, “I was only there for a semester, and I basically flunked out. ADD played a role in that because I did not have the discipline that I needed to succeed.” P6 reported:

I’ve been trying to complete my undergrad since I graduated high school in ‘97. I would go to school, do a semester, do really well. Do another semester and do really poorly, and then drop. At some point, I’d tapped out of college, and I remember feeling like I didn’t understand what all of these other courses were that were not related to what I’m majoring in.

P7 noted,

Although I was there for four years, it was not successful in any way, shape, or form. I think undiagnosed ADHD was probably the real factor in the reason why I was not successful. I probably dropped out half of my classes Freshman year. I was a mess!

P8 commented,

So, it's been seven years working on an undergrad degree at this point. The first school that I went to was a university, and I failed out of it from not doing any of my work and being on academic probation. Signed up for 21 credits and failed every single class. So, I failed out of college the first time in 2010, after a year. Several more attempts, the same thing kept happening over and over again.

P9 added, "I called my professor and said, 'I'm just gonna' have to drop out.'"

P11, however, reported college as a positive experience. P11 explained,

College was more like a healing time for me, learning how to deal with my ADHD and learning that teachers really do care. When I went to college, my GPA ended up being like a 3.89. I got into Honor Society and honor's college.

Theme 1: Disruptive ADHD Symptoms That Affected the College Experience

The first theme revealed by the participants was the participants' experiences with disruptive ADHD symptoms. All 13 participants, P1 through P13, responding to the interview questions cited disruptive ADHD symptoms as instrumental in their college struggles. Ten of the 13 participants, or 77%, reported experiencing challenges in college relating to ADHD symptoms. These symptoms included problems with Prioritizing,

focusing, organization, time management, memory, and procrastination. P1 noted, “I had trouble with prioritizing, focusing, and time management, especially in classes that did not interest me. I just couldn’t focus.” P2 commented, “I was completely disorganized with my schoolwork and unable to focus and prioritize important things. I started to develop very low self-esteem.” P4 stated,

I wasn’t focusing and concentrating like I should have. I, um, couldn’t concentrate, I focused on other things, and didn’t meet the deadlines like I should have. I did not have the discipline that I needed then to be successful. I lacked discipline.

P5 shared, “There was a lot of disorganization. I didn’t attend classes sometimes because I was really disorganized.” P6 communicated,

It was bad. I was always bad at turning in work on time, even though I was already done. Because either I turned it in immediately, or I do it super last minute. I remember how stressed out I was and how much time it took for me to get through papers. I enjoyed the materials, but the level of organization it took, it was a challenge. I just wasn’t very organized.

P7 conveyed,

I was never able to keep things very organized; my bookbag was always a mess. So, my executive functioning around organization was very definitely, and still is an issue for me. I remember being confused because I couldn’t understand why I couldn’t be successful.

P8 mentioned, “The college material, the work was never difficult for me, I just, for some reason, could not focus. I’m always doing something but never really getting anything done.” P9 disclosed,

I had time blindness, failure to complete, great ideals with failure to launch, and incomplete, you know, complete things. When I’m trying to gather information and research, with every click, every link, I was so hyper-focused, and I just went deeper and deeper and deeper and didn’t know how to cut it off. It’s like when they say going down a rabbit hole. Eighty different things open, and with no explanation as to why I couldn’t, I didn’t finish or wasn’t motivated to do things.

A common problem disclosed by the participants was problems in the areas of retaining information. Four of the 13 participants, or 31%, explained their challenges in the area of memory. P3 shared, “I was having an issue with my memory and retaining information. I thought it was early-onset Alzheimer's because it just was not sticking.” P9 noted:

Where you read the same page over. You go back in and get the same information over and over again. I was missing some step which would annoy me because I knew I had practiced it, you know, but I couldn’t make or retain all the steps, I guess, to complete some problems. I wasn’t retaining the information that I was receiving.

P11 stated, “So, I have to repeat. I have to have professors or people repeat stuff over and over again to me. Or I have to, like, work out the same problem over and over again for me to actually remember.”

Six of the 13 participants, or 46%, mentioned procrastination as a major roadblock in their academic journey. P3 stated, “Procrastination, time management, the whole waiting for the last minute to try to get things done instead of having a schedule, made it more difficult to complete the tasks that were needed to finish the courses.” P6 added,

Procrastination was always a problem. I wouldn’t usually reach out to get assistance until it was pretty close to do or die. I would reach out for help when I realized I was in a hole that I couldn’t recover from without an extension or something.

P7 shared, “I waited till the last minute and couldn’t always complete things well or own time.” P8 stated, “I was waiting for last minute, and then I would feel really overwhelmed, and then just wouldn’t do anything.” P9 noted, “I still wound up being the 11th-hour whizz as far as procrastination and being motivated to get to it.” P10 added,

Just the procrastination, like not being able to read all the assignments or pay attention in class, and not being able to write these papers, was a stressor. I ended up just, you know, I tried to pay attention in class but I wasn’t retaining information.

Theme 2: No Preparation for What to Expect in College

The second theme revealed by the participants was the participants not being adequately prepared for college. Eight of the 13 participants, or 62%, mentioned that no one had prepared them for what to expect in college. These participants took their newfound freedom as an opportunity to have fun and party.

Seven of the 13 participants, or 54%, reported that attending college with no support, structure, or guidance caused them to lose direction. As a result, many reported enjoying their freedom by drinking, partying, and neglecting their schoolwork. P7 stated:

I did not study because I didn't know how. I needed skills because things were a lot harder. I lost all the scaffolding that my family had provided. So, I didn't have anybody to say, 'go in the room and get your work done'. I was always doing stuff and out with people. A lot of my friends were football players, just because I was into sports. I would like hang-out with them even after games. I would cook, and everybody would come to my house.

P9 explained,

Yeah, I mean this is important because, when I really look at it, it's so telling how it evolves over life. I mean because as our structures fall off the board. I mean, the less structures that are in place, for my studies and everything. It makes so much sense that, you know, once you leave school, or you leave your parent's home, you do not have someone over you watching you, instructing you as to what to do, you know. You have more freedom on your own and no one there, the structure, in college. No one tells you to come to class. Nobody cares if you come to class because they are going to get your money one way or the other, or if you ever show up, or if you do your homework. You know, as your structures fall off, your ADHD, you know, pops in. It becomes more telling, I guess, you know.

P10 added,

When I was like, 18 through 23 or 22, I had no idea what I was doing.

But when you go to college, there's like parties and stuff happening like every week. I was like drinking pretty heavily and I feel like the drinking all night, my staying up all night was obviously like the worst thing to do to your body, and like for your concentration, and for your grades. And I was also working. So, I was like going to school full time, working part-time, and like partying part-time. I don't think I had a very good balance, and that was probably the cause of not being able to do as well in school.

P12 added, "I was very social. I partied a lot (*laugh*)."

Subtheme 2a: First in Their Families to Attend College

Lack of college preparation was also attributed to the fact that the participants were the first in their families to attend college. Two of the 13 participants, or 15%, shared that they were the first in their families to attend college. Because these participants were the first in their families to attend college, they had no role models from their families to guide them through the college experience. P1 explained,

I was the first in my family to attend college. Nobody in my family had any college experience. So, it was completely new; nobody could prep me on college or any of that. So, my first semester in college, I did horrible (*laugh*)! It was probably the lowest GPA that I had ever had in my life. I didn't know anything about college. I was in a learning process which included partying (*laugh*). I was having fun because I had some freedom (*laugh*).

P6 noted,

There are things that you're supposed to know but, if you hadn't had anyone else in your family that ever went to college, you wouldn't know. I did not understand how the university worked, even the financial aid aspect. I remember encountering a lot of roadblocks. I don't know what prevented me from tapping in earlier in the process. But most of it was not knowing what the rules were. I didn't know what to ask for. When I explained what the situation was to my professors, they would say, 'well, here's all the places where you were supposed to go for the resources.' I was like, 'how was I supposed to know that is where you go for these resources?' I didn't really know how to ask for the help that I needed.

Theme 3: Experiences of Discrimination and Stigma

The third theme revealed by the participants was the participants' experiences with discrimination and stigma. Twelve of the 13 participants, or 92%, reported that they experienced discrimination or stigma during their time in college. P5 shared, "I felt discrimination probably because of my disability, not so much because of race or gender because African Americans were treated the same as other students." P7 added, "That was the first time that I really had to confront any kind of racism. I actually preferred overt racism because at least I knew they were coming after me (*laugh*)."

Subtheme 3a: Experiences of Sharing ADHD Diagnosis with Professors

Ten of the 13 participants, or 77%, experienced discrimination received directly from their professors. P1 noted that some professors from her predominately White institution thought that education received from a historically Black university was inferior. P1 explained,

I think that professors at PWI's didn't believe that professors at HBCU's teach "as good" as them, which is not true. It's just that they have two different learning styles. But, oftentimes, I did feel very much so that it was discrimination. At the PWI, because I was an African American female, some of my professors believed that I was not good at writing. There was one professor who would kind of point out the African American students on not having the best writing skills. It would make me very frustrated at times because I'm like, 'I know I can write' and everything. I had to learn in a different style and everything. I did feel as though I was discriminated against just because of that.

P7 also experienced discrimination regarding her ability and equality in the classroom. P7 stated,

I had one professor who told us that we should never plan to get more than a "C" in his class because our black brains just couldn't handle it. I just remember feeling I won't get the same kind of break that White students might get about something or be treated exactly the same way.

