WHAT DOES ADOLESCENT FICTION COMMUNICATE ABOUT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER AND ADHD-RELATED STIGMA?

by
Courtney R. Billet

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Abstract

Because stigma can negatively affect adolescents living with attention-deficit/hyperactivity disorder (ADHD), communication practitioners must understand the sources and content of messages that contribute to stigma and to work to counteract them. Examining portrayals of ADHD in adolescent fiction offers insight into one source of meaning about the disorder. Previous studies by Leon (1997), Demetrulias (2000), and Prater, Johnstun, and Munk (2005) have examined portrayals of ADHD in adolescent fiction but did not specifically examine stereotypes and stigma. This study employs qualitative content analysis to evaluate five works of adolescent fiction as vehicles for gaining understanding about ADHD. Specifically, this study examines how adolescent novels describe symptoms, management of symptoms, and causes of ADHD and the long-term prognosis for characters with the disorder. The study also examines stereotypical and anti-stereotypical qualities assigned to characters with ADHD and evaluates how these characters encounter and manage ADHD-related stigma using communication. This analysis reveals that adolescent fiction sends incomplete or mixed messages about ADHD and could exacerbate rather than alleviate stigma. These findings expand understanding of ADHD-related narratives circulating in contemporary society and may inform future entertainment-education efforts to counter ADHD-related stigma. Future research should include examinations of how these messages are received and internalized by adolescent audiences and the extent to which similar messages occur in other media such as contemporary television and film.
Readers:

Susan Allen, MA

Memi Miscally, DrPH, MPH
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What Does Adolescent Fiction Communicate about
Attention-Deficit/Hyperactivity and ADHD-Related Stigma?

This study examines fictional portrayals of attention-deficit/hyperactivity disorder (ADHD) and the lived experiences of characters affected by the disorder, with a particular focus on how stigma is experienced and managed using communication. ADHD is a long-term, chronic neurocognitive behavioral disorder that has been estimated to affect approximately 9% of children in the United States (Akinbami, Liu, Pastor, & Reuben, 2011). Symptoms include clinically significant levels of inattention with or without impulsivity and/or hyperactivity, which may lead to significant problems in school and extracurricular activities, at home, and in social relationships. Treatments may include medication, psychotherapy, and training focused on areas such as executive functioning (National Institute of Mental Health, n.d.). Despite the relatively common occurrence of ADHD, the disorder is not well understood and has become highly stigmatized, with many people denying its biomedical etiology and blaming “bad” kids, parents, and teachers for attention and conduct problems (National Resource Center on ADHD, n.d.).

Because ADHD-related stigma can become internalized by adolescents and negatively affect their quality of life, professionals in many lines of work, including communications professionals, need to understand what messages are communicating stigma and work to counteract them. Novels directed at adolescent readers potentially contain information about ADHD that may or may not be factually correct and could contribute to stereotypes and stigma. Additionally, adolescent novels may also contain narratives that illuminate ADHD-related stigma and its management (effective or
ineffective) by people with the disorder. Examining portrayals of ADHD in adolescent fiction may offer insight into messages containing information and ideas about ADHD that readers both with and without ADHD absorb, internalize, and reflect.

The research area of this study is entertainment-education, which refers to the incorporation of factual informational or prosocial messages into communication vehicles otherwise intended for recreational purposes (Moyer-Gusé, 2008). Professional and government organizations have recognized that common forms of entertainment provide an opportunity to educate by raising awareness and understanding of ADHD and dispelling stigmatizing myths and misunderstandings about the disorder. In 2011 the Entertainment Industries Council (EIC) and numerous government and advocacy organizations collaborated on the creation of *Picture This: ADHD* (EIC, 2011), a resource to provide creative professionals working in television and film with accurate information and key messages to include in narratives involving characters with ADHD.

Very few studies have examined depictions of ADHD in fiction aimed at general adolescent audiences, particularly with a focus on stereotypes and stigma. Adolescence is a time of life during which young people begin to express more autonomy from their parents, and it is important to understand the cultural influences on their perspectives. Using qualitative content analysis of five adolescent novels, this study sought to determine how adolescent fiction portrays ADHD in descriptions of symptoms, management, causes, and long-term prognosis for characters with the disorder; how characters with ADHD are depicted in relation to prevailing stereotypes; and how these characters perceive and manage stigma. Qualitative content analysis was the most appropriate method to provide in-depth understanding of the ways in which fictional
narratives reflect empirically derived information and societal perceptions about ADHD that may either contribute to or allay stigma (McKee, 2005; Zhang & Wildemuth, n.d.). This study found that adolescent fiction sends incomplete or mixed messages about ADHD and could exacerbate rather than alleviate stigma associated with the disorder. This study will be of interest to professional health communicators seeking to create awareness and to counteract misinformation and stigma toward ADHD. Rhetorical communication scholars may also be able to use the findings to understand the ways in which a stigmatized group is perceived and portrayed in U.S. cultural narratives.

**Literature Review**

This study examined the portrayal of ADHD in adolescent fiction to determine whether these novels might either contribute to or mitigate stigma associated with the disorder. Research on public stigma concerning ADHD in U.S. society has revealed a high level of misinformation and stigmatizing beliefs and attitudes held by both adults and children that may create particular challenges for adolescents who have ADHD (Coleman, Walker, Lee, Friesen, & Squire, 2009; McLeod, Fettes, Jensen, Pescosolido, & Martin, 2007; Pescosolido et al., 2008). Further, the literature has suggested that adolescents with ADHD are not themselves fully informed about the disorder; they perceive and respond to stigma in different ways, including internalizing stereotypes (Kendall, Hatton, Beckett, & Leo, 2003), rejecting treatment (Bussing, Zima, Mason, Porter, & Garvan, 2011; Harpur, Thompson, Daley, Abikoff, & Sonuga-Barke, 2008), or turning toward others with ADHD for support (Gajaria, Yeung, Goodale, & Charach, 2011). This literature review concludes with an examination of the limited available
research on portrayals of ADHD in adolescent literature, which revealed considerable gaps between empirically derived knowledge about ADHD and its portrayal in fiction.

**Public Stigma Associated with ADHD**

The studies in this section have demonstrated that a high level of misinformation and stigmatizing beliefs and attitudes about ADHD are circulating in U.S. society and may create particular challenges for children and adolescents who have the disorder. These studies all examined perceptions of ADHD from general adult, adolescent, and child audiences, using data collected via the National Stigma Study-Children (NSS-C) module of the 2002 General Social Survey (GSS) conducted by the National Opinion Research Center at the University of Chicago (n.d.). The NSS-C was the first nationally representative quantitative survey to examine stigma associated with ADHD (and other mental health issues) in children (McLeod et al., 2008) and provided critical foundational data for much of the current research literature on ADHD-related stigma in the United States.

McLeod et al. (2007) sought to characterize and quantify the level of public knowledge and attitudes about ADHD revealed through a questionnaire included in the NSS-C. As part of the NSS-C, researchers conducted face-to-face interviews involving both closed-ended, survey-style questions and open-ended questions with 1,139 U.S. adults. Respondents were asked about whether they had heard of ADHD; what they knew about the disorder; whether they believed that ADHD was a “real” disease (that is, a biomedical condition); and whether ADHD children should be counseled or medicated. Approximately 64% (N=725) of the respondents had heard of ADHD, but most were not able to fully describe symptoms or reflect biomedical understanding of the disorder. Of the 725 respondents who had heard of ADHD, 78% reported believing that ADHD is
“real” but 22% rejected that premise. Respondents also expressed skepticism about medication, preferring counseling over medication at a ratio of four to one. Almost 10% of respondents supported neither counseling nor medication for ADHD. These findings indicate the level and nature of misinformation about ADHD and treatment for the disorder among U.S. adults and point to what these researchers call “a critical need to educate the public about the symptoms of ADHD, its causes, and the treatments that have proven effective” (McLeod et al., 2007, p. 630). These findings relate to the present study by demonstrating adults’ lack of knowledge about ADHD causes, symptoms, and treatment, which may be reflected in narratives created by adults for adolescents, such as novels.

As an extension of the previous study, Pescosolido et al. (2008) incorporated into the NSS-C module of the 2002 GSS a face-to-face quantitative survey of a nationally representative sample of 1,393 adults, using vignettes describing children meeting diagnostic criteria for ADHD or depression or experiencing subclinical “daily troubles” without labeling or categorizing the problem. The researchers asked respondents what, if anything, might be wrong with the child described; whether they thought the problem described was a mental illness; how serious they considered the problem to be; and whether they would seek advice (and from whom) if the child were their own. For children described with clear clinical symptoms of ADHD, 58% of the respondents could not correctly identify the disorder. Of the remaining 42% who could correctly identify ADHD, 19% rejected an “illness” label and viewed ADHD as more likely than depression to resolve without treatment, suggesting a bias against considering ADHD a legitimate and “real” biomedical disorder that might require medication. As noted by the
researchers, these findings suggest that “unless systematically addressed, the public’s lack of knowledge, skepticism, and misinformed beliefs signal continuing problems for providers, as well as for caregivers and children seeking treatment” (Pescosolido et al., 2008, p. 339) and that a more concerted effort to educate the public about ADHD might be needed. These findings relate to the present study by suggesting the need to examine whether adolescent fiction reflects or counters the public lack of knowledge, skepticism, or misinformed beliefs about ADHD as a “real” biomedical disorder that warrants treatment.

While the preceding studies (McLeod et al., 2007; Pescosolido et al., 2008) explored attitudes and beliefs held by adults, children and adolescents also hold stigmatizing attitudes and beliefs about ADHD, particularly with respect to causation. Coleman et al. (2009) built on the work of Pescosolido et al. (2008) by conducting a secondary research study in which they examined more closely what the NSS-C revealed in terms of children’s beliefs about causes of ADHD and how various beliefs about causes correlated with each other and corresponded with preferences for social distance. As part of the NSS-C, 1,091 children and adolescents aged 10 to 18 read a vignette and answered online survey questions about a fictitious peer with ADHD, depression, or asthma. The survey asked respondents whether they attributed the vignette peer’s condition to any of seven factors: parenting, substance abuse, lack of effort, genetics, brain differences, God’s will, and stress. Respondents could select more than one factor. The survey then asked respondents about their preferences for social distance from the peer described in the vignette using questions adapted from the Social Distance Scale (Wood & Wahl, 2006), which measures respondents’ attitudes toward interaction with
the mentally ill. The researchers conducted statistical analysis (logistic regression) to determine how various causes and preference for social distance correlated. Based on an examination of the survey data, Coleman et al. (2009) found that in general participants were more likely to attribute low effort and poor parenting as causes of ADHD rather than genetics. Even when the researchers considered the subset of respondents who themselves had ADHD, they found that although most of this subset attributed brain differences (82% of respondents) or genetics (92% of respondents) as causes, a significant number also attributed the disorder to low effort on the part of the ADHD-affected person (23% of respondents) or poor parenting (32% of respondents). Belief in low effort or poor parenting as a cause for ADHD corresponded with more significant preferences (confirmed by logistic regression) for social distance than the belief that ADHD is caused by brain differences or genetics. Ultimately, these researchers concluded that young people’s beliefs about the causes of ADHD played a significant role in stigmatization of the disorder, suggesting the need for education to counteract “moralistic and blaming” (Coleman et al., 2009, p. 950) views about cause. This study gives rise to a broader question about how young people (both with and without ADHD) develop these stigmatizing beliefs about ADHD in the first place, suggesting the present study’s examination of one possible cultural source of meaning about the disorder: adolescent novels.