P8 and P12 shared that they felt their professors did not look at them as serious students.

P8 explained,

I just felt like they always looked at me like I was lazy, or they didn't hold me to the same standards as my white counterparts. I think they just thought that I was lazy. I got a lot of "F's," so they probably just thought that I just didn't care or that I was not very smart. ... When I showed up late to class, some professors

would just kind of look at their watch and look at me, and it just made me feel like, you know, ‘typical Black woman always late.’

P12 added, “My professor said that I was not college material. That I was not trying.”

Three of the 13 participants, or 23%, reported having positive experiences with professors. P2 shares, “I would get some advising from the professors... With ADHD, you get a lot of confusion, a lot of disorganization so, they understood me. They were very patient with me. They would give me extra time for assignments.” P10 noted,

I did have a teacher meet with me once and recommend that I go to the disability office. That teacher had a feeling about the dyslexia and ADHD and tried to get me to go to the Disability Center, but I never did.

P11 reported that her professors worked with her to ensure that she was academically successful. P11 shared,

I didn’t experience any microaggressions or stigma. All of them treated me with respect. As a matter of fact, I attribute a lot of my success in my classes to my professors understanding me and working with me. I felt like they truly cared, and they would do whatever they needed to do to help me pass. ... So, my ecology professor, he didn’t take off points if I missed certain words or whatever. But if he understood my concept and where my mind was, that’s what he graded me on because he knows that I’m not like other kids, and I shouldn’t be graded like other kids. That is not fair. And if let’s say, I take a quiz or a test, and there are certain things that he said, ‘She missed that question,’ or, ‘I don’t know where she’s coming from.’ He would take the time to say, ‘hey, let’s meet. And let’s discuss

your quiz or test so I can understand where you're coming from.' ... Yeah, so like sciences are very hard for me. And I remember that my teacher said that she's willing to meet with me every day for as long as I need to understand what I'm learning.

Nine of the 13 participants, or 69%, expressed apprehension about sharing their diagnosis with their professors and asking for help because they felt as though the professors would think that they were using it as an excuse. Other participants were afraid of stigma and prejudice. They wanted to be graded on their own merits.

P1 noted,

It's like the professors hear so many students say it; they just go, 'oh, you are just using that as an excuse.' When really, I suffer with that horribly. I suffer with it really bad. I'm sure that I had mentioned it once or twice, and they just didn't take me seriously at all. I didn't want to be babied. I wanted to feel like I could do anything or the same thing that a person that did not have ADHD or ADD. I didn't want them to think that I was trying to get any extra credit or any of that... I never expressed it to them. I never told a professor in detail about me being diagnosed with it. I don't think that the professors ever considered me having it.

P3 shared,

I think they tend to look at it as an excuse and not as something that I was actually really dealing with. ... One of the reasons why I was afraid to actually speak up and say that I was diagnosed with ADHD is because I didn't know what kind of

stigma would come along with it. I didn't want to be prejudged. I want to be graded based on my efforts, not based on my disability.

P5 disclosed, "I never opened up to anybody. The reason is that I did not feel comfortable about telling anyone. I feel there may be stigma toward me because of it. So, I chose to not utilize any services." P8 mentioned,

Some of them definitely just thought that I was always coming up with some type of an excuse. Asking for help makes me feel weak, or lazy, or just, there's so many negative things that I associate with asking for help.

P13 commented,

Some people feel like having the label will give people a crutch or an excuse. I did not share that information because I feel like I can perform without it, without sharing information. I just feel like it will be sharing information that won't do anything. When things mattered to me, I definitely put my all into it. It's no need to share that information.

P3 stated that though she had a negative in-person experience, her online experience with professors was positive. P3 shared,

Actually, I haven't received any negative response from any of my online professors. Most of the notifications that they received from the disability advisors are by emails, and it's usually at the beginning of the course and a week before the end of the course. I haven't seen any backlash, and I didn't receive any in the class either.

Subtheme 3b: Experiences with Students and Problems Making and Keeping Friends

Ten of the 13 participants, or 77%, reported experiencing discrimination and microaggression received from classmates. These experiences gave them a sense of disconnect, isolation, and frustration. P2 shared, “Some of them did use some form of discrimination against me. My classmates didn’t understand my condition. They just judged me. I felt very frustrated. Later on, I developed a tough skin.” P4 recalled,

I experienced some microaggressions. Some White roommates played racially insensitive music, and the lyrics were like, ‘I’m going to kill this N****r! I’m a 6-foot N****r!’ And I heard it, and I didn’t say anything. I think that that was a form of microaggression. I just stayed passive and didn’t say anything because I didn’t want to rock the boat and, you know, make people not like me. I just wanted to be liked and have people like me, and so I, you know, I was passive. I didn’t want people to point out my fault, especially where the ADD was related.

P6 commented,

The classes that I were in, we always talked about the culture of (*city’s name withheld*) and so they were trying to discuss my experiences, and I think they couldn’t see it through the lens of the social part, you know, I didn’t really connect. There was a little bit of tempering my language and tone so that I didn’t come across as aggressive. I remember a couple of students sending emails to the teacher about certain things. I was thinking to myself, ‘I’m getting the angry black woman thing,’ and I’m like, ‘I didn’t say anything that would make you feel that way.’

P7 reported,

There were clearly things that were happening that should not have been happening on campus. I can remember, and this was probably one of the issues, the fraternities would blatantly have what they call N****r parties or blackface parties or those kinds of things. Out on the Quad, they would have little signs hanging out, you know, frat house windows. And all of the pictures you see of people like politicians who was shown in blackface and other people, they were probably in college about same time I was. So, it was those kinds of things that were going on. I remember having a roommate; she never called me the N-word or anything like that but, it was implied that she had to hide her things because I may steal them or my friends might steal them... They weren't like in my mother's generation of Colored and White water fountains, but there was definitely something. It was really bad. There was a lot of microaggressions then. At that point, we didn't even know that's what they were called...I remember like cutting remarks from them saying nasty kind of things like we were only there because of affirmative action, or those kinds of things.

P1, P11, and P12 reported having positive experiences with fellow students. P1 stated,

With my sorority sisters, a lot of them knew (*laugh*) not to be offended if (*PI name withheld*) is not paying attention or she is thinking about something else. Because it's just you know...she has this diagnosis so, many of them after they learned, they were okay with it.

P11 shared,

People in college are more mature, and I felt like they were more understanding of why I did things I did. So, if I was speaking fast or not understanding certain conversations initially or asking the same questions over and over again in class, they didn't mock me. They were actually telling me thank you for asking that question. And a lot of times, I would go up to the person who understood the subject the best in class or making straight A's and was like, 'Hey, do you mind if I study with you? Because I see you are doing well in the class.' And the kids always said yes. And I attribute my success again to those kids because they helped me learn. They helped to help calm my nerves down as well because some of the classes did cause anxiety for me.

P12 added, "I was always doing stuff and out with people. I would cook, and everybody would come to my house. I was very social. I partied a lot (*laugh*)."

Seven of the 13 participants, or 54%, reported encountering rejection, isolation, and loneliness when establishing friendships in college. P2 shared,

I had problems of even making friends; even when we're told to work in groups, no one wanted to work with me. It felt like people hated me... The students didn't associate with me, not knowing that I have a condition that I'm also trying to manage. It made me feel bad at times. I felt like I didn't want even to associate with anybody.

P5 noted,

I was always alone most of the time. It made me feel more depressed, more isolated, and it wasn't easy...Just not having friends around, not being invited to parties, not being asked to join other students in clubs or debate. It was very isolating, like; I didn't have anyone to talk to.

P6 commented,

I always felt like I was on an island when it was just me. I had friends, but I definitely dealt with feeling like rejections from certain friend groups. There was always a feeling of feeling very personally rejected whenever I felt like I was not included in something...I was always considered to be a strange one.

P8 shared, "I didn't really have a lot of friends. I was an outcast, for sure (*laugh*). Just having a really hard time just really clicking with people for some reason." P10 recalled,

I don't think that I was connecting really well with anyone. I've just been sort of socially disconnected throughout college. Just connecting with people is just not like the most comfortable for me...I cut off all my hair and started growing out my natural hair, and at that time, it was not like popular to do that. I would get made fun of quite a bit from both roomies.

Subtheme 3c: Feelings of Imposter Syndrome and of Not Belonging

Eight of the 13 participants, or 62%, expressed experiencing feelings of imposter syndrome, or of inadequacy; not belonging, feeling different, as though they did not quite fit into the group. These self-perceptions, in turn, negatively affected the participants' social and academic success. P2 shared, "I felt like I was having psychological distress,

feelings of inadequacy...I didn't find it very easy; I especially felt like I didn't belong.”

P6 noted,

I felt a little bit of the stigma of not feeling like I was supposed to be there. I'm like, 'oh, I'm supposed to already know this stuff'...I would say shame is a big one; I feel like an imposter in a lot of ways. I will contribute, but I held back a lot in conversations just because of not like having the mental capacity to just go there and explain things.

P7 commented,

It was just feeling so uncomfortable about my race, being there, socio-economic stuff, not feeling like I could cut it academically. That's when I got my first taste of imposter syndrome. I just felt like I didn't belong. I always felt like I didn't belong. But I masked it very well (*laugh*). I was really good at pretending like I belonged or like I didn't care that I was never part of the popular crowd. But I always felt like I was just a little step off of everybody else when I tried to be a part of the crowd. I was never in that social group at the top of the heap of social groups. I always felt a little bit off, never like I quite fit into the crowd. I always felt just like a beat off of everybody else. Like I would think of the clever thing to say 10 minutes too late, or a day too late (*laugh*). But never like, right on time.

P8 mentioned,

I always tried very hard, but I just assumed that I'm just different. I always felt different, mainly because I was one of the few blacks, and with ADHD on top of that, they probably thought that I was kind of weird.

P9 recalled,

It took me seven years to work up my nerve and the courage to be able to apply to it because I, because of my undiagnosed ADHD, my fear. I didn't think it would be something I could even ever get accepted into in the first place, let alone complete the program. That fear of letting things go and not thinking that anything was actually good enough.

P10 stated,

I always thought that I was taking up too much space if I was talking to a professor. So, it wasn't comfortable for me. I wish that I didn't get so intimidated by the other people because all those people had opportunities that I didn't.

P11 shared, "I just felt stupid because I thought the other kids knew more than I did." P13 added, "I think about things a little bit differently. So, I guess the way I think is a little differently. It could be just personality differences. I was probably a little socially awkward."

Theme 4: Experiencing Overwhelming Feelings and Emotions

The fourth theme revealed by the participants was the participants' experiences with overwhelming feelings and emotions. Thirteen of the 13 participants, or 100%, reported experiencing a combination of emotions and feelings during their time in college, including anger and frustration, shame and embarrassment, and depression and sadness.

Six of the 13 participants, or 46%, disclosed experiencing feeling of anger and frustration. P5 disclosed, "There was a lot of animosity between me and some students. I

had a lot of anger towards other students.” P7 added, “I think more than anything, it made me angry.” P8 shared, “I just felt so overwhelmed, I didn’t know where to start.” P9 recalled:

But it would be so frustrating whereas, you know, I had prepared and studied for things but then during testing would always, the multi-steps, I guess, that would get me...My children became the parents. I was the one sitting at the table, my kids trying to tell me to do my homework because I was crying and frustrated, and I couldn’t get motivated. Now knowing of my ADHD and recognizing my challenges, it’s kind of frustrating because I felt as though I should have done much, much better.

Two of the 13 participants, or 15%, reported feeling shame and embarrassment regarding their academic abilities and the effects of ADHD. P8 stated:

I just always felt embarrassed around people because I felt like I’m not incapable; these people aren’t any smarter than what I am. But, for some reason, I just can’t do what everyone else is doing. I felt so embarrassed because I knew that I had the capabilities or the intellect to be at a tier-one university. There was a lot of embarrassment, a lot of pride, a lot of, I didn’t really understand how I got to that point or why I was there. I was always embarrassed to ask for stuff like accommodations because I didn’t think I needed it.

Seven of the 13 participants, or 54%, reported experiencing extreme emotional reactions, including depression, and crying. P2 stated, “I would cry myself out, and I would shout because they couldn’t feel my distress.” P5 mentioned, “There was a lot of

depression in my life mostly because of the situation. It made me feel bad; it made me feel sad. It made me feel like crying. Why can I not act normally?” P7 added, “The depression and anxiety went along with my ADHD. There were periods where I would stay locked in my apartment in the dark for days if not weeks at a time.” P8 explained, “I just, I feel like I became pretty depressed. I was like, ‘I need to talk to somebody. Something is wrong’. I was just really depressed.” P11 confessed,

I just want them to look at us as special human beings who try so hard, and we go home and cry every day because we just want to learn, and we want to learn so hard. But we just can’t grab things like other people.

Theme 5: Accommodations Accessed to Assist with Academic Challenges

The fifth theme revealed by the participants was the participants’ use of accommodations to assist with their academic challenges. These accommodations included using resources offered by their college or university that helped navigate the academic challenges encountered by the participants. Ten of the 13 participants, or 77%, found accommodations resources helpful in navigating the academic challenges associated with ADHD. Resources they found most beneficial were tutoring services, advising services, being allowed to record classes, and additional time granted to complete assignments and tests.

Seven of the 13 participants, or 54%, found tutoring services to be instrumental in their academic success; six of the 13 participants, or 46%, found advising services to be helpful; two of the 13 participants, or 15%, stated that being allowed to record classes was essential; and six of the 13 participants, or 46%, found additional time granted to

complete assignments and tests to be invaluable. P1 stated, “I absolutely did utilize the tutor resources. It’s very, very important to me because I knew I was not going to do good.”

At first, P3 was apprehensive to accepting disabled student accommodations because she feared stigma. But after her advisor explained the process, P3 became more receptive to accepting services. P3 explained,

This was, like, I think, the hardest thing for me to do. And that was actually utilize the ADA resources. Because I didn’t know what kind of stigma would come along with it. I didn’t want to be prejudged. The way that it works is that it’s basically the teachers or the professors are notified that this student has a disability, and they’re allotted a certain amount of time if needed. And when she explained that to me. I’m like, okay. If I feel that I need more time, I would let the professor know that ‘okay, I do need a little bit more time for this assignment because it’s taking me a little bit longer to understand this or to complete this’ and yeah, it definitely helps me ... Advising was helpful.

P6 found tutoring to be a useful resource. She also explained that reaching out to her professors to request extended time was also helpful. P6 Commented,

Especially with courses that I was not too secure in, like math or something like that. I was like, ‘okay, I’m going to need a tutor for that.’ But it did not happen nearly as much as I should have. As far as communicating with teachers about asking for flexibility with deadlines and stuff, I was much more comfortable with asking for that.

P7 shared that though disabled student services were not available at that time, she did utilize tutoring services during her time in college. She asserted that had disabled student service been available, it would have been helpful. P7 reported,

I had a tutor because I really struggled. But it wasn't specifically for students with disabilities. Having those disability services and being able to take advantage of things like a note-taker, longer time on tests, or all those kinds of the regular accommodations. Had they been available, I'm certain it would have helped.

P9 explained that though she received extended deadlines and audio recording privileges, she needed more of a system put into place to help with her ADHD academic struggles. P9 Noted,

I needed actual skills and practices put in place. But pretty much the main resources that I used was extended time and the ability to be able to record. It was good to be able to have the audio and video recordings so that I could go back and listen.

P10 found counseling not to be a good fit for her. But like P9, she found the ability to record her classes to be a helpful resource. P10 mentioned,

I did do counseling there a couple of times, but it wasn't so comfortable for me. One of the counselors helped me a little bit but, I never went back though. For more difficult classes, if I recorded my classes, then the day before the test, relisten to that recording and take notes from the recording, that I could retain the information, a little bit more.

P11 utilized the support of the student disability office to help guide her through the accommodation process. P11 shared,

My college had a disability office, so I used that support service. Every semester, I will go to meet with my counselor, and then we would discuss my accommodations. I really had a good support system in college, that all the teachers respected the disability service office. So, I really appreciated that. The tutoring services in my college I use them to death. I went to that tutoring center every single day, and I stayed there for several hours. I lived there...And I received double time on my test and extended time on assignments.

P13 found the assistance of tutoring and especially her advisor to be instrumental in her academic success. P13 shared,

I would use tutoring help that was online if there was something I didn't understand. I talked to my advisor about struggles that I had and things like that...I did talk to my advisor, and he came up with help. He came up with an alternate program for my master's.

P5 and P8 chose not to utilize accommodations because they feared the stigma that was attached to accessing such help. P5 disclosed, "I never opened up to anybody. The reason is that I did not feel comfortable about telling anyone. I feel there may be stigma toward me because of it. So, I chose to not utilize any services." P8 mentioned,

Some of them definitely just thought that I was always coming up with some type of an excuse. Asking for help makes me feel weak, or lazy, or just, there's so many negative things that I associate with asking for help.

Theme 6: Strategies for Coping with the Stigma and Challenges of ADHD in College

Ten of the 13 participants, or 77%, shared relaxation and coping techniques and routines that they found most helpful in navigating and coping with the stigma, stress, pressures, and challenges of college life. Strategies shared included coping by using meditation, therapy, and self-medication. Other strategies are taking control by keeping a detailed schedule and self-advocating.

Subtheme 6a. Coping by Using Meditation, Therapy, and Self-Medicating

Seven of the 13 participants, or 54%, coped with the stigma and stresses of ADHD and college by utilizing meditation, therapy, and self-medicating. P1 shared, "I could complete an assignment in a day. But it's going to take me about four or five hours of the sitting process. Of doing something else. I have to literally just focus, like try to focus myself, and it's so hard. I can't have my phone near me or things around me that would distract me. Or I will get completely off-topic. And so, that was always a hard process that I tried to figure out on my own."

Three of the 13 participants, or 23%, explained that meditation was a helpful tool to help in mindfulness. P1 shared, "The main thing that I had to learn was meditation. Meditation is very important. It's hard; It's very, very hard. I'm trying to learn just to pray more deeply and meditate longer." P10 noted, "So, it's a super obtainable activity to do as a human, to help with grounding and mindfulness."

Five of the 13 participants, or 38%, reported that therapy was a beneficial tool to help develop the necessary coping skills. P1 shared,

Therapy was very, very important for me. I feel like some of the other recommendations aren't geared towards African American females; you know, they're geared towards more of the white American male. So, therapy was just really, really important for me to obtain and everything.