In summary, research demonstrated that ADHD is a highly stigmatized condition, with adults expressing skepticism about whether ADHD is “real” and adults, children, and adolescents alike lacking public knowledge and informed beliefs about the disorder (Coleman et al., 2009; McLeod et al., 2007; Pescosolido et al., 2008). Beliefs of children
and adolescents about the cause of ADHD include attributions of blame and play a direct role in their preferences for social distance from peers with the disorder (Coleman et al., 2009). However, these studies did not examine the cultural sources from which people develop their beliefs about ADHD. Thus, the current study pursues an avenue of inquiry into one cultural source—adolescent novels—to examine the messages they contain about ADHD and stigma associated with the disorder.

Management of Stigma by Adolescents with ADHD

Having explored public stigma associated with ADHD, this literature review explores what research has shown about the ways in which adolescents with ADHD perceive, internalize, manage, and respond to stigma and stereotypes. The studies in this section (Bussing et al., 2011; Gajaria et al., 2011; Harpur et al., 2008; Kendall et al., 2003) employed questionnaires, interviews, and in one case a content analysis to illuminate what children and adolescents with ADHD themselves say about their lives with the disorder, specifically with respect to their perception of stigma and its effects on their attitudes and behavior. Together these studies demonstrated that adolescents with ADHD receive stigmatizing messages about their disorder in U.S. society and that they manage stigma in a range of ways, including internalizing negative beliefs, rejecting their ADHD identity by abandoning treatment, or accepting their ADHD identity and turning to others for support.

Recognizing competing cultural narratives about whether or not ADHD is a real disorder, Kendall et al. (2003) conducted in-depth, semi-structured qualitative interviews with 39 children and adolescents (ages 6 to 17; mean age 11.2 years) with ADHD to gain insight into their lived experiences and perceptions. Participants described their
experiences of being teased, ostracized, or misunderstood at school because of their ADHD-related difficulties with learning, thinking, and behavior. Many of the participants described feeling sad, angry, or ashamed about having ADHD, noting that some of their peers considered ADHD to be associated with lower intelligence and that they did not want others to know about their diagnosis and medication. Some participants placed ADHD at the center of their self-identity, describing not just their ADHD-related behavior but themselves as “bad” or “weird” and expressed fear and shame about taking medication to help manage their behavior. Most participants either could not come up with an answer to a question about what causes ADHD or attributed the condition to factors such as family circumstances or even sports. Thus, the very children and adolescents who have ADHD may lack fundamental knowledge about the disorder and internalize feelings of stigma and shame. This research informs the present study by suggesting the need for inquiry into the messages and stereotypes that these young people may encounter and internalize.

To determine how perceived stigma (and other factors) might affect attitudes toward taking medication for ADHD, Harpur et al. (2008) developed the Southampton ADHD Medication Behavior and Attitudes Scale and tested it with 123 children and adolescents (ages 5 to 18; mean age 10.95 years) diagnosed with ADHD. The scale included components to ascertain how adolescents weighed the costs and benefits of taking medication, the role of stigma, and how these perceptions correlated with resistance to taking medication. These researchers applied quantitative statistical analysis to the data and determined that adolescents who believed the costs of ADHD medication outweighed the benefits were statistically more likely to deviate from treatment.
Perceived stigma was a “cost” distinct from other costs such as side effects; it was a strong, statistically significant predictor of non-adherence to prescribed medication among participants in this study. Stigma not only makes some adolescents with ADHD feel bad about themselves; it may have an even more concrete effect that causes them to stop treatment for the disorder. This research relates to the current study by suggesting one detrimental way that some adolescents manage stigma: by rejecting the ADHD label and terminating compliance with medical recommendations. The present study will examine how this and other stigma-management strategies are reflected in fictional narratives about living with ADHD.

Amplifying the findings of Harpur et al. (2008), Bussing et al. (2011) probed more deeply into treatment-related attitudes of adolescents. As part of a longitudinal cohort study in a representative school district, these researchers conducted periodic interviews with adolescents with ADHD and their parents to assess the relative influence of the parent on the adolescent’s acceptance and adherence to treatment for ADHD. These researchers also administered an ADHD stigma questionnaire to the adolescent participants to assess whether perceptions of public stigma associated with ADHD predicted non-adherence to treatment. Conducting quantitative analysis of the data, these researchers determined that adolescents’ perceptions of public stigma had a significantly greater influence on their adherence to treatment than the perspectives and wishes of their parents. Adolescents who perceived higher public stigma associated with ADHD were significantly less likely to adhere to treatment. This research relates to the current study by amplifying insight into the ways in which adolescents manage ADHD-related stigma, which may or may not be reinforced by messages they encounter in adolescent novels.
While some adolescents may respond to stigma by internalizing stereotypes or abandoning treatment, others seek to manage their ADHD-related identities through social networking with peers who also have the disorder. Gajaria et al. (2011) conducted a qualitative content analysis of posts in 25 different Facebook groups that contained ADHD in their names, were run by a current high school or college student or similarly aged “affiliate” (not defined), and had more than 100 members. The researchers collected and coded 479 items posted between September 2006 and April 2007, focusing specifically on posts by (self-identified) high school or college students, and avoiding posts by adults. These researchers found that Facebook groups devoted to ADHD often reflected a shared group identity around having ADHD, with discussions about ADHD framed in a positive light. Participants were clearly aware of ADHD-related stereotypes but frequently joked about them; the researchers reported specific examples of the use of self-deprecating humor in which participants pretended to lose their train of thought mid-comment. When discussing negative aspects of having ADHD, group members typically did not refer to their own limitations but rather to being misunderstood by others. This research relates to the present study by suggesting the more positive ways in which adolescents with ADHD may manage stigma through communication; these approaches may or may not be reflected in adolescent novels.

In conclusion, these research studies suggested that ADHD-related stigma is a significant source of adversity for adolescents affected by this disorder and that such stigma may play a significant role in shaping attitudes and behaviors. Young people have different ways of managing stigma, including internalizing stigma (Kendall et al., 2003), abandoning treatment (Bussing et al., 2011; Harpur et al., 2008), or identifying with
others who have the disorder and reframing ADHD as a positive attribute (Gajaria et al., 2011). Taken together this research indicated a range of ways in which adolescents with ADHD manage stigma and thus suggested an avenue for inquiry in the present study: how characters with ADHD in adolescent novels perceive and manage stigma.

**Portrayals of ADHD in Adolescent Novels**

Having considered the ways in which ADHD is stigmatized, and how adolescents with ADHD manage stigma, this section explores available research findings about portrayals of ADHD in books for children and adolescents and how such portrayals conform with empirical medical information. The studies in this section all used quantitative or qualitative content analysis to examine portrayals of ADHD intended for children and adolescents to identify and characterize factors that could contribute to (or mitigate) stigma associated with the disorder. Based on this literature, significant gaps emerge in knowledge about factors included in portrayals of ADHD in adolescent fiction.

Leon (1997) conducted what appears to be the first and certainly the most comprehensive qualitative and quantitative content analysis of works of children’s literature to examine representations of ADHD. In this study, Leon conducted a comprehensive search for children’s books about ADHD through libraries and ADHD-related publications for parent or lay audiences, identifying a total of 16 titles (9 fiction and 7 non-fiction works) for analysis. Leon compared the books’ representations of ADHD with empirical findings in five domains: (1) demographic characteristics of people with ADHD; (2) diagnostic information about ADHD, including *etiology* (i.e., the causes), *symptoms* (i.e., the ways in which the condition manifests itself in individuals), *prognosis* (i.e., the expected outcome for the affected individual), and *comorbidities* (i.e., other conditions that may occur alongside ADHD); (3) impact of ADHD in academic
settings; (4) impact of ADHD in the home environment; and (5) treatment. Using both qualitative and quantitative content analysis, Leon (1997) determined that girls were under-represented in children’s books, and that etiological and symptomatic information about ADHD was incomplete and inconsistent. Hyperactivity (i.e., excessive movement or talking) was disproportionately and incorrectly emphasized over inattentiveness (i.e., the inability to attend to tasks) as a primary symptom. ADHD characters’ emotions and interactions with peers and teachers were primarily negative. As a whole, the literature did not acknowledge the possibility that ADHD may be a lifelong disorder, that some individuals experience positive aspects to having ADHD, and that people with ADHD can be highly successful in every area of their lives if they manage the disorder appropriately. Ultimately, Leon (1997) concluded that certain representations of ADHD in children’s books were not consistent with evidence from empirical literature and could lead readers—both with and without ADHD—to form and adhere to stereotypes and negative expectancies about the academic and social abilities of children with the disorder. This research provided a general model for the present inquiry. However, it is significant that Leon (1997) does not distinguish between depictions in fiction compared to non-fiction, leaving open the question of whether the problems she identified were more prevalent in one type of book over another. The present study did not blend the two genres but instead focused only on adolescent fiction published since this 1997 study. In addition, Leon (1997) did not specifically examine stigma, as the present study did.

In contrast with Leon (1997), Demetrulias (2000) drew more positive conclusions from a qualitative content analysis designed to examine the extent to which depictions of ADHD in 21 works of fiction and non-fiction for young people conformed with
empirically supported information about the disorder. The qualitative data analysis reviewed the visual and textual components of the books to make generalizations, and then mapped those generalizations against what is known about ADHD from medical literature. This researcher found that although there were not many upper elementary or adolescent books depicting ADHD, those depictions that did exist were generally accurate in portraying ADHD as a neurological disorder with three major symptoms: hyperactivity, distractibility, and impulsivity. According to this author, all of the books examined in this study showed characters prospering after drug and behavioral treatment interventions. Generally, the books depicted the ADHD character as intelligent but challenged by task completion; they also illustrated the strengths that may accompany ADHD (such as high levels of energy and curiosity). This research relates to the present study by suggesting that literature depicting children with ADHD may be a source of accurate information about the disorder. However, it is significant that this study included books that were written by physicians or psychologists with a primary goal of education—a potential source of bias in the sample. In addition, the study did not include any books published after 1998, and it did not address the management of stigma associated with the disorder, knowledge gaps that are addressed in part by the current study. More fundamentally, this study did not provide specific examples from any individual texts, but rather made broad generalizations across the books, making it difficult to evaluate the evidence from which the researcher derived conclusions.

In a later study, Prater, Johnstun, and Munk (2005) conducted a qualitative content analysis of 29 picture books (i.e., books that primarily contain illustrations and are generally intended for children who do not yet read) and chapter books (i.e., longer
books for children who can read independently, usually containing few or no illustrations). Of the 29 books in this study, only 10 were also examined in the previously discussed study by Demetrulias (2000). The researchers used qualitative methods to analyze the books, identifying the most common ADHD-related topics (symptoms, diagnosis, starting and stopping medication, and experiences in school for children with ADHD) and making generalizations about how these topics were addressed. These researchers noted that some books portrayed only one of the three common symptoms of ADHD—hyperactivity, distractibility, and impulsivity—whereas other books described all three. The researchers did not specifically characterize how the books addressed diagnosis and medication other than to say that these topics were commonly addressed. In terms of school experiences, these researchers noted that the books included in this study contained both negative and positive portrayals. For example, in some books teachers were portrayed as harsh to the point of cruel to the ADHD character, whereas in other books teachers understood the need for accommodations and helped the ADHD character succeed academically. This research relates to the present study by identifying certain broad topics that are typically addressed in adolescent literature depicting ADHD, most notably symptoms (characterizations of which may not be complete), diagnosis, treatment, and positive and negative experiences in the school environment. However, this research provided scant detail about specific themes that emerge within these topics; the present study explored these issues more deeply. Further, although these topics may be related to stereotypes and stigma, the researchers did not directly address the effects and management of stereotypes and stigma by literary characters as the present study did.
In conclusion, the available research indicates that stigma is a serious problem for people with ADHD, affecting how the general public views people with ADHD and how people with ADHD view themselves. It is important to understand how portrayals in adolescent literature factor into this equation, but there is a dearth of research in this area. The most in-depth study was conducted 15 years ago (Leon, 1997), and I have been able to locate only two relevant studies conducted since that time (Demetrulias, 2000; Prater et al., 2005), both of which offer somewhat superficial examinations of ADHD-related topics and do not specifically probe stigma. In the 7-year period since the last study was performed, e-books have emerged, facilitating increased access to novels via computers and mobile devices (Bosman, 2011; Pew Research Center, 2012); therefore, novels remain relevant as a source of insight into culture. This study picks up where the previous studies left off, examining books published since Leon’s 1997 study to illuminate the ways in which ADHD is portrayed. Specifically, noting that existing research literature suggests that a lack of information about ADHD symptoms, management of symptoms, causes, and prognosis gives rise to stigma toward people with ADHD, the present study examines how adolescent novels address these topics (RQ1). In light of research demonstrating how young people with ADHD respond to stereotypes and stigma, I also examine how literary characters with ADHD are depicted in terms of stereotypes (RQ2) and how they perceive stigma and manage it using communication (RQ3).
Research Questions

RQ1: How do representative adolescent novels published since 1997 describe symptoms, management of symptoms, and causes of ADHD and the long-term prognosis for characters with the disorder?

RQ2: What are the negative stereotypical attributes assigned to characters with ADHD in representative adolescent novels published since 1997? What are the positive or anti-stereotypical attributes assigned to these characters?

RQ3: In representative adolescent novels published since 1997, how do characters with ADHD perceive ADHD-related stigma, and how do these characters manage such stigma using communication?

Method

I conducted a textual qualitative content analysis of five works of adolescent fiction published since Leon’s 1997 study to answer my research questions. Textual analysis is a means for developing an understanding of the ways in which others may interpret content (McKee, 2005), not by simply counting or quantifying certain words or concepts but through a more holistic approach that involves “decentering” a text, deconstructing it, and then reconstructing it to interpret meaning (Curtin, 1995) as well as structuring absences to reveal “invisible discourses” (McKee, 2005, p. 106). Textual qualitative content analysis was the best research method to answer my research questions, which specifically required looking more deeply at how commercially successful and/or critically regarded adolescent novels portray ADHD and characters with the disorder. Rather than simply quantifying elements in the texts as in a quantitative content analysis, qualitative techniques allow a detailed, systematic
examination of language, themes, and patterns that are “important to a social reality” (Zhang & Wildemuth, n.d., p. 5). While textual analysis is often triangulated with other research methods, Bowen (2008) noted that it is also appropriate to use as a stand-alone method guided by research questions, as is the case with the present study.

Textual analysis makes it possible to systematically identify, describe, and categorize ADHD-related content and to infer how adolescents might make meaning about ADHD based on messages they encounter when reading. I conducted a textual analysis of five current adolescent fiction books that contain a protagonist or primary character with ADHD. I used books published since 1997 because a significant study (Leon, 1997) has already covered literature published prior to that date, and I wished to avoid overlap with that study and to evaluate more recently published works. Leon (1997) did not examine any of the five books in the present study. Although there is a small degree of overlap with the Demetrulias (2000) and Prater, Johnstun, and Munk (2005) studies (both include the book Joey Pigza Swallowed the Key, and one included the book Parents Wanted), those studies offer broad generalizations about themes occurring across a range of fictional and non-fictional books written for both young children and adolescents, with little specific evidence from any one text to support their claims and no specific examination of stigma. Thus, there is no cause for concern about redundancy with the present study.

Sampling of Texts

To identify an initial selection of texts, I visited the websites of several major government and national non-profit organizations that provide information and resources about ADHD, anticipating that I might find references to books that met my primary
selection criterion (work of adolescent fiction published since 1997 depicting a character with ADHD). I started with the websites for the National Institutes of Health’s National Institute of Mental Health (n.d.) and the U.S. Centers for Disease Control and Prevention (n.d.). Neither website contains lists of books. However, the CDC website cross-links with the website for the non-profit organization Children and Adults with Attention-Deficit Hyperactivity Disorder, or CHADD. CHADD (n.d.) offers a virtual bookstore with an entire section devoted to 30 books for children, including works of fiction. Although specialty publishers have created most of the fictional books specifically for people who have ADHD, several appeared to be intended for general adolescent audiences, and I prioritized these books for my study. I also identified texts through online searches on Google and Amazon using search terms such as ADHD novels for adolescents and children’s fiction ADHD.

Having identified books that met my primary selection criteria of being an adolescent novel published since 1997 featuring a primary character with ADHD, I narrowed down to a sample of books for this study by using additional selection criteria: commercial success (criterion 2a) or critical acclaim (criterion 2b). Specifically, I prioritized those novels that had achieved commercial success with adolescent readers, based on appearances on best-seller lists or available sales figures. However, because not many fictional books featuring ADHD have become national best sellers, and because sales figures may not be publicly available, as a secondary criterion for inclusion I considered fictional books that have received critical recognition or acclaim. Such recognition or acclaim may signal that a novel would be more likely to be acquired by book stores and libraries and to be available on devices such as electronic readers and
tablets. Thus, such works may be more likely to be encountered by and circulated among adolescent readers, as opposed to more obscure texts, including fictional books created by ADHD-advocacy groups for the primary purpose of education. I did not include non-fiction and self-help books in this study because such works are created for different purposes and for narrower audiences than commercial adolescent fiction primarily intended for entertainment of general audiences.

Using my selection criteria, I identified an initial selection of three texts to analyze for this study. All of these novels met the selection criteria because they are works of adolescent fiction produced since 1997 that feature a protagonist with ADHD (as stated within the texts and revealed through advertising, book jackets, author interviews, book reviews, etc.), and they have either achieved commercial success or received critical recognition or acclaim (or both).

- *Joey Pigza Swallowed the Key* (Gantos, 1998) is the first novel in a four-book fictional series about a boy with ADHD. This text met the primary criteria for inclusion in this study because it is an adolescent novel issued since 1997 about a character with ADHD, as indicated on the book jacket and in author interviews (Embracing the Child, n.d.) and gradually revealed in the narrative. Overall sales figures are not publicly available, but as an indicator of its commercial success, this novel has been printed in multiple editions and appears on numerous recommended reading lists both for children with ADHD and for general audiences. This includes listing by CHADD (n.d.) and listing on the American Library Association’s (n.d.) 1999 Notable Children’s Books list. This novel was a finalist for the National Book Award in 1998 and
received the 2002 California Young Reader medal (Macmillan, n.d.). Thus, this novel qualified for inclusion in this study by meeting the criterion of commercial success (criterion 2a) as well as the criterion of critical recognition (criterion 2b).

- *The Lightning Thief* (Riordan, 2005) met the primary criterion for this study because it is a novel issued since 1997 about a boy who has ADHD, as indicated in author interviews (Farley, 2010) and by the character himself early in the novel (Riordan, 2005, p. 7). This novel is the first installment in an adolescent fiction series that has appeared on national best seller lists and sold millions of copies (Weinman, 2011); thus it qualified for this study by meeting the criterion of commercial success (criterion 2a). *The Lightning Thief* also qualified for this study by virtue of being named one of the Best Books of 2005 by *School Library Journal* (Jones, 2005), among other forms of critical recognition (criterion 2b).

- *Rainy* (Deans, 2005) is an adolescent novel published since 1997 featuring a female protagonist with ADHD (as revealed on the book jacket), offering some diversity for my study. In the absence of public sales figures or appearances on national best seller lists, it is difficult to gauge this novel’s commercial success (criterion 2a). However, the novel met criterion 2b for this study (critical recognition) through its selection as an “Editor’s Choice” and “Best Book” by *Booklist* and *School Library Journal*, respectively (Macmillan, n.d).
Because I was not entirely certain whether I would achieve theoretical saturation based on the study of these three novels, I identified two additional novels that also qualified for the study under the secondary criteria: *The Middle of Somewhere* (Cheaney, 2007) and *Parents Wanted* (Harrar, 2001).

- *The Middle of Somewhere* (Cheaney, 2007) is a novel featuring a 7-year-old boy with ADHD (as revealed on the book jacket), told from the perspective of his 12-year-old sister. Although it is difficult to gauge the novel’s commercial success (criterion 2a), the book qualified for this study based on the criterion of critical acclaim (criterion 2b), including praise from The American Library Association’s *Booklist* (Amazon, n.d.) and listing on the 2008 Kansas Notable Book list (Kansas Center for the Book, n.d).

- *Parents Wanted* (Harrar, 2001) is a novel featuring a 12-year-old boy with ADHD, as revealed on the book jacket. Although sales figures for the book are not available (criterion 2a), the novel received favorable reviews from *Publishers Weekly, the School Library Journal, and Kirkus Review* (Milkweed Editions, n.d.). Thus, the novel qualified for this study under criterion 2b.

**Research Design**

My research questions concerned the ways in which ADHD and characters who have the disorder are portrayed in adolescent fiction and how perception and management of stigma factor into the narratives. I drafted a codebook (see Appendix A) that contained one section for each of my research questions to guide my efforts to answer not only the question of *whether* a particular feature occurs in the narrative, but *how*. To answer RQ1, the first section of the codebook guided the evaluation of depictions of
symptoms, management, and causes of ADHD, as well as the long-term prognosis for people with the disorder. The second section was designed to help answer RQ2, which pertained to stereotypical or anti-stereotypical attributes assigned to characters with ADHD. The third section of the codebook was intended to help answer RQ3, which explored how each narrative portrayed stigma, including how characters with ADHD perceive and manage stigma associated with the disorder.