P2 stated, "Most of the time, I used therapy for sure." P5 added, "I attended psychological sessions to get therapy." P6 shared, "I'm now diagnosed, and I'm medicated and getting regular therapy." P8 reported, "At the beginning of 2018, I started going to a therapist, and finally got the right diagnosis, praise God, with ADHD."

Two of the 13 participants, or 15%, reported turning to self-medication as a coping mechanism to manage their emotional challenges. P8 disclosed, "I started self-medicating. Between the first and the second year of college, where I had been out from being on academic probation. I tried marijuana during that time." P10 also shared her experiences with self-medication. P10 recalled,

I used to smoke weed, and I use to have so much fun smoking, so much fun. Not anymore; something changed in my brain chemistry. I feel like I go through like a psychosis, and it gets really dangerous. I think that marijuana, especially at a young age, just affects your brain chemistry. I think I didn't know it at the time.

Subtheme 6b. Taking Control by Keeping a Detailed Schedule and Self-Advocating

Two of the 13 participants, or 15%, of participants, found that keeping a detailed schedule helped with organization. P3 shared,

There are certain things that I have to have a certain way in order for me to make sure a task is complete. I have color-coded events on my calendar for things that I

have to do. It has caused me to pay more attention to how I manage my time, and what I do, and when I do it, and how I do it. So, it's more structure.

P8 explained, "A schedule it's so important for me. That's probably one of the most important parts. If anything interrupts my route or my schedule, it throws me off. I developed a Plan B and a Plan C."

Two of the 13 participants, or 15%, found that to be successful with ADHD in college, self-advocacy was essential. P9 stated, "I did advocate for myself and made my school aware that I had been diagnosed." P11 added,

We talk about the best strategies on how to be successful in the class, how I could go to my professor and ask them for help. If I had a problem with the professor, the counselor would give me skills on how to solve those conflicts in a way that is not going to anger the teacher. But yet, respect my accommodations.

Theme 7: Teaching in Multiple Intelligences to Improve the College Experience

Ten of the 13 participants, or 77%, stressed the importance of teaching in multiple intelligences or in different learning styles. The participants explained that they learn in different ways than what is traditionally taught in the classroom. P1 commented, "You have to learn how to teach in different styles. You just can't teach one way and think that's just how it goes." P7 stated, "I was like give me the material, let me cover it in my way, I take the test, I know it, give me what I need. That's what works for me." P9 added, "Everyone is not going to need the same tools, and everyone is not going to benefit from the tools that someone else made." P10 shared,

College would have been better and went more smoother for me if I had just tapped into more whole-body health, like some sort of movement. I was always doing movement classes but, it feels like I needed more of that. There were definitely professors that I felt like could have taken more time to understand how I learned.

P11 Noted,

I don't think they're even trained on how to teach kids with different learning styles, whether visual or audio. The teacher should know how to teach students the different learning styles, whether it's visual or audio. So, my professor taught the whole class different ways to study. He says you can use different colors to categorize the importance of what you're learning... There's multiple ways for me to learn, and nothing's wrong with me; it's just finding out the best way for me to learn. I download software that turns my book into a PDF document. The software reads the book to me because I'm an audio learner and a visual learner. And I can also highlight certain words so I can like, identify them better.

P13 explained,

Some people don't learn one specific way; they may learn in a different way. Being able to say, 'Okay, I don't learn this way, and so I probably won't get the most out of it, doing it this way. Is there a possibility I can do it this way? If you have a final project that you have to do, instead of always it being a report, it could be doing a video interview where you're saying the same information, where it could be using your talents, saying the same exact thing in a different

mode. Typing papers, typing papers. Which was the most boring thing ever. So instead, if I could have created a video clip, PSA, or commercial instead, I probably would have gained more miles just having those different types of options.

Theme 8: Early Diagnosis and Support is the Key to Success

Although this study focused on the participants' experiences as adults, to better understand their ADHD journey, the participants were asked to share their experiences in school during childhood. Of the 13 participants, eight or 61% reported being considered smart, even gifted, in elementary school. P3 stated, "When it came to learning, I was actually always the top of my class. It wasn't a challenge. Actually, I would say from kindergarten all the way through the sixth grade." P6 reported, "I was always considered, you know, smart or gifted or exceptional. I was in a gifted program." P7 commented, "I was always in the top 10% of my class." P8 noted, "I've always been a very advanced learner, so I was pretty bored in school all the time." P13 added, "I was always on the A B honor roll. I always had good grades.

Two of the 13 participants reported that they maintained straight A's throughout grade school until they entered college. P8 shared, "I was kind of like a gifted learner. I was a straight 'A' student until college." P12 added, "I was a straight 'A' student until I went to college."

Because nine of the 13 participants, or 69%, were diagnosed as adults (Table 1), the participants emphasized the importance of early and accurate ADHD diagnosis and treatment. The participants asserted that early ADHD diagnosis may help provide the

skills, support, and preparation necessary to be successful when transitioning from high school to college. P6 commented,

If someone would have diagnosed me early, I probably would have seen why I had moved through four years of college, and it has taken 20 years.

But I don't think by the time you're out of elementary school, especially the generation I came in, you know, no one is asking you those types of questions anymore, to be evaluated. By the time you're in a college-level, no one's evaluating you for ADHD. That's what you have to go and explore on your own.

P7 noted, "Just if I had been diagnosed. I think just knowing would have made a world of difference. I know it made a world of difference in my life." P8 shared,

I was misdiagnosed three times by three different therapists before I finally had a psychiatrist tell me that it's ADHD. Once I got the right diagnosis, I was able to look at every other part of my life and make it work for who I am.

P9: explained,

If ... had I known, you know, especially for my undergrad years. I think if I had known what I was dealing with, or have some ideal, and perhaps had some things in place from a younger age, you know. I think I could have possibly been more successful in going after the things that I was actually interested in.

P10 stated,

I found out later in life, as always, I wonder what if I had known, you know, what differences would it have made? Yeah, there's two sides of that like; at one point,

I thought that I wish I would have been diagnosed with ADHD earlier and had prescribed something to me during that time.

Subtheme 8a. Apprehensive Parents

Although a majority of the participants expressed the importance of early diagnosis, they also shared concerns about African American children being mislabeled, stigmatized, and treated unfairly. Though only four of the 13 participants, or 31%, were diagnosed with ADHD as children, seven of the 13 participants, or 54%, reported being labeled as “bad” when they were children. P1 stated,

I was absolutely treated differently because I noticed there were kids that were not African American that were diagnosed with ADHD that were just treated a whole lot better. I think that when African American kids are diagnosed with ADHD, we are kind of looked at as the bad children. So, I absolutely dealt with that when I was younger.

P13 added, “I was just labeled a bad kid. ADHD wasn’t really diagnosed then. I was just considered bad, bad black girl. Bad, black, mouthy, know it all black girl.”

Additionally, three of the 13 participants, or 23%, reported that teachers requested that they be placed in a special education program. Two of the parents refused the request because they feared their child being singled out, labeled, or stigmatized. P1 shared, “They wanted to put me in special education but, I did not go to special education. My grandmother was completely against it.” P8 stated,

One of my teachers mentioned to my mom that maybe a special ed program would be a better option for me. My mom was pretty upset about it, and she was

like, ‘No, nothing’s wrong. My baby should not go into that class!’ So, the classes were declined because my mom, and I think like most parents, probably thought that those classes were for kids that we're incapable of learning or that, you know, for lack of a better term, like, not smart.

Discrepant Cases

Eight discrepant and nonconforming cases were revealed through responses to the interview questions. These discrepant cases were addressed in subthemes 3a and 3b, theme 5, and subtheme 8a of the results.

Summary

Chapter 4 presented a detailed description of Giorgi’s (2012) descriptive phenomenological analysis process. The demographics of the participants were provided and details of the setting in which the interview took place. The data collection and data analysis process was described. Evidence of trustworthiness and background childhood information was also included. To address the research question, the 13 participants shared their unique experiences pertaining to the lived experiences of intersectional stigma of African American college women with ADHD. While each participant’s identity and geographical location were not identified, similar struggles revealed one overarching theme of “Struggled in College” and eight themes outlining a common college experience of intersectional stigma.

The eight common themes revealed were: Disruptive ADHD symptoms that affected the college experience; no preparation for what to expect in college; experiences of discrimination and stigma; experiencing overwhelming feelings and emotions;

accommodations accessed to assist with academic challenges; strategies for coping and adapting to the challenges of ADHD in college; teaching in multiple intelligences to improve the college experience; and early diagnosis and support is the key to success. Seven subthemes were also revealed.

Chapter 5 will review the purpose and nature of the study and why it was conducted. I will summarize key findings and reveal how the results confirm, disconfirm, or extend knowledge in the discipline. I will also analyze and interpret the findings in the context of the theoretical and conceptual framework, describe recommendations for future research, and describe the potential impact of positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Chapter 5 is dedicated to the discussion, conclusions, and recommendations revealed as a result of the study. The purpose of this qualitative study was to explore and document the intersectional stigma experiences of African American college women with ADHD. These descriptive recounts included the external experiences of the participants as well as the internal intersectional stigma experiences of the participants (Giorgi, 2009). Previous studies conducted on the experiences of women with ADHD (e.g., Guelzow et al., 2017; Holthe & Lavick, 2017) did not cover the intersection of stigmas experienced by African American college women with ADHD. Giorgi's five-step descriptive phenomenological method was used to collect data through 13 semistructured interviews. By conducting comprehensive interviews with each participant (Sundler, 2019), I was able to gain a rich, in-depth understanding of the lived experiences of intersectional stigma and the corresponding obstacles to obtaining a high-quality education, as described by African American college women with ADHD. The results of this study examining the intersectional stigma experienced by African American college women with ADHD revealed "struggled in college" as an overarching theme and eight themes and seven subthemes as identified in Table 2.