**Data Analysis**

Bowen (2009) described textual analysis as an iterative process, requiring an initial superficial review of the material, followed by more careful examination and analysis to identify and classify group patterns and themes that emerge from the texts. To conduct this study, I studied the texts one at a time. For each text, I first read the novel in its entirety, without taking notes, simply to get an overall sense of the narrative and its features. I then documented my initial response to the text and examined any personal biases so that I could more easily guard against biases once I began coding. I then methodically read the text a second time, coding each chapter in real time as I read and using the constant comparative method (Glaser, 1965) to continually examine emerging data against previously identified data and to revalidate my approach to coding and categories. I took detailed notes as I read, recording in a Word document textual features and direct quotes and passages that aligned with my coding framework. Then I regrouped these features, quotes, and passages by the research question to which they applied and identified emergent patterns, themes and categories within each novel (Bowen, 2009; Haggarty, 1996; Ryan & Bernard, 2003).
After reading each of the first three novels twice in this stepwise fashion, I compared data from each book to identify recurring themes and draw contrasts across the texts. Finally, I revisited each novel a third time to ensure that I did not miss any coding categories after having read and analyzed the other texts in my study (Bowen, 2009; Haggarty, 1996; Ryan & Bernard, 2003; Zhang & Wildemuth, n.d.). I sought to achieve saturation as defined by Bowen (2008), establishing a plan to incorporate two additional texts into my study if my review of the data from the first three novels suggested gaps, unanswered questions, or underdeveloped themes. Ultimately, I did incorporate the two additional texts into the study when my initial review of data suggested that I did not have enough data to fully answer my research questions based on the first three books alone. I repeated the same process for analyzing these last two novels that I had used for the first three.

Finally, in writing the research report, I adhered to advice offered by Bowen (2009) and Labuschagne (2003), both of whom urge the use of ample detail—especially direct quotations—and rich description to document and illustrate themes, support inferences, and thereby establish trustworthiness and credibility.

Eliminating Bias in Data Analysis

My interest in this particular area of research is an outgrowth of my personal experiences as a mother of an adolescent with the inattentive subtype of ADHD (without hyperactivity) who has benefited from medication. In preparing to conduct this study, I took stock of my own potential biases and thought about ways to counterbalance them. A person with my experiences might be overly sensitized to “negative” messages about ADHD, potentially reacting too defensively to texts that are simply providing an honest
portrayal of the challenges for adolescents and families affected by the disorder. For example, an overly defensive person might view a text portraying a character’s difficulties with paying attention in school as a negative or stigmatizing portrayal of the disorder, when in fact it is simply realistic. Additionally, someone in my position could react defensively to any unflattering portrayals of parents of characters with ADHD, without acknowledging that some parents really are not well equipped to manage their children who have the disorder. Additionally, a person like me (who has chosen to medicate his or her child for ADHD) might be overly sensitive about skepticism toward medication, without acknowledging that medication may not work for everyone and may sometimes be improperly prescribed.

Having thought through some of these biases, I then read the texts, taking notes about my emotional response to each book and reflecting on these notes for about a day after the initial reading. My intention was to examine honestly whether any of the books aroused any particular emotional reaction, such as anger, sadness, or defensiveness. I took care throughout the readings to examine themes from several angles so that I would not inadvertently gather evidence artificially biased in one direction or the other. Ultimately, I have tried to minimize personal bias to the greatest extent possible. I have offered strong, rational evidence that answers my research questions objectively and comprehensively. My findings are consistent with those of several previous studies, suggesting that my views align with those of other researchers.

**Results**

The purpose of this study was to explore how adolescent fiction portrays ADHD and ADHD-related stereotypes and stigma. This section first provides general plot
summarizes to orient readers to the novels and then presents the research findings organized by research question. The evidence presented in this section shows that adolescent novels depicting characters with ADHD include incomplete or mixed messages about ADHD symptoms, treatment, causes, and long-term prognosis. Characters who have ADHD are generally portrayed with stereotypical attributes (although there is some limited evidence of anti-stereotypical attributes as well), and they frequently encounter stigma but do not successfully manage it.

**Plot Summaries**

*Joey Pigza Swallowed the Key* (Gantos, 1998) is narrated by a 10- or 11-year-old boy, Joey Pigza, who has ADHD. Joey describes himself as hyperactive or “wired” (p. 3); he never specifically defines this term but in context he uses it to refer to his level of excitability or agitation. Joey recounts his difficulties with behaving and paying attention, particularly at school in the afternoon, after his medication wears off. The book chronicles incidents in which Joey mangles his fingernail in an electric pencil sharpener, swallows his house key, wreaks havoc during a school field trip, and accidentally cuts a classmate’s nose while running with a pair of sharp scissors. Following the last incident, Joey is suspended and sent to an entirely different school for children with special needs. There, he is evaluated by a new counselor and physician, prescribed new medication, and ultimately allowed to return to his regular school.

*The Lightning Thief* (Riordan, 2005) is narrated by a 12-year-old boy, Percy Jackson, who has ADHD (revealed by the character himself on p. 7). Percy attends a boarding school for troubled youth, having been expelled from six schools in six years for behavior problems. The story opens with a field trip during which one of his teachers
is transformed into a mythological fury and attacks him. Percy is so troubled by the incident—which no one else witnesses—that his academic performance and behavior deteriorate, and at the end of the year he is told that he may not return to the school. Percy goes home for the summer, and while on a day trip to the beach with his mother, they are attacked by mythological creatures who kidnap his mother. Percy discovers that he is actually the son of the god Poseidon and ultimately succeeds in a dangerous quest to free his mother from her captors.

*Rainy* (Deans, 2005) is about a 10-year-old girl named Rainy who has ADHD (revealed in the narrative directly by the character, p. 69). The book, which is written in the third person but from Rainy’s perspective, opens with Rainy’s arrival at camp and describes her struggles with hyperactivity and her efforts to comply with camp rules and fit in with other campers. When Rainy receives news that her beloved dog Max has died, she is so bereft that she sets off on a long solo hike that takes her to a remote cliff where a local girl fell to her death years ago. Rainy loses track of time and is unaware that a major search for her has been underway and that she is feared to have drowned. Once local hikers discover the girl, she is returned safely to camp but is subsequently sent home for breaking camp rules.

*The Middle of Somewhere* (Cheaney, 2007) is narrated by a 12-year-old girl, Ronnie, whose 7-year-old brother, Gee, has ADHD (initially disclosed by Ronnie in the narrative on p. 7). This book offers insight into life with ADHD from the perspective of a close, sympathetic relative, rather than directly from the perspective of the person with ADHD, as is the case with the other books. Ronnie and Gee take an unexpected summer road-trip across Kansas in an RV with their grandfather. Gee’s hyperactivity causes so
many problems during the trip that the grandfather decides in frustration they must cut
the trip short, to the dismay of Ronnie, who has tried her best to control her brother’s
behavior. Just as they are returning home, Gee disappears in pursuit of a carnival
performer called The Human Cannonball. By the end of the book, Gee is found and
returned safely and both Ronnie and the grandfather reflect on what Gee’s needs and
challenges teach them about themselves.

*Parents Wanted* (Harrar, 2001) is narrated by Andy Fleck, a 12-year-old boy with
ADHD (as revealed on p. 92). Andy’s father is in jail and his mother has relinquished
custody of him for being “too hard to handle” (p. 4). Andy has bounced among foster
families and has ended up in a group home for boys pending his next placement with a
potential adoptive family. Most of the narrative is devoted to Andy’s experiences while
placed with foster parents Laurie and Jeff, who never give up on Andy despite his poor
behavior, which reaches a crescendo when Andy falsely accuses Jeff of abuse. By the end
of the novel, the false accusation is resolved, and Laurie and Jeff formalize their adoption
of Andy.

**RQ1: How do representative adolescent novels published since 1997 describe the
symptoms, management of symptoms, and causes of ADHD and the long-term
prognosis for characters with the disorder?**

Evidence presented in this section illustrates the ways in which ADHD is
characterized, identifying emergent themes concerning symptoms, management of
symptoms, and causes of ADHD, as well as the likely outlook for characters with ADHD.
This section offers evidence that authors of adolescent novels emphasize
hyperactivity/impulsivity and communication difficulties as symptoms of ADHD,
although they also occasionally characterize symptoms as assets in some contexts. The books generally send mixed messages about medication and other ways to manage symptoms; describe causes in ways that cast blame or leave ambiguity about the biomedical nature of the disorder; and suggest a negative long-term prognosis for characters who have ADHD.

**Symptoms.** This section offers evidence that adolescent novels typically characterize characters with ADHD as hyperactive and significantly challenged in their ability to communicate with others. Although ADHD symptoms are occasionally characterized as assets, generally the disorder is described as highly disruptive to everyday functioning.

**Emphasis on hyperactivity/impulsivity.** In the health literature, ADHD is described as appearing in three forms: the primarily hyperactive/impulsive type, the primarily inattentive type, and the combined type, with severity of symptoms occurring across a spectrum (National Institute of Mental Health, n.d.). Although the most common form of ADHD is the primarily inattentive type, in which patients do not display hyperactive or impulsive behavior (National Resource Center on ADHD, n.d.), that is not the picture that emerges from adolescent novels reviewed in this study. Evidence shows that authors always portray ADHD characters as hyperactive and/or impulsive, and never as simply inattentive. In fact, in each novel, the character with ADHD exhibits severe hyperactivity and impulsivity that cause major disruption in academic or social settings or at home. According to Joey, for example, “I felt as if I was sitting on a giant spring and it was all I could do to keep it from launching me head first into the ceiling” (Gantos, 1998, p. 19). Percy, who has been expelled from six schools in as many years because of his
behavior, describes his inability to be still: “I paced the room, feeling like ants were crawling around inside my shirt” (Riordan, 2005, p. 18). Rainy—whose family calls her “Wiggle Worm” (Deans, 2005, p. 8) and “the Energizer Bunny” (p. 41)—is constantly careening in different directions and tells her father after a roller coaster ride, “That’s what it feels like inside my head all the time” (p. 158). Andy describes himself as “obnoxious” (Harrar, 2001, p. 24) and commits numerous acts that bear out such a description. Gee compares himself to a whirligig: “There’s this guy with legs that go in a circle and the wind blows them around and around and around. Run run run run. Like me. Rattle! Snap!” (Cheaney, 2007, p. 85). While these may well be apt descriptions of what it feels like to be extremely hyperactive or impulsive, no characters in these novels are described as having only symptoms of inattention.

Having said this, inattention is represented as a symptom of ADHD, but only in combination with hyperactivity and impulsivity. For example, Andy says,

I can’t keep my mind on one thing for very long because something else comes along and my brain says, ‘Hey, that’s more interesting.’ So I start thinking about that other thing rather than the first thing. Then a third thing comes along and a fourth and a fifth, and by that time I can’t remember what I’m supposed to be doing in the first place (Harrar, 2001, p. 92).

Similarly, Rainy observes that “I get bored easily” (Deans, 2005, p. 13) and “I’m wicked bad at remembering things that aren’t important” (p. 31). Percy explains, “I have moments like that a lot, when my brain falls asleep or something, and the next thing I know I’ve missed something, as if a puzzle piece fell out of the universe and left me staring at the blank place behind it” (Riordan, 2005, p. 11). Nevertheless, in this sample
of books, there were no characters who experience only such symptoms of inattention, which could give rise to the notion that to have ADHD means that one must be hyperactive and impulsive and thus disruptive or even delinquent. Similarly, readers could be left with the impression that people who are only inattentive but do not show signs of hyperactivity or impulsivity may not really have the disorder and could be malingering.

**Difficulty with communication.** A central theme that occurs across all three novels is the way in which ADHD symptoms are manifested in each character’s ability to communicate, both orally and in writing. Regarding one conversation with his mother, Joey states:

> She knew when she asked “why” that the millions of little gears in my head just jammed all together. She knew I could never get to the “why” of anything. I could never get my mind to gather exactly what I wanted to say, and I could never find the trail to the bottom of what I meant. There were so many other trails that wandered off along the way, and me with them (Gantos, 1998, p. 49).

Similarly, Rainy finds oral communication particularly challenging. She has a tendency to interrupt others and blurt out her thoughts at school. From Rainy’s perspective, “The thing was, if she didn’t say it right then, she’d forget all about it, because her brain wouldn’t wait around for slowpokes” (Deans, 2005, p. 126). Gee also runs into problems because of his tendency “to ask ADHD questions—the kind that never wait for answers” (Cheaney, 2007, p. 7). His sister observes that, “Some of the questions and answers he blurts out in class are way beside the point” (p. 34). In summary, ADHD characters
generally are portrayed with difficulties articulating their thoughts and questions in normal conversational or classroom exchanges.

Listening also presents a significant problem for characters with ADHD, who describe difficulties attending to their teachers’ oral instruction or questions. For example, in describing his difficulties in listening to his teacher in class, Joey Pigza says, “It was as if all her words were crowded up together in a long line of letters and sounds that just didn’t make sense. It was more like listening to circus music than to talk” (Gantos, 1998, p. 25). In another description of his challenges with listening, Joey says:

Sometimes waiting for a question to finish is like watching someone draw an elephant starting with the tail first. As soon as you see the tail your mind wanders all over the place and you think of a million other animals that also have tails until you don’t care about the elephant because it’s only one thing when you’ve been thinking about a million others (p. 35).

Rainy also describes her troubles with listening, stating:

That’s why my parents had my hearing tested in first grade, ‘cause they thought I couldn’t hear what the teacher was saying. But the doctor said there wasn’t anything the matter; he told them I only hear what I want to hear. It’s sort of like my ears just stop listening if people are boring or when they start yelling at me (Deans, 2005, p. 31).

Characters with ADHD also encounter challenges in written communication, both with respect to reading and expressing their thoughts in writing. Joey Pigza claims:

“She…made me read a book that couldn’t be read because when I looked at the letters they kept sliding off the page like drops of mercury when you smash open a thermometer,
which is something I know about” (Gantos, 2005, p. 47). And Percy Jackson uses similar language when describing his challenges in studying for an exam: “I got so frustrated I threw The Cambridge Guide to Greek Mythology across my dorm room. Words had started swimming off the page, circling my head, the letters doing one-eighties as if they were riding skateboards” (Riordan, 2005, p. 18). Gee faces similar problems: “He has trouble reading because his eyes skip all over the page” (Cheaney, 2007, p. 34). And when it comes to expressing herself in writing, Rainy finds that, “Her hand could never write as fast as her mind could go, could never keep up with all those thoughts and movies she’d seen inside her head while she was writing to her sister” (Deans, 2005, p. 104). Similarly, Percy muses about not being able to regurgitate learned information for an exam: “I just couldn’t learn all those names and facts, much less spell them correctly” (Riordan, 2005, p. 7).

**Symptoms as assets.** While all of the novels depict ADHD symptoms as a burden for the characters with the disorder, it must be noted that on occasion, the books reframe certain symptoms as assets. Gee and Rainy both encounter adults who envy their high level of energy. Rainy has one camp counselor who says nice things about her, “like how she had a great imagination and how her energy was off the Richter scale” (Deans, 2005, p. 75). More dramatically, in The Lightning Thief, once Percy enters the mythological underworld, his ADHD is reframed for him by a new acquaintance:

The ADHD – you’re impulsive, can’t sit still in a classroom. That’s your battlefield reflexes. In a real fight, they’d keep you alive. As for the attention problems, that’s because you see too much, Percy, not too little. Your senses are better than a regular mortal’s (Riordan, 2005, p. 88).
Indeed, the entire time Percy is in the underworld, all negative aspects of having ADHD recede into the background; there is no mention of the disorder for more than 150 pages. Ultimately Percy recognizes how having ADHD can help him: “My senses were working overtime. I now understood what Annabeth had said about ADHD keeping you alive in battle. I was wide awake, noticing every detail” (p. 328). In this fashion, Percy characterizes ADHD as an asset critical to survival in the underworld; it must be emphasized, however, that the disorder is never characterized as an asset when Percy is in the “real” world.

While it is helpful that the books provide an alternative way to frame ADHD, these examples are few. In this sample of literature, the writers provide no examples of characters thriving with the disorder. In general the novels portray the symptoms of ADHD as highly disruptive and detrimental to functioning in everyday life, including self-regulating behavior and communicating normally.

**Management of Symptoms.** ADHD symptoms can be well-managed by taking medication (National Institute of Mental Health, n.d.), but this message does not emerge clearly across the texts and in fact is undermined by competing or contradictory messages suggesting drugs may be undesirable. Other forms of managing ADHD symptoms aside from medication are discussed in a cursory fashion and ultimately are not presented as effective.

**Medication.** The quest to get Joey on the correct medication consumes a considerable portion of the narrative in *Joey Pigza Swallowed the Key*, but the author leaves open questions about the drugs’ effectiveness. In describing the first time he takes medication for ADHD, Joey says: “I was so happy to take it. I could feel it going down
my throat like a little round white superhero pill on its way to beat up all the bad stuff in me. Everyone said it would help” (Gantos, 1998, p. 28). And indeed when the medication works, it brings remarkable peace to Joey:

If the meds are working I begin to settle down real well, and when I pull my face away and look up at her she is smiling and stroking my head and if she is in a good mood we both start to laugh because it is so funny that I’ve just gone from being Ricochet Rabbit to Charlie Brown in no time flat. And this makes both of us so happy. I love it when she rescues me like this, and when the meds work, and when I go to school and stay in my seat and the kids don’t call me Zippy and teachers pat me on the head at the end of the day and give me gold and blue foil stars and say nice things to me… (p. 52).

But Joey’s medication is apparently the wrong drug, the wrong dose, or both; the book is largely constructed around incidents that occur on days when Joey’s “dud meds” (Gantos, 1998, p. 76) are not working: “The meds only worked on and off. I never knew which it was going to be” (p. 19). Toward the end of the book, Joey gets a new prescription for a transdermal patch, about which he says hopefully, “I would no longer have to feel hyper, then near dead, then hyper again” (p. 147). However, the book ends without indicating whether the new medication makes a lasting difference for Joey or whether it will stop working (as was the case with his last prescription).

The other books also suggest ambivalence about ADHD medication. In Parents Wanted (Harrar, 2001), Andy takes medication for ADHD, but he maintains that the drugs do not help him: “When I miss my meds, people always say, ‘You’re acting like a different boy today, Andy.’ But to me, I seem like myself all the time” (p. 47). Out of
control for most of the narrative, Andy observes that not only does medication not help him, but it may even be stunting his growth: “These pills don’t do anything for me except keep me short. How am I supposed to grow up like everybody tells me to when I’m taking all this stuff?” (p. 50). In *The Middle of Somewhere* (Cheaney, 2007), Gee has a Ritalin prescription for use “just in case” (p. 38), but there is no evidence that he ever actually takes the drug despite his extremely hyperactive behavior throughout the novel. In *Rainy* (Deans, 2005), a credible authority—the camp nurse—tells Rainy, “‘Ritalin and Dexedrine aren’t the answer for everyone, and they’re often over-prescribed. But in cases like my nephew, Nick, Ritalin’s been a godsend—he’s a whole different kid, like night and day’” (p. 70). The nurse thus acknowledges that the drugs can work very well but they are not universally effective. The book ends with Rainy still not managing her ADHD; the narrative does not indicate whether Rainy might have benefited from the same medication that is described as helping other people with problems similar to hers. There is no mention of medication in *The Lightning Thief* (Riordan, 2005); Percy’s ADHD causes him major problems in his everyday life, and the book ends without resolution of his symptoms through treatment of any kind. Collectively, the texts thus provide mixed messages about whether or not medication is a truly viable option for managing ADHD symptoms.

Aside from open questions about whether or not ADHD medications are effective, another theme that emerges across the novels is that drugs are somehow “bad,” with their administration often attached to failings on the part of parents, teachers, and doctors. For example, Rainy is not open to taking medication, partly because of her parents’ attitude toward it:
My parents don’t believe in drugs. My dad says the reason parents put their kids on that is ‘cause they don’t wanna deal with ‘em after working all day. He says I just have to learn how to channel my energy into something constructive (Deans, 2005, p. 70).

Rainy also notes that “Did my dad tell you that if Einstein was growing up today all his teachers would want to put him on Ritalin too?” (p. 71). Percy’s friend in the underworld tells him, “‘Of course the teachers want you medicated. Most of them are monsters. They don’t want you seeing them for what they are’” (Riordan, 2005, p. 88). Gee’s grandfather rants to Ronnie about “how the medical establishment [is] in cahoots with the drug companies” (Cheaney, 2007, p. 50), ascribing to doctors an unsavory ulterior motive for prescribing medication.

*Joey Pigza Swallowed the Key* (Gantos, 1998) also sends a complicated message about ADHD drugs by juxtaposing Joey’s ADHD medication with his mother’s drinking. Frequently, Joey and his mother medicate themselves in tandem: “She got the bottle of Amaretto and mixed it with some Mountain Dew, and then said, ‘See, Mommy has her own meds. It comes in a bottle.’ Then we clinked glasses and I took my pill” (p. 28).

Explaining the relationship, Joey notes:

> Mom had been calling it her medicine ever since I got my medicine. I think in the beginning she called it that so I would not feel bad about having to take something to make me feel better. Like we had something in common, because, as she said, her medicine makes her feel better too (p. 26).