Key findings resulting from this study were (a) early diagnosis and treatment of ADHD are essential in order to provide the tools and support needed for success in college; (b) untreated symptoms of ADHD can be disruptive to the academic success of African American college women; (c) support is needed to help African American women with ADHD transition from high school to college; (d) African American women

with ADHD are reluctant to reveal their diagnosis to professors because they fear stigmatization and discrimination; (e) accommodations, academic coaching, and therapy can help African American women with ADHD succeed in college both academically and socially; and (f) teaching to multiple intelligence may ensure that the different learning styles of those with ADHD are addressed.

Interpretation of Findings

Chapter 2 contained comprehensive peer-reviewed literature on intersectional stigma experienced by African American college women with ADHD (Crenshaw, 1995). The findings of this study confirmed that African American college women with ADHD encountered intersectional stigma and marginalization, resulting in social isolation, psychological distress, and academic challenges. Early diagnosis, college transitional support, accommodations, and counseling should be encouraged to maintain the mental, social, and academic health of African American college women with ADHD. The findings are expressed through themes and subthemes that were revealed from the semistructured interviews.

Overarching Finding

The findings from this study revealed an overarching finding that the participants struggled in college. A majority of the participants shared that college was a challenge for them. Seventy-seven percent of the participants reported experiencing difficulties, particularly in classes that did not interest them, such as math classes that required extensive knowledge retention. P6 shared that she had a hard time just sitting still in a math class. Others found that courses that required a lot of writing and essays to be

difficult for them. P3, P6, and P10 reported that writing papers was very stressful and took a great deal of time to complete a writing assignment. The participants also explained that sometimes they had to stay up all night to complete a paper and still did not complete it in time. Kwon et al. (2018) and Saleh et al. (2018) mentioned that college students with ADHD are more likely to encounter numerous academic barriers that can affect the completion of their college degrees. This study confirms the knowledge of the research because the academic challenges of the participants with ADHD are verified.

As a result of the participants' college struggles, 62% reported that their graduation date was delayed or that they dropped out of school entirely. Many of the participants attributed these difficulties to undiagnosed ADHD and a lack of resource support. P3 stated that she did not know she had ADHD when she first started college and did not receive the resources needed to support her. This lack of support resulted in her taking longer than expected to receive her bachelor's degree. P6 shared that because she lacks support, she has been trying to complete her degree for over 20 years and has not yet been successful. P8 has been struggling to complete her undergraduate degree for seven years and has dropped out several times. The participants confessed that ADHD played a role in their academic challenges. Agnew-Blais et al. (2016), Ahmann et al. (2018), Saleh et al. (2018), and Tinklenberg et al. (2018) explained that college students who presented persistent symptoms of ADHD are more likely than students without ADHD to experience academic obstacles that can lead to higher academic probation, higher class withdrawal rates, and ultimately lower retention rates. This study confirmed

the knowledge of the research because the delayed graduation date, academic probation rate, and lower retention rate of the participants were verified.

Finding 1: Disruptive ADHD Symptoms That Affected the College Experience

The first finding was that the study's participants indicated that their ADHD symptoms contributed to their struggles in college. Seventy-seven percent of the participants reported encountering academic challenges directly related to their ADHD symptoms. ADHD symptoms reported being the most disruptive included problems in memory, focusing, organization, prioritizing, time management, and procrastination. P1, P4, and P8 mentioned that one of their most impeding ADHD symptoms was their inability to focus. Their inability to focus caused them to be distracted, and as a result, they missed deadlines for assignments. Many of the participants reported disorganization as a significant problem during their time in college. P5 shared that her disorganization causes her not to attend classes at times. P2 was completely disorganized with her schoolwork and could not focus on and prioritize important things, which made school very stressful. P9 mentioned that her executive functioning around organization was a crucial issue for her. P9 explained that she was not motivated to get assignments completed. Saleh et al. (2018) and Tinklenberg et al. (2018) reported that college women with ADHD face academic difficulties in the areas of focus, organization, and motivation, which can affect the completion of assignments and, as a result, their grades. This study confirms the findings of previous research regarding the effects of disruptive symptoms of ADHD.

Thirty-one percent of the participants reported significant problems in the area of memory or retention of information. P3, P9, and P11 said that because they were having problems retaining information, they wasted a lot of time reading and repeatedly became frustrated with reviewing the same information. Moreover, 46% of the participants mentioned procrastination as a major roadblock to their academic success. P3 and P7 stated that they always waited until the last minute to complete an assignment. As a result of this procrastination, it became more challenging to complete the needed tasks to finish the courses. P6 and P3 shared that they were very overwhelmed with getting around to doing and completing an assignment. De Oliveira and Dias (2017), Molitor et al. (2019), and Young et al. (2020) found that women are more likely to present inattentive symptoms of ADHD that can affect memory, motivation, and executive functioning that can be exacerbated when coupled with the stresses of school. This study confirms the knowledge of the research because the effects of ADHD on performance in school are verified.

Finding 2: No Preparation for What to Expect in College

The second finding revealed by the study was that the participants expressed that they were not sufficiently prepared for what to expect in college. Sixty-two percent of the participants shared that no one had helped them plan for what to expect in college. Fifty-four percent of the participants reported that when they went to college, they lost direction because they lacked the skills, guidance, and support needed to be successful. The lack of guidance, structure, and support resulted in the participants partying a lot and neglecting schoolwork. P7 stated that she did not study because no one had ever taught

her how to study. She also shared that college was a lot more complicated than it should have been because she lacked the needed adaptive skills. P7 then turned to the comfort of partying with her friends. P9 added that when the structure and support of family were removed, she was left without anyone to guide her and to tell her to go to class. She continued to explain that when her structure was removed, her ADHD symptoms got worse. P10 shared that she had no idea of what to do so, she ended up doing a lot of partying and drinking, which affected her grades. She explained that she did not have a good balance. Campbell et al. (2019) and Primm (2018) explained that challenges experienced by unprepared African American college students include lack of support, unfamiliarity with college norms, and lack of connection. This study confirmed the knowledge of the research because the experiences of African American college students who were not adequately prepared were verified.

Finding 2a: First in Their Families to Attend College

One reason for the inadequate preparation was that these participants were the first in their family to go to college and, therefore, had no familial role models to help them. P1 explained that because no one prepared her for what to expect in college, her first semester produced the lowest GPA that she had ever had. Because she was not given a blueprint for what to do and what to expect, she used her newfound freedom to party a lot. P6 noted that if she had been prepared for what to expect in college, she would have understood the university process. She would have been advised where to go to access different services such as financial aid, tutoring, and other support services. Malott et al. (2020) maintained that first-generation African American college students encounter

multiple challenges, including lack of preparation, exclusion, isolation, self-doubt, and unwelcoming campus climate. This study confirms the knowledge of the research because the experiences of first-generation college students are verified.

Finding 3: Experiences of Discrimination and Stigma

The third finding of this study was the participants' experiences of stigma and discrimination while attending college. Ninety-two percent of the participants interviewed reported that they experienced some type of stigma or discrimination during their time in college. Primm (2018) produced findings that showed that African Americans had experienced a lack of connection with professors and students, stereotypes, discrimination, and hostile campus climate. P5 shared that she did not feel discriminated against because of her race or gender, but she did feel discriminated against because of her disability. P7 added that she was confronted with racism for the first time when she went to college. The racism that she encountered was described as a type of undercover microaggression.

Finding 3a: Experiences of Sharing ADHD Diagnosis with Professors

Seventy-seven percent of the participants reported experiencing discrimination received directly from their professors. P1, P7, P8, and P12 disclosed specific instances when they encountered discrimination from their professors. P1 recalled that she encountered a professor who asserted that African Americans did not have strong writing skills. This proclamation from her professor made P1, as an African American, feel discriminated against. P7 shared that she also encountered discrimination from her professors regarding her ability in the classroom. P7 shared that one of her professors

said that Black students should not expect to receive more than a “C” in his class because they were not genetically able to do so. P7 explained that she felt as though she was not treated the same as the White students in her class. P8 reported feeling like her professors did not regard her the same as the White students. P8 stated that she felt like they thought of her as a stereotypical lazy, unintelligent Black woman. P12 added that one of her professors told her that college was not for her.

Sixty-nine percent of the participants expressed apprehension about disclosing their ADHD diagnosis with their professors or requesting accommodations because they feared the stigma or discrimination that they would encounter. P1 and P3 shared their concerns about sharing their ADHD diagnosis with their professors. P1 stated that though she exhibited extreme ADHD symptoms, she was reluctant to share with her professors because she wanted to be judged on her own merits. P1 noted that when she shared her ADHD diagnosis with a couple of her professors, they thought she was just using it as an excuse and did not take her seriously. P3 added that she was leery of sharing her ADHD diagnosis.

Cénat et al. (2021), Primm (2018), and Von Robertson and Chaney (2017) maintained that African American college women experience hostility from both students and professors on campus. This hostility has been demonstrated in acts of stigma, stereotypes, and microaggression related to race and gender. African American college women have also reported being treated as unintelligent and with low expectations by their professors and staff, resulting in a lack of connection. Canu et al. (2020) and Donovan and Guillory (2017) added that the effects of intersectional discrimination

experienced by African American college women could negatively affect the students' academic engagement, thereby contributing to academic failure and, ultimately, early withdrawal from college. This study confirms the knowledge of the research because the acts of stigma, stereotypes, and microaggression related to race and gender experienced by African American college women are verified. This study also extends the knowledge of the body of research by demonstrating that in addition to the acts of stigma, stereotypes, and microaggression related to race and gender, the participants experienced stigma, stereotypes, and microaggression based on disability (ADHD) as well.

Finding 3b: Experiences with Students and Problems Making and Keeping Friends

Seventy-seven percent of the participants reported that they encountered discrimination and microaggression directed at them by fellow students. The participants explained that these experiences gave them a feeling of disconnect and isolation. P4 recalled encountering microaggression from her White dormmates but remained passive and did not confront the dormmates because she wanted to fit in and to be liked. P6 shared that she could not connect culturally with her White classmates. P6 explained that she found that she was always conscious of her words and tone in class so that she would not come across as the "angry Black woman." P7 remembered witnessing the fraternities having "Blackface" parties. She recalled seeing signs placed throughout the quad openly advertising the parties. P7 also recalled experiencing a lot of microaggression from her White roommate, who hid her valuables because she thought P7 might steal them. P7 also remembered remarks from other students saying that she only got into the university because of Affirmative Action.

A majority of the participants reported having problems with making and keeping friends. Fifty-four percent of the participants reported experiencing isolation, rejection, and loneliness when attempting to form friendships in college. P2 shared that she had problems making friends in college because she was displaying symptoms of ADHD. P2 explained that no one wanted to work with her even during group assignments and that she was not invited to social events, clubs, or parties, leaving her feeling lonely and isolated. Though P3 reported having friends in college, she shared that she also experienced rejection from some groups. P7 disclosed that the other students always considered her to be strange. P10 recalled being socially awkward and being teased by her roommates.

DuPont-Reyes et al. (2020) and Primm (2018) maintained that African American college women with ADHD may experience intersectional stigma and marginalization, leading to feelings of rejection and social isolation. Kaur et al. (2018), Langlois (2020), Rahimi and Shojaei (2017), and Stewart (2018) added that these encounters of intersectional stigmas and marginalization could also lead to difficulties in fitting in socially, making and keeping friends, and self-esteem, which can lead to antisocial behavior, and ultimately academic failure. This study confirms the knowledge of the research because the intersectional stigma experiences of African American college women with ADHD are verified.

Finding 3c: Feelings of Imposter Syndrome and of Not Belonging

Sixty-two percent of the participants recalled experiencing feelings of inadequacy, not belonging, or of impostor syndrome. The participants expressed that they felt

different from the other students, as though they did not fit into the group. These self-perceptions adversely affected the participants' social acclimation and academic success. P6 and P7 felt academically intimidated by their fellow students. P6 shared that she felt like an impostor because she felt that the other students knew more than she. She was afraid to contribute to group conversations because she did not feel that she had the intellect to express herself. P7 stated that she experienced impostor syndrome for the first time when she started to attend college. She felt self-consciousness about her race, socio-economic status, and academic ability. P7 added that though she always felt socially awkward and did not fit into the crowd, she masked it and pretended she belonged. P8 mentioned that she felt different because she was one of the few African Americans at her school. P8 added that because she was an African American with ADHD, she felt as though her classmates thought of her as strange. P9 explained that it took her seven years to work up the courage to apply to her program because of her fear of inadequacy. She feared that because of her ADHD symptoms, she would not be accepted into nor complete the program. P10 felt intimidated by the professors and students in college. She felt like she was taking up too much space and was not comfortable in her college environment.

Lige et al. (2017) and Von Robertson and Chaney (2017) revealed that many African American students describe their experiences as unwelcomed, particularly on predominately White campuses. Furthermore, stereotypes and rejection directed toward African American students may give these students a feeling of not belonging, often resulting in social isolation, marginalization, and feelings of inadequacy. Brown et al.

(2017) and Primm (2018) added that the isolation and rejection experienced by African American students could lead to problems adjusting to life on campus and fitting into social groups. This study confirms the knowledge of the research because the African American college women's feelings of rejection and inadequacy are verified.

Finding 4: Experiencing Overwhelming Feelings and Emotions

The fourth finding revealed by the participants was the participants' experiences with overwhelming feelings and emotions. All of the study participants reported experiencing a combination of emotions and feelings during their time in college, including anger and frustration, shame and embarrassment, and depression and sadness. Forty-six percent of the participants recalled experiencing feelings of anger and frustration due to their college experiences. P5 stated that she felt a lot of anger and animosity toward other students because of how they treated her. P9 shared her frustration over her schoolwork became so overwhelming that her children had to sit her down and force her to complete her homework. Fifteen percent of the participants reported feelings of shame and embarrassment concerning the effects of ADHD on their academic progress. P6 shared that because of the stigma that she felt about not knowing what the other students in her class knew, she felt shame and embarrassment about being there. P8 stated that she felt embarrassed because she knew that she was capable of doing what the other students were doing but were not able to get there because of her symptoms.

Fifty-four percent of the participants reported experiencing extreme emotional reactions that resulted in crying, sadness, and in some cases, depression. P2 stated that

she became distressed that her classmates did not understand her and her struggle. She added that at times she would cry. P5 stated that she was sad and depressed during her entire time in college. She added that she wished that she could just be like everyone else. P7 shared that her ADHD caused her to have a lot of depression and anxiety. She further stated that there were times when she would stay locked up in her dark apartment for weeks at a time. P8 recalled that her depression got so bad that she had to go and see a psychologist. P11 confessed that her distress came from the fact that people did not understand that people with ADHD try very hard to grasp the concepts and learn, but the symptoms of ADHD made it very hard to do. She shared that she would cry every day because she wanted to learn but could not.

Donovan and Guillory (2017), Kaur et al. (2018), and Meza et al. (2016) found that the stigmatization, stereotypes, marginalization, and discriminatory practices, experienced by African American college women with ADHD presented a higher occurrence of psychological and emotional distress, drug abuse, sleep issues, eating disorders, depression, and anxiety than their male counterparts. As a result of their psychological distress, Hernández-Saca et al. (2018) and Stergiopoulos et al. (2020) surmised that African American college women have a higher occurrence of self-isolation self-injury, and suicide attempts compared to their male counterparts. This study confirms the knowledge of the research because overwhelming feelings of depression experienced by African American college women are verified. This study also extends the knowledge of the body of research by adding anger, frustration, shame, and

embarrassment to the psychological and emotional distress experienced by African American women with ADHD.

Finding 5: Accommodations Accessed to Assist with Academic Challenges

The fifth finding revealed by the study was the participants' use of accommodations to assist with academic challenges caused by ADHD. Seventy-seven percent of the participants found their college or university accommodations resources to help navigate the academic obstacles caused by ADHD. The resources most utilized were tutoring services, advising services, audio recording lectures, extended time allotted to complete assignments, tests, and exams. Fifty-four percent of the participants utilized tutoring services to assist them academically; 46% found advising services helpful; 15% found that recording lectures to be invaluable; 46% shared that additional time allowed to complete assignments and tests was useful. P1 shared that it was very, very important to her and contributed to her success. P6 also found tutoring to be a helpful resource, especially with her math courses. She also utilized extended deadlines for assignments. P7 stated that although they did not have official disabled student services when she attended college, they did have tutoring services that she found helpful. P9 explained that she received extended deadlines and audio recording privileges. She needed more of a system put into place to help with her ADHD academic struggles. P3 and P11 found the support of the disabled students' office to help guide them through the accommodation process. They would meet with their counselor each semester and make an accommodation plan that worked for them. P13 found the assistance of tutoring and mainly her advisor to be instrumental in her academic success.

Gormley et al. (2016) and Von Robertson and Chaney (2017) found that it was beneficial for students with ADHD to utilize support services available to them from the disabled Student Services of their university. Ahmann et al. (2018) and Gormley et al. (2016) explains that the available resources include tutoring, advising, preferred seating in the classroom, allowing the use of recording devices and laptop computers to record lectures, access to professor's notes, and additional time to complete assignments and exams. D'Alessio and Banerjee (2016), Ganguly and Perera (2019), and Srivastava et al. (2017) add that students with ADHD should seek assistance in academic accommodations, academic counseling, and ADHD coaching, which can help with academic and social issues. Accommodations are valuable tools that can help prevent academic failure and college dropout. Gormley et al. (2016) maintained that if African American students accept the provided services and effectively communicate with professors, they are more likely to have a more successful outcome than if they do not take these steps. This study confirms knowledge of the research because the importance of the use of accommodations for those with ADHD is verified.