In desperation, at one point, although Joey is not allowed to self-administer his medication, the character describes how “I went inside the house and tried to find my
meds because I wanted to take a bunch of them and return myself to normal” (Gantos, 1998, p. 85). The problematic juxtaposition of taking prescribed ADHD medication with abusing alcohol remains a theme throughout the novel and apparently confuses Joey, who at one point asks his mother, “If you have two drinks does that mean I can have two meds?” (p. 107).

**Other types of management.** While many adolescents with ADHD may be able to manage their ADHD symptoms with medication, some may also be able to manage symptoms with support from adults such as counseling or the acquisition of new skills and behavioral techniques (National Institute of Mental Health, n.d.). As Joey Pigza is told by a counselor during his brief tenure at the special needs school:

‘The doctor is going to be concerned with your physical condition and your medication,’ he said. ‘That is his job. My job is to be concerned about your behavior, which is why we have to be a team. Long after the doctor gets your medication regulated, you and I will be working together’ (Gantos, 1998, p. 112).

However, the book provides no further specifics about the counseling or evidence of its success. Further, there is no indication that teachers at Joey’s regular school are equipped to support his development of organizational skills or to make reasonable classroom accommodations in response to his learning differences. Additionally, Percy, Gee, and Andy lack any adults who are specifically equipped to intervene and advocate for them with respect to their ADHD-related needs, and there is no evidence that they have received any specific non-medical ADHD strategies for managing symptoms from teachers or other trained adults. The only example of one of the ADHD characters successfully implementing a non-medical ADHD management strategy taught by an adult
occurs, ironically, when Rainy hatches her ill-advised plan to leave camp on a long, dangerous hike that will ultimately get her sent home:

For the first time in her life, instead of charging full speed ahead, she began to formulate a plan….Rainy suddenly made the connection with something her mother had been doing for years. ‘I’ll make a list!’ she shouted, as if the concept were brand new (Deans, 2005, p. 117).

Without medication or strong support from adults to help manage their symptoms, characters with ADHD are frequently simply admonished to exercise self-control to get their behavior in line. Protesting the unfairness of this, Andy draws a comparison with a physically handicapped friend: “It’s like Jose and his little hand halfway up his right arm. Nobody yells at him that he isn’t trying or he should play better. But they always yell at me to do better even though I was born with this problem called ADD” (Harrar, 2004, p. 93). Andy’s dilemma is shared by the other characters. In Joey’s case, his mother gives him a picture of himself standing very still. “This is proof that you can be still. So whenever you feel out of control, look at this picture and it will remind you to calm down” (Gantos, 1998, p. 32). Joey is also advised to “Stick to the rules and you won’t get in trouble” (p. 40), as if that were a simple matter. Neither of these strategies works for him. Percy’s mother reminds him that, “I had to try harder, even if this was my sixth school in six years and I was probably going to be kicked out again” (Riordan, 2005, p. 9); indeed, Percy is asked to leave the school. Ronnie observes of her brother, Gee, that he is constantly being admonished about “thinking before acting” (Cheaney, 2007, p. 112), which is almost impossible for him to do. In a particularly rich description of what
a struggle self-control can be in the absence of medication or other proven tools to
manage ADHD symptoms, Joey says,

I tried hard to look at one solid thing, like the big jack-o’-lantern on the window,
and get a two-handed grip on my desktop, because if I slipped and lost
concentration and didn’t pay attention to my highlighted tasks list Mrs. Maxy
might have no other choice but to give up on me for good and send me full-time
down to special ed. …So I held on to my desktop and with all my might I held
myself in my seat as if some giant was holding me, and I don’t think I even
breathed until the bell rang and I blasted out of my seat and headed for home
(Gantos, 1998, p. 41).

Generally, efforts to exercise self-control are entirely futile and deeply frustrating.
Collectively the novels suggest that medication is ineffective or otherwise undesirable
and that there are no other meaningful ways to manage ADHD symptoms.

**Causes.** ADHD is frequently characterized in these novels as caused by chaotic
home lives or inherited from unsavory relatives and not as a disease with a biomedical
etiology as the research literature shows (National Institute of Mental Health, n.d.). With
the exception of Rainy, all of the characters depicted in the novels have damaged or
highly dysfunctional families. Joey Pigza is being raised by his abusive grandmother
until he is reclaimed by his alcoholic mother; his father has not been seen in years. Percy
Jackson’s mother is married to a highly abusive man; Percy has never known his
biological father. Gee is being raised in a chaotic single-parent household; his father died
many years ago. Claiming he was too difficult to handle, Andy’s mother gave him up for
adoption; his father is in prison. When Joey is evaluated by a counselor, “He said my
home life was a big part of my problem” (Gantos, 1998, p. 104). Similarly, given the turmoil in his home, Andy muses, “I’m not sure if I was born obnoxious or just grew up that way because of mom and dad” (Harrar, 2001, p. 57). Seeking answers about why he has ADHD, Joey eventually demands answers from his mother:

‘Did I eat paint chips when I was a baby?...Did I ever fall on my head?…Did you drink a lot when you were pregnant with me?’ She paused and I could tell the fun was over. She didn’t lower the paper, so I couldn’t see her face. ‘No more than the usual’ (Gantos, 1998, p. 49).

Characters who have ADHD are often compared to relatives from whom they are presumed to have acquired the disorder, and these relatives are always portrayed as negative role models. Aside from these vague references to heritability, the novelists provide almost no overt discussion of genetics, neurological differences, or other biomedical information related to ADHD. The data analysis revealed almost no references to ADHD as a disorder or disease with a biomedical etiology, as might be seen with allergies, asthma, or cancer.

Long-Term Prognosis. The novels generally suggest negative prognoses for characters who have ADHD. In the case of The Lightning Thief (Riordan, 2005), Percy acknowledges that he has ADHD but there is no evidence that he is treating it with medication, therapy, or behavioral strategies. Although much of the narrative takes place in a fantasy world in which having ADHD is an asset, the novel ends with Percy preparing to re-enter the real world, where ADHD will presumably continue to be a problem for him. The novel Rainy (Deans, 2005) ends with the title character still untreated for ADHD and sent home from camp after a serious behavioral violation.
There is no evidence of a good prognosis in the absence of any change in the character or in the attitudes of her parents toward medication or other strategies to manage her symptoms. Gee has access to ADHD medication but there is no evidence that he ever actually takes it, and by the end of the narrative his condition remains unchanged. In the case of Andy, although his attitude has changed toward a belief that he deserves to be loved, there has been no change with respect to his management of his ADHD symptoms.

The only character for whom a positive prognosis is even slightly suggested is Joey Pigza, whose doctor tells him, “‘My feeling is that you will be okay. You do have a medical problem. You also have some behavior problems. I think both of those problems can be managed’” (Gantos, 1998, p. 117). But Joey translates this information to his mother by claiming, “I’m messed up in the head for life,” and when his mother protests, “You’re not doomed,” he admonishes her that, “I know, but there is no cure. The doctor and Special Ed said so” (p. 126). The narrative ends shortly after Joey starts his new treatment plan and re-enters the school environment, and thus does not provide any indication of whether Joey is ultimately able to thrive with ADHD over the longer term.

It must further be noted that none of the novels contain examples of peers or other adults living with ADHD and managing it successfully. In Joey Pigza Swallowed the Key (Gantos, 1998) two adults apparently have ADHD: Joey’s alcoholic, absentee father and his abusive grandmother, who disappears from Joey’s life partway through the book. Toward the end of The Middle of Somewhere (Cheaney, 2007), the reader learns that Gee’s grandfather had behavioral problems similar to Gee’s when he was a young child. He ended up in reform school and lives a highly unstable life as an adult.
In conclusion, the evidence drawn from this sample of novels suggests recurring themes relating to symptoms, management of symptoms, and causes of ADHD as well as long-term prognosis for characters who have the disorder. Specifically, ADHD is generally characterized as a disorder that causes symptoms of extreme hyperactivity and impulsivity, largely triggered through heredity of undesirable personality traits from deeply flawed relatives and exacerbated by dysfunctional home environments. The books indicate that ADHD symptoms are not easy to manage with medication or otherwise, and that people who have ADHD are not likely to improve over time.

**RQ2: What are the negative stereotypical attributes assigned to characters with ADHD in representative adolescent novels published since 1997? What are the positive or anti-stereotypical attributes assigned to these characters?**

Evidence from the novels presented in this section demonstrates that negative stereotypes include portrayal of people with ADHD as highly disruptive, potentially dangerous to themselves and others, and poor students. Anti-stereotypical attributes that emerge across the novels include ADHD characters’ capacity for empathy and the ability to focus intensely (“hyper-focus”) on certain tasks of interest.

**Negative stereotypical attributes.** As previously discussed, symptoms of hyperactivity and impulsivity are highly emphasized in this selection of novels, with all of the ADHD characters exhibiting such significant behavior problems that they cannot function normally in school and other settings. Joey Pigza has already been held back one grade, and he is so disruptive in class that he spends most of his time in the principal’s office before being reassigned to a special-needs classroom and later to a special-needs school for rehabilitation. Percy has attended six different schools in six
years, and at the beginning of the novel he is asked to leave the latest institution, a boarding school for troubled teenagers. Andy is defiant ("I have this problem with other people telling me what to do," [Harrar, 2001, p. 33]) and lazy ("That would be like work, and I don’t do work," [p. 29]), and he already drinks beer at the age of 12, noting that, "Staying out of trouble has always been tricky for me" (p. 150). Rainy is 10 years old, but she is only entering fourth grade because she had to repeat kindergarten, "’cause I spent most of it in the time-out chair" (Deans, 2005, p. 13), and her entry into summer camp is marred by her age-inappropriate inability to follow rules and direction.

Beyond being stereotyped as disruptive, characters who have ADHD are also stereotyped as potentially dangerous to themselves or others. Joey Pigza impulsively decides to sharpen his fingernails in his classroom’s electric pencil sharpener, cutting his finger badly, and he swallows his house key on more than one occasion. In an incident that results in his removal from school, he accidentally cuts the tip of a classmate’s nose when running with scissors. Rainy acknowledges that:

Sometimes I get playing so hard I don’t even know I hurt myself. Once, me and the MeGee brothers were playing three on three with some doinks from Douglas Street and I didn’t even know I broke my wrist till I couldn’t dribble the ball (Deans, 2005, p. 69).

Gee puts on a Superman cape and jumps off the roof of his grandfather’s RV, gets bitten on the lips when he attempts to kiss a crawdad, and makes a noose out of his shoelaces. Andy and Percy both have violent tempers. Of his foster mother, Andy says, “She’s kind of afraid of me, I can tell. She probably knows I blew up at Weird Joan’s and broke the windows in my bedroom…It’s good to have a mother scared of you” (Harrar, 2001, p.
Percy describes his temper in an unsettling way that suggests he could be dangerous to himself or others: “I tried to stay cool. The school counselor had told me a million times, ‘Count to ten, get control of your temper.’ But I was so mad my mind went blank. A wave roared in my ears” (Riordan, 2005, p. 9).