Some of the participants expressed apprehension about accessing accommodation for fear of being stigmatized. P5 and P8 chose not to utilize accommodations because they feared the stigma attached to accessing such help. P5 disclosed that she did not feel comfortable opening up to anyone about her ADHD because she feared the stigma. She chose not to utilize any accommodations provided by the university. P8 mentioned that she was afraid to mention her diagnosis because she did not want to be judged as weak, lazy, or as someone using it as an excuse. She, therefore, did not seek accommodations.

Ahmann et al. (2018), D'Alessio and Banerjee (2016), and Yates et al. (2015) explained that though support services are made available to students with learning disabilities, many do not use the services offered because they fear being stigmatized. Holthe and Langvik (2017) and Kaur et al. (2018) concluded that these individual symptoms of ADHD would only exacerbate without the needed support, causing a significantly lower college retention rate among African American women compared to their White counterparts who do not have ADHD. This study confirms the knowledge of the research because some students refuse accommodations because they fear stigma is verified.

Finding 6: Strategies for Coping With the Stigma and Challenges of ADHD in College

The participants reported that they had developed coping skills to help them cope with the demands of college. Seventy-seven percent of the participants shared that they used relaxation and coping techniques to help navigate and cope with college life's stigma, stress, pressures, and challenges. One of the strategies shared included meditation, therapy, and self-medication.

Finding 6a. Coping by Using Meditation, Therapy, and Self-Medicating

Fifty-four percent of the participants coped with the stigma and stresses of ADHD and college by utilizing meditation, therapy, and self-medicating. Twenty-three percent of the participants explained that meditation was a very effective tool to help stay focused and grounded. P1 shared that she uses prayer as her form of meditation. She explains that

meditation, reflection, and prayer are very important, though it is difficult to stay focused. P10 agreed that meditation is helpful activity to assist in staying grounded and mindful.

Thirty-eight percent of the participants ported that therapy was an essential tool in helping to develop coping skills. P1 shared that she thought that most recommendations for coping with ADHD are geared toward the needs of White rather than African American women. Therefore, P1 felt that therapy was a vital tool to assist in coping with the demands of ADHD in college. P2, P5, P6, and P8 agreed that therapy was a valuable tool to help to deal with their ADHD symptoms. P8 reported that therapy was beneficial in her getting the diagnosis and medication needed to help her navigate the stresses of college.

Fifteen percent of the participants confessed to turning to self-medication as a coping mechanism to assist in managing the emotional challenges of ADHD in college. P8 disclosed that she started using marijuana after being placed on academic probation between her first and second year of college. P10 admitted to using marijuana as a reprieve from her problems. However, she discontinued her use of marijuana after it adversely affected her brain chemistry.

Holthe and Langvik (2017) and Meza et al. (2016) purported that it was essential to address the issues of stigma in women with ADHD to prevent them from turning to drugs as a coping mechanism. Additionally, Glynn and Schaller (2017) and Mattox and Vinson (2018) stressed the importance of seeking therapy the proper medication to help African Americans navigate the challenges and perils of ADHD. This study confirms the knowledge of the research because the use of therapy and the proper medication for

ADHD to help avoid self-medication are verified. This study also extends the knowledge of the research by adding meditation as a viable mechanism for coping with the symptoms and stresses of ADHD.

Finding 6b. Taking Control by Keeping a Detailed Schedule and Self-Advocating

While interviewing the participants, many stressed the importance of coping with the stigma and challenges of ADHD by keeping a detailed schedule or calendar to stay organized and ensure that they are getting the services and support they are entitled to advocate for themselves. Fifteen percent of the participants found that keeping a detailed schedule or calendar helped them with their organization. P3 shared that she needed to keep a color-code calendar to help her to stay structured and to help to manage her time better. P8 adds that a detailed calendar is critical to her. She asserts that by keeping a calendar, she was able to keep track of her time and make contingency plans in case the initial plan has to be modified. Fifteen percent of the participants declared that self-advocacy was an essential component in successfully managing their ADHD needs. P9 maintained that she took control and advocated for herself by sharing her ADHD diagnosis with her school and requested the accommodations needed to be academically successful. P11 added that she worked closely with her disabled student's advisor to help to develop strategies and skills to address conflicts and problems encountered with professors. These skills empowered her to be a strong advocate for herself.

D'Alessio and Banerjee (2016), Gatlin et al. (2016), and Prevatt et al. (2017) maintained that it is essential that students with ADHD develop the skills and strategies needed to help cope with their challenges and limitations. ADHD coaching is

recommended as a valuable tool to help develop the needed skills to navigate and cope with the challenges of ADHD. ADHD coaching can help develop self-confidence, study skills, planning skills, effective time management, organizational skills, completing tasks, and problem-solving skills. ADHD coaching interventions can also help develop strategies to help those with ADHD handle discrimination and social interactions. This study confirms the knowledge of the research because the need for students with ADHD to develop planning, time management, and organizational skills is verified. This study also extends the knowledge of the research by adding self-advocacy as a valuable strategy for coping with the academic and social challenges of ADHD.

Finding 7: Teaching in Multiple intelligences to Improve the College Experience

While interviewing the study participants, the subject of learning in multiple intelligences consistently emerged as a topic of discussion. Seventy-seven percent of the participants stressed the importance of teaching students with ADHD in multiple intelligences or different learning styles. The participants explained that because they learn in different ways than what is traditionally taught in the classroom, they should be taught in these different styles or intelligences to increase self-esteem about ability and be successful academically. P1 commented that teachers should learn how to teach in different styles to accommodate all students learning styles. P7 stated that she preferred teachers to give her the material and cover it so that she processes it best. P9 added that everyone is not going to need the same academic tools, and therefore, everyone is not going to benefit from the academic tools that someone else has made. P10 shared that learning should be a whole-body experience. She explains that she learns best when she

is doing movement in class. She thinks that professors should take the time to understand how she and other students learn best.

The participants mentioned that some professors are beginning to understand that students learn in different ways and are, therefore, beginning to incorporate the different learning styles into their lesson plans. P11 noted that she had a professor who did attempt to teach students in different learning styles. She shared that her professor taught the whole class different ways to study. He also demonstrated that students could use colors to emphasize and categorize important concepts. P11 added that software that converts books into a PDF document that reads the book out loud could be beneficial to audio and visual learners. P13 expressed that when a paper is due, those with different learning styles should instead be allowed to create and present a video clip saying the same thing.

Najafi et al. (2017) and Sfrisi et al. (2017) demonstrated that when a student with ADHD is taught in a learning style that is best suited for them, they show academic improvement. Furthermore, according to Najafi et al. (2017), teaching children with ADHD in the multiple intelligence or learning style they best learn can increase self-confidence and decrease behavior problems. This study confirms the knowledge of the research because teaching in multiple intelligences increases self-esteem, and academic success is verified. This study also extends the body of research knowledge by adding details of how to teach in multiple intelligences at a college level.

Finding 8: Early Diagnosis and Support Is the Key to Success

This study primarily focused on the participants' experiences as adults in college. However, the participants also shared their experiences in school during childhood.

Sixty-one percent of the participants reported that they were smart in elementary school. P3, P6, P7, P8, and P13 stated that school was not a challenge for them and that they were considered exceptional learners who performed at the top of their classes in elementary school. These participants added that they were also considered for or placed in gifted programs. P8 and P13 noted that in addition to being advanced gifted learners in elementary school, they both maintained straight “A’s” until they entered college. According to Najafi et al. (2017), having ADHD does not significantly affect an individual’s IQ score. This study confirms the research knowledge because ADHD does not affect intelligence. This study also extends the knowledge of the research by demonstrating that a high school to college transition program for those with ADHD can be beneficial to their academic success.

Because 69% of the participants were diagnosed as adults (see Table 1), the participants emphasized the importance of early and accurate ADHD diagnosis and treatment. P6, P7, P8, P9, and P10 expressed that early diagnosis and treatment of children with ADHD can help give them the skills, support, and strategies essential to successfully transition from high school to college and succeed while in college. P6 shared that it would not have taken her 20 years to complete a bachelor’s degree if she had been diagnosed earlier. P9 disclosed that had she been diagnosed at a younger age, she would have had skills in place to help her become more successful in undergraduate school. P7 and P10 confessed that it would have made a big difference in their lives if they had been diagnosed and treated earlier.

De Oliveira and Dias (2017) and Young et al. (2020) reported that as a result of being underdiagnosed with ADHD as children, women had become the fastest-growing demographic of both types of ADHD diagnoses (i.e., compulsive/hyperactivity and inattentive), with more than half of the adult diagnosis being women. Additionally, Mattox and Vinson (2018) maintained that ADHD should be addressed early so that cognitive and learning issues do not cause long-term academic deterioration. The early diagnosis of ADHD will give children access to academic support, skills, and strategies that will help them succeed academically. This study confirms the knowledge of the research because the need and benefit of early ADHD diagnosis and support are verified.

Finding 8a. Apprehensive Parents

Contrarily to the assertion of the importance of early ADHD diagnosis, the participants also shared their concerns about African American children being mislabeled, stigmatized, and treated unfairly. Though only 31% of the participants were diagnosed with ADHD as children, 54% recalled being labeled as “bad” when they were children. P1 conveyed that she was treated differently than the White children who were diagnosed with ADHD. She added that while the White children with ADHD were treated like they had a condition, African American children with ADHD were just considered bad with behavior problems. P13 shared that she was labeled a “Bad, black, mouthy, know it all black girl.”