People with ADHD are also stereotyped as poor students. Percy observes, “I had never made a grade above C- in my life” (Riordan, 2005, p. 7), and admits, “I’ve never asked a teacher for help” (p. 18). Andy says, “I’m getting D’s in science and history because I keep forgetting to hand my homework in” (Harrar, 2001, p. 237). Joey and Gee both struggle with schoolwork, and Rainy admits she is “lousy when it comes to school” (Deans, 2005, p. 47). No characters exhibit academic progress or success during the course of the narratives, and there are no examples in any of the books of any other people with ADHD who are successful students in spite of having the disorder.

Based on evidence from the novels, the characters who have ADHD are stereotyped as highly disruptive, unable to function normally in school or other social settings, and potentially dangerous to themselves or others. In addition, the data analysis revealed that characters with ADHD are generally not capable of succeeding academically.

Anti-stereotypical attributes. In contrast with the negative stereotypical attributes described in the preceding section, characters with ADHD are also consistently portrayed with several attributes that are not consistent with negative stereotypes. One such character attribute that emerges from the novels is a high capacity for empathy in people who have ADHD. For example, rather than being defensive when he accidentally cuts the tip off his classmate’s nose after stumbling with scissors, Joey is horrified: “I
looked into her eyes and there was so much fear trapped in them I went instantly out of my mind” (Gantos, 1998, p. 74). Later he says, “I wanted to cut my whole nose off just to show how sorry I was and give it to Maria” (p. 75). In special-needs settings, Joey expresses extraordinary empathy toward both the other children and even their mothers. Of one fellow student, he observes, “When he stomped onto the bus I looked at him and he didn’t look much different from me, so I closed my eyes because it was too sad” (p. 95). Likewise Percy expresses extreme empathy toward his best friend Grover, who has disabilities: “All year long, I’d gotten in fights, keeping bullies away from him. I’d lost sleep worrying that he’d get beaten up next year without me” (Riordan, 2005, p. 25). Rainy reaches out to others who are different, and even after her cabin-mates are cruel to her, she is deeply moved by their homesickness: “The other campers had cried themselves to sleep, a sad noise she hadn’t been able to block out, the soft weeping and sniffing like sandpaper in her ears. It had made her want to comfort them…” (Deans, 2005, p. 36). Andy, who is borderline violent with other people, displays extreme empathy toward animals. He is a vegetarian and is moved to tears by depictions of farm life in movies: “I can tell right off I’m going to cry. The voice in the movie is saying how bad all the horses, pigs, and other animals have it on the farm” (Harrar, 2001, p. 76). Of another film, he admits, “I’ve seen Old Yeller about ten times and I still cry when they shoot him” (p. 76).

Considering that ADHD involves difficulty focusing, the ability to hyper-focus is a second attribute that consistently emerges from the texts, contrasting with negative stereotypes suggesting that people who have ADHD are constantly out of control. For example, when Rainy is out on a boat and notices trash floating in the water, she becomes
obsessed with removing it and does not stop trying until she has succeeded. Similarly, when she is on her long solo hike,

Her ability to shut off the world, to block out everything—sound, time, even urges to eat, drink, sleep, pee—kicked in. The same driving energy that enabled her to read a good book cover to cover, to stay up all night completing an airport out of Legos, was now harnessed on climbing (Deans, 2005, pp. 169-170).

Gee becomes intensely focused on pursuing a traveling performer named Cannonball Paul throughout the course of the novel. Both Andy and Rainy are able to focus very intently on reading books, which they each use as a calming technique before going to bed. And once Percy enters the underworld, where his ADHD is an asset, his ability to hyper-focus allows him to succeed in battle.

In conclusion, characters who have ADHD are generally profiled with certain stereotypical characteristics that contribute to the overall impression that people who have ADHD are highly disruptive, potentially dangerous to themselves and others, and poor students. There are no examples of characters with ADHD in these novels who do not display these characteristics. It must be acknowledged that these stereotypical characteristics may be somewhat offset by the consistent incorporation of other character attributes, including a high capacity for empathy and the ability to hyper-focus.

**RQ3:** In representative adolescent novels published since 1997, how do characters with ADHD perceive ADHD-related stigma, and how do these characters manage such stigma using communication?

The evidence from the novels shows that characters with ADHD experience stigma directed at them by teachers and other authority figures, peers, and family
members. At times the stigma is even directed toward the family members of the characters with ADHD, especially the mothers. Analysis revealed that characters with ADHD internalize stigma and try to counter it in different ways, but they are not usually successful.

**Perceptions of stigma.** Characters with ADHD often experience stigma directed at them by teachers and other authority figures, who either do not understand ADHD and how best to work with children who have the disorder, or simply do not have the patience or other resources to do so. After several years of insufficiently regulated hyperactivity, Joey observes, “I should have been kept behind and given extra help but no teacher wanted to risk getting me two years in a row” (Gantos, 1998, p. 17). Without skills or interest in handling a boy like Joey, the teachers generally find ways to exclude Joey from class: “Most of the time I wasn’t even in the classroom. I was in the principal’s office, or with the nurse, or I was helping out in the library or cafeteria, or running laps out on the playground” (p. 17). On the first day of the school year, Joey’s reputation precedes him to the point where, his new teacher “said she was going to give me a fair chance to show just how good I could be. And all that first day she kept glancing at me with the, ‘I got my eye on you’ look” (p. 18). Feeling an acute sense of isolation, Joey observes that, “People were always giving each other secret looks around me” (p. 24).

Rainy also encounters difficulties with unsympathetic teachers. At one point she reflects on the school year that has just ended:

She’d hated that teacher, hated how she always embarrassed her in front of the class. Mrs. Richards, with her Grinch face, pick, pick, picking at her like one of those monkeys picking lice off their babies on the Discovery Channel…No one
seemed to understand that, or how Mrs. Richards only liked the good kids, or how she only asked Rainy to answer questions when she knew Rainy wasn’t listening (Deans, 2005, p. 156).

And things are no better for Rainy when she arrives at camp for the summer. Like her teachers, her camp counselors are not equipped to handle a child whose behavior falls outside the normal range, and they communicate their distaste to her: “Grumbling something about not getting paid enough, the counselor went back inside the cabin, the screen door whacking behind her” (p. 44). Even Gee, only 7 years old, has encountered similar resentment and impatience directed at him by authority figures. His sister, Ronnie, describes the teachers and other adults in his life as continually “getting frustrated or sending him to the principal’s office or lecturing him about thinking before acting” (Cheaney, 2007, p. 12).

Characters with ADHD often perceive stigma when they are redirected to a new environment because they cannot function in a “normal” one, reflecting a view expressed by a character in one of the books that, “They shouldn’t let messed up kids go to school with regular kids” (Gantos, 1998, p. 84). For example, Joey is sent to his school’s special needs classroom, where only the most profoundly disabled children are located, far from the eyes of the “normal” student population. According to Joey:

The room was mostly filled with the hurt kids, the slow kids, the kids who steered their wheelchairs with their chins, the spastic kids who walked and talked funny and were brought to school in their own special bus or in special cars from home. I always wondered where they went once they arrived. Now I knew (p. 36).
As was the case in Joey’s regular classroom, there is no one in this setting who seems to have experience or interest in working with a student like Joey. His mother cautions him, “Joey, if you slip anymore, school might just let you slip away like water down a drain, and the class will continue like you never existed” (p. 29). Other characters are also removed from “normal” settings. For example, both Percy and Andy are in schools for troubled teenagers, having been unable to function in regular schools. And Rainy starts camp in one cabin but is quickly moved to a new one, nicknamed “Loser’s Lodge” because, according to Rainy, “it has all the hard kids no one wants” (Deans, 2005, pp. 84-85). In all of these books, characters perceive stigma directed at them by most adults; understanding and knowledgeable adults are the exception, rather than the rule. The writers provided no examples in these novels of a character with ADHD who actually overcomes ADHD-related stigma directed at them by teachers and other adults and ultimately succeeds in school or other settings that have previously posed a challenge.

Characters with ADHD also encounter ostracism by peers. None of the characters is popular with kids their own age. In the case of Joey, at no point in the book is a peer described as a friend. Maria Dombrowski, the class president, is constantly watching Joey, giving him disapproving looks and jotting down his name to report him for misbehaving. Other children bully Joey or call him names, and no one comes to his defense. Following one incident, Joey describes his return to the classroom after being punished:

Seth Justman pointed at me and started to snicker, and then the whole class cracked up and Mrs. Maxy had to clap her hands to settle everyone down, then
she led me to my seat…‘And I think you owe the class an apology for being disruptive earlier,’ she said (Gantos, 1998, p. 40).

Rainy encounters exclusionary behavior on the part of the popular girls almost immediately upon arrival at her camp and it never improves during the course of her stay. Gee is laughed at and called names in school and at Vacation Bible School; as his sister observes, “Gee gets a lot of that kind of thing” (Cheaney, 2005, p. 34). Characters with ADHD generally find friendship only with members of other out-groups, if they find it at all.

Additionally, characters with ADHD also encounter stigma both within their own families and directed at family members. Percy is sarcastically called “brain boy” (Riordan, 1998, p. 32) by his stepfather, who makes it clear he does not want Percy around. Rainy feels that she has been sent to camp by her family because they do not want to deal with her:

And she wasn’t going to miss any of them, either. Not her dad, who acted like it was all her fault that she didn’t have her sneakers on and who’d rather have some peace and quiet than her around. And not her mom, who’d never ship her precious Jewel off to some awful camp just so she could teach a summer class. And she definitely wasn’t going to miss her sister, who was always calling her stupid, and jitter-bug, and wiggle-worm (Deans, 2005, p. 28).

And as an extreme example of encountering stigma within the family, Andy has actually been given up for adoption because his mother finds him to be “too hard to handle” (Harrar, 2001, p. 4).
Characters who have ADHD are often compared with unsavory, embarrassing, or “black sheep” relatives from whom they are presumed to have inherited the disorder. At other times, stigma encompasses the mother of the child with ADHD, who may bear the brunt of blame for the disorder. This is most poignantly illustrated in *Joey Pigza Swallowed the Key* (Gantos, 1998). Joey has several painful conversations with his mother in which she relays to him her feelings about having a child with ADHD. At one point his mother demands:

Did you tell them that I love you and I go to work every day at the beauty parlor and listen to everyone talk about their perfect kids and it makes me sick because for one, I don’t believe their kids are perfect because no one is, and two, they pretend their kids are perfect so they can look down on kids like you and parents like me” (p. 105).

Later, during a physician visit,

As soon as the doctor said ‘family conditions’ Mom bit down on her lower lip and uncrossed her legs, pulled down on her skirt, and crossed them the other way. I reached over and squeezed her hand because I knew how it felt to be in trouble (p. 140).

Thus the evidence demonstrates that characters with ADHD encounter stigma directed at them from almost every quarter, including school, social settings, and home.

**Efforts to overcome stigma.** Across settings, there are few examples of the characters with ADHD successfully overcoming stigma, using communication or otherwise. More often, these characters employ internal monologues to express sadness or frustration, and they withdraw from other people or lash out in anger. For example,
when Joey is sent to the special needs classroom, he observes, “I felt like some kind of bad dog that had pooped all over the carpet, eaten the slippers, and attacked the mailman, and was now being sent to obedience school” (Gantos, 1998, p. 37). There, he says, “It made me so mad to be stared at like some hopeless kid that I kicked away at the chair legs until my heels were so sore they were bruised and it hurt to kick” (p. 39). Yet Joey never actually articulates these internalized thoughts to others, and instead manages his feelings through an internal monologue. Distinguishing himself from ‘bad” kids, for example, he muses:

No, I’m not like Kerwin. I can have good days. Entire days when I wake up and I’m calm inside like water when it’s not boiling, and I just plant my feet on the floor like every other kid in America and do a sleep walk down to the bathroom and take a nice hot shower and wash my hair and dry off and get dressed and eat breakfast and all the while thinking about what I’d like to do with my day (p. 51).

Other characters try to manage stigma through physical withdrawal. Percy and his friend Grover move away from their classmates while they are on their class trip:

“We thought that maybe if we did that, everybody wouldn’t know we were from that school—the school for loser freaks who couldn’t make it elsewhere” (Riordan, 2005, p. 8). Rainy, who had hoped to conceal her ADHD at camp, initially finds an escape in swimming:

In the water it didn’t matter that she was a munchkin or a twig or any of the other hurtful names kids called her because of her size. It didn’t matter that she was different from her classmates, who liked to say she was a head case and a weirdo,
and called her stupid whenever the teachers weren’t around. No, in the water she was better than anybody. Even Jewel (Deans, 2005, p. 48).

But this relief is short-lived, and eventually Rainy fantasizes about running away:

No more teachers like Mrs. Richards, no more kids calling her ‘head case’ or ‘weirdo.’ If she lived here in the woods, all by herself, she’d never get yelled at again. No more ‘stop talking; stop rocking, stop moving that leg!’ No more doctors, aunts, teachers trying to change her, trying to make her parents put her on drugs. She’d never have to hear that stupid word Ritalin ever again (p. 168).

Occasionally, characters who encounter stigma try to advocate for themselves using oral communication. Joey strongly advocates for new medication that he believes would help him better regulate his behavior and thus fit in. Although his pleas go unheeded, his behavior bears witness to the need; once he gets the new medication, he expresses relief at the victory: “Instead of being sick, I was just being a kid. Now that I was getting better, people could like me more” (Gantos, 1998, p. 141). But these triumphs are relatively rare; more often, the ADHD characters are not heard when they try to advocate for themselves. For example, Rainy tries to explain to her counselor that she needs to read after lights-out, in order to fall asleep, “but her counselor, who’d seemed nice enough in the beginning, had just about bitten her head off” (Deans, 2005, p. 35). Rainy also relates attempts to contextualize her own behavior for others, from a very early age; during kindergarten she says she spoke about her teacher to her school principal: “If she’s gonna have a meltdown over a coupla broken crayons, she shouldn’t be a kindergarten teacher” (p. 156). However reasonable that position may have been, according to Rainy, “No one seemed to understand that” (p. 156). Analysis showed that
these books contain not a single example of a character with ADHD being able to talk to, commiserate with, derive support from, and join forces with peers who also have the disorder. In general, attempts to manage stigma through calm or reasoned communication go largely unheeded.

Characters with ADHD also attempt to manage stigma through expressions of anger. A frustrated Rainy lashes out at a fellow camper:

‘Oh yeah?’ said Rainy, who was tired of hearing that kind of stuff from Liz, tired of her and everybody else’s remedies to make Rainy like everyone else, make her behave and sit still, make her better, like she was a freak or sick or something.

‘Well, my mom says that God made me the way I am, so you got a problem with that, wannabe doctor, talk to him about it’ (Deans, 2005, p. 122).

Gee’s sister Ronnie relates a conversation she has with her brother: “‘Don’t ever let anybody tell you you’re stupid, Gee.’ My brother blinked in surprise. ‘I don’t. I usually pop ‘em one’” (Cheaney, 2007, p. 208). Rainy advises another camper who is being teased for other reasons: “…Pound her. Worked for me when Brandon Hodges called me a mental case” (Deans, 2005, p. 52).

In conclusion, ADHD characters are portrayed as perceiving and responding to stigma in a range of ways, from silence and withdrawal to self-advocacy to hostility. However, whatever the strategy, results revealed little success in managing stigma. With the exception of Joey who has embarked on a new treatment plan, all of the characters experience high and unchanging levels of stigma throughout the narratives.
**Discussion**

As an extension of previous research on portrayals of ADHD in children’s and adolescent literature, this study offers further insight into phenomena observed in earlier research by Leon (1997) and others. Consistent with those observations, this study suggests cause for concern for educators, parents, and others who might hope that fictional portrayals of ADHD would contribute to deeper societal understanding of ADHD and help de-stigmatize the disorder. Just as Leon (1997) observed that information about ADHD was “sparse and inconsistent” (p. 192) in the texts she examined, this study of more recently published fiction leads to similar conclusions. As this study shows, descriptions of symptoms, management of symptoms, causes, and prognoses send incomplete or mixed messages about ADHD. This study also shows that characters with ADHD are generally portrayed in accordance with negative stereotypes. These characters encounter a high degree of stigma related to their ADHD, and they are ill-equipped to manage it.

**Comparison with Previous Research Studies**

This study confirms and reinforces much of what is found in the research literature on ADHD stigma and earlier portrayals of ADHD in adolescent novels. Most fundamentally, the novels reflect the findings from current literature indicating that ADHD is highly stigmatized in U.S. society (Coleman et al., 2009; McLeod et al., 2007; Pescosolido et al., 2009) and that adolescents with ADHD internalize this stigma (Kendall et al., 2007) and may respond to it in negative ways (Bussing et al., 2011; Harpur et al., 2008). However, this study finds no evidence of characters with ADHD managing stigma through social networking with peers who also have the disorder, even
though current research shows that this is one way that young people with ADHD come to terms with their ADHD-related identities (Gajaria, 2011).

The current study also reinforces the findings from two earlier studies of portrayals of ADHD in books. Specifically, drawing from more recent novels than Leon (1997), this study reinforces that researcher’s findings that fictional portrayals inappropriately emphasize hyperactivity over inattentiveness as a primary symptom of ADHD. This study also reaffirms Leon’s (1997) finding that characters with ADHD experience primarily negative interactions with peers and teachers, and there is little suggestion that there may be positive aspects to having the disorder. Finally, this study finds that adolescent fiction does not indicate that people who have ADHD can live highly successful lives if they manage the disorder well, a conclusion also drawn by Leon (1997). Similarly, this study reinforces findings by Prater, Johnstun, and Munk (2005) that books do not present a complete picture of the range of symptoms associated with ADHD (i.e., not only hyperactivity but also inattention), but it offers more detail than those researchers about social experiences including stigma encountered by characters with the disorder.

While this study aligns with the findings of Leon (1997) and Prater, Johnstun, and Munk (2005), it is fundamentally at odds with the findings of Demetrulias (2000), who generally drew more positive conclusions about depictions of ADHD in books. That researcher found that depictions of ADHD generally provided a full view of symptoms (including how these symptoms can be assets) and showed characters able to manage them well. As noted earlier, however, Demetrulias included in her sample books that were written by physicians or psychologists with a primary goal of education, which may
have biased her sample. In contrast, the present study drew from books more likely to be casually encountered by the broad population of adolescents (both with and without ADHD) in bookstores, libraries, or online.

**Implications of the Findings**

Based on this study’s evidence about character portrayals in adolescent novels, there is some cause for concern about the messages that readers might develop about ADHD symptoms, management, causes, and long-term prognosis. In addition, these books could help solidify prevailing stereotypes and stigma associated with the disorder.

Portrayals of ADHD symptoms do not present a full picture of how those symptoms may manifest themselves. As demonstrated in the evidence presented in this study, the books inordinately emphasize highly disruptive hyperactivity over inattention as the primary way in which ADHD symptoms appear. While this may be a function of authors taking dramatic license to make a more compelling narrative, the books may do a disservice to people who have ADHD, especially those who exhibit only inattention as their primary symptom. If adolescent readers do not have a full understanding of the range of symptoms (and variability in severity), they may reject the ADHD label for themselves or their peers when their symptoms do not comport with their understanding of what it means to have ADHD. Books about characters with ADHD might better serve readers if they portrayed characters with milder forms of ADHD, or characters with the inattentive subtype without hyperactivity, perhaps by including more than one character who has the disorder. Additionally, more examples of cases in which characters with ADHD are able to channel their energies and use their symptoms as assets could help readers develop a broader understanding of ADHD.
In addition to providing mixed messages about the nature of ADHD symptoms, the books could lead readers to reasonably conclude that medication is not a truly viable option for managing these symptoms. None of the books contains a character who successfully manages ADHD symptoms using medication and lives a normal, high-functioning life. Instead, in cases where the characters are using medication, readers are left to wonder whether it really works and even whether it could actually be detrimental. In cases in which the character with ADHD does not take medication, some readers may wonder whether they should try it. Overlaying this ambiguity, the novels also often cast the decision to administer or take medication as a potential moral failing, for example by juxtaposing ADHD medication with alcohol abuse or by suggesting that ADHD drugs are used by incompetent or irresponsible parents or teachers as a tool to control children.

Books about characters who have ADHD might present readers with a more realistic view by showing that medication can be a highly effective way to manage symptoms for some people who have the disorder, and by decoupling the use of medication from messages about morality. It is difficult to imagine such messages associated with taking medication for other common, chronic childhood ailments such as asthma or allergies; ADHD should be no different. Additionally, the books would better serve readers by providing examples of other ways to manage ADHD symptoms aside from medication (such as self-regulatory techniques) that are successfully implemented by characters who have the disorder.

Setting aside the issues related to symptoms and management of symptoms, there is also reason to be concerned about the messages these books send about what causes ADHD. There is a relatively consistent suggestion across the novels that the characters
with ADHD have acquired it as a result of their chaotic home lives or inherited it from unsavory relatives. Thus, there is a theme of blame that courses through these novels, and insufficient characterization of ADHD as a disorder or disease with a biomedical etiology, as might be seen with allergies, asthma, or cancer. Readers might benefit from encountering more novels that characterize ADHD in age-appropriate biomedical terms, depict characters with ADHD as coming from healthy, happy families; and de-link these characters’ behavior from that of “black sheep” relatives.

Ultimately, the novels examined in this study do not offer much promise in terms of the outlook for characters