Alvarado and Modesto-Lowe (2017) and Lawson et al. (2017) maintained that African American children who are screened for ADHD are more likely to be over-diagnosed with behavior or Conduct Disorders (CD) than White children with similar

symptoms who are diagnosed with ADHD. Coker et al. (2016) and Mattox and Vinson (2018) inferred that due to the disparity in the appropriate diagnoses in African American children as opposed to their White counterparts, African American children had reduced access to the needed medication and academic support. This study confirms the knowledge of the research because the likelihood of African American children being misdiagnosed with conduct disorder instead of ADHD is verified.

Additionally, though 23% of the participants reported that their teachers requested they be placed in a special education program, 7% of those parents refused the request. These parents feared that their children were being singled out, labeled, or stigmatized. P1 shared that her grandmother refused to let her be placed in the special classes. P8 shared that when her teachers asked her mother about placing her into a special education program, her mother became very upset. P8 said that her mother refused the request because she thought that special education classes were for children incapable of learning. P8 noted that her mother felt as though she was singled out, and it was a form of discrimination.

Alvarado and Modesto-Lowe (2017), Foy (2018), Mattox and Vinson (2018), and Thurston et al., (2018) purported that African American parents tended to be apprehensive about allowing their children to be screened for ADHD for fear that their children may be misdiagnosed, stigmatized, discriminated against, socially ostracized, and unnecessarily placed in special education classes. This study confirms the knowledge of the research because the apprehension of African American parents in allowing their

children to be evaluated for ADHD because they feared discrimination and stigma is verified.

Theoretical Framework

The social stigma theory (Goffman, 1963) served as the theoretical framework for this research study. The social stigma theory focused on stereotypes of an individual's attributes, behaviors, or physical characteristics, which resulted in the individual being rejected by social groups in which they would otherwise have been welcomed. O'Shay-Wallace (2020) utilized the social stigma theory in research that addressed mental health, race, and gender issues. Young et al. (2020) mentioned the social stigma theory in a research study that involved women with ADHD. Guarneri et al. (2019) indicated the social stigma theory in research about how self-stigma is caused by how individuals internalize their peers' negative perceptions, resulting in their low self-esteem.

Conceptual Framework

The intersectional stigma theory served as the conceptual framework for this research study. The intersectional theory focuses on the stereotypes of the intersection of two or more stigmatized traits such as gender, race, class, sexuality, and disability, which results in an experience specific to the intersection of traits (Crenshaw, 1991). African American college women with ADHD experience intersectional stigmas which can affect social acceptance and mental and emotional health (Hernández-Saca et al., 2018; Oexle & Corrigan, 2018). Stergiopoulos et al. (2020) found that Intersectional stigmas can negatively affect the stigmatized person's social identity and quality of life. The intersectional stigmas directed toward African American college women with ADHD can

cause challenges to the completion of their degree program compared to those who do not have intersectional stigmas (Kwon, 2018).

Theoretical and Conceptual Framework Analysis

The findings of this study supported both the social stigma and the intersectional stigma theories. The findings confirmed that African American college women encountered social stigma and intersecting stigmas of race, gender, and ADHD. The study results revealed that the participants experienced stigma and intersectional stigma from professors and fellow students. The results of the stigmas experienced by the participants resulted in the participants encountering discrimination, microaggression, and social ostracization. As a result of their experiences of multiple stigmas, the participants suffered from impostor syndrome, emotional disturbances, and academic failure. The experiences of stigma encountered by the participants are consistent with the social stigma theory's contention that stigmatization can prevent the stigmatized person from receiving social acceptance. The participants' experiences of stigma are consistent with the intersectional stigma theory claim that African American women face inequalities on many different levels, including race and gender.

Limitations of the Study

This study provided a comprehensive description of intersectional stigma experienced by African American college women with ADHD. Several limitations were identified while conducting this research. Limitations are elements that may affect the outcome of the study (Almeida et al., 2017). The first limitation observed was that the participants were all African American women who were at least 18 years old, diagnosed

with ADHD, and completed at least one year of college. Therefore, the experiences of the participants were specific to their perceptions. Consequently, this study may not be generalizable to individuals of other races, males, minors, those not diagnosed with ADHD, or those who had not attended at least one year of college. A limitation related to this study's descriptive phenomenological approach was, the scope was limited to a small number of 13 participants. These limitations may cause concerns for transferability because the sample size of this study was small and was specific to the population of African American college women with ADHD.

Recommendations for Future Research

This study was conducted to explore the lived experiences of intersectional stigma described by African American college women with ADHD. Based on the strengths and limitations of the current study and the literature reviewed, recommendations for future research were revealed. The current studies on this research topic only focused on women with ADHD. However, they did not specify the participants' ethnicity. Further qualitative research could explore the intersectional stigma experiences of college women with ADHD of other underserved ethnicities, such as Latinx and Native Americans. Secondly, the current study emphasized the intersectional stigma of African American college women with ADHD. However, other types of learning disabilities were not included in this study. Future research can be conducted on the intersectional stigma of African American college women on the autism spectrum.

Additionally, the present study focused on the intersection of ethnicity, gender, and disability (i.e., African American, woman, ADHD). However, future studies should

explore intersections of two or more different traits, such as race, gender, sexuality, class, and disabilities, resulting in unique life experiences for those who possess these intersections of traits. Lastly, teaching in multiple intelligences was revealed in the findings to affect the participants' academic progress positively. Future research to explore the effects of teaching children with learning disabilities in multiple intelligences is recommended.

Implications of Positive Social Change

African American college women with ADHD may experience intersectional stigmas, which can cause problems with social acceptance (Oexle & Corrigan, 2018) and academic advancement. This study aimed to understand better the lived experiences of intersectional stigma related to African American college women with ADHD. The primary finding of this study may contribute to the current body of literature on stigma and intersectional stigma and encourage future research on the effects of stigma and intersectional stigma on vulnerable groups and underserved communities.

Moreover, the results of this study may encourage high schools to conduct more rigorous ADHD screening of people of color and to implement a mentoring program to assist and support those with ADHD as they transition from high school to college and beyond. The findings from this study indicated that students with ADHD learn best when taught in the ways they learn best. Therefore, implementing a program to teach children in multiple intelligences can be essential in the academic success of those with ADHD who learn in untraditional ways. The potential social implications of the results of this study may be to provide college administrators with a better understanding of African

American college women with ADHD needs and challenges and provide data to help develop support and services that will assist in this populations' academic and social success.

Conclusion

African American college women with ADHD must endure the triple threat of intersectional stigma associated with being African American, woman, and having ADHD (Crenshaw, 1995). While in college, these women must also endure microaggression, discrimination, marginalization, and social ostracization while staying afloat academically. Previous studies conducted on the topic of stigma related to women diagnosed with ADHD (e.g., Guelzow et al., 2017; Holthe & Lavick, 2017) did not address the compounding impact of intersectional stigma experienced by African American college women with ADHD. This descriptive phenomenological study was needed to understand the intersectional stigma experiences of African American college women with ADHD.

Thirteen semistructured interviews were conducted with African American college women with ADHD to understand their intersectional stigma experiences better. The participants shared their experiences of stigma, discrimination, and marginalization, and social isolation in college. The study's findings revealed that the participants struggled in college. Other findings revealed in the study were that disruptive ADHD symptoms made college challenging for the participants both academically and socially. The participants were unprepared for what to expect when they entered college, causing them to lose direction and focus. Additionally, reports of participants' stigma,

discrimination, and social isolation were recorded. Overwhelming feelings and emotions, accommodations, coping skills, the need for instruction in multiple intelligences, and early detection were also discussed.

Moreover, the results of this study may bring social change by encouraging high schools to conduct more rigorous ADHD screening of people of color and to implement a mentoring program to assist and support those with ADHD as they transition from high school to college and beyond. Another potential impact for social change is to teach children using multiple intelligences because students with ADHD learn best when taught in the ways they learn best. The final potential for social change for this study may be to provide college administrators with a better understanding of African American college women with ADHD needs and challenges and provide data to help develop support and services that will assist in this populations' academic and social success.

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Appendix: Interview Instrument

Hello, my name is Angela Elahi. I am a Ph. D student at Walden University's School of Psychology Program, specializing in Educational Psychology. The study that I am conducting is entitled: The Lived Experiences of Intersectional Stigma of African American College women with Attention-Deficit Hyperactivity Disorder. This study's results may bring social change by providing college administrators with a better understanding of the needs and challenges of African American women with ADHD and provide data to assist in developing support and services that will assist in the academic success of this population. This interview is completely voluntary, and you may stop the interview at any time for any reason.

RESEARCH QUESTION	INTERVIEW QUESTIONS
RQ Qualitative: How do African American women in college with ADHD describe their lived experiences of intersectional stigmas?	IQ1: Can you tell me about your experiences in college? Probe: What was your relationship with your professors/fellow students?
	IQ2: Have you encountered any acts of discrimination related to your being an African American woman with ADHD attending college? Probe: Acts of microaggressions? Probe: Acts of stigma? Probe: How did it make you feel?
	IQ3: Please describe the support services that have been the most helpful to you. Probe: What resources were helpful. Probe: Tutoring/Advisors/Resources

Thank you for taking the time to participate in my study. I appreciate your willingness to meet with me to share your thoughts about your experiences. It was very informative. I will forward a copy of your transcript to you for your review. If you have any questions or concerns, please do not hesitate to contact me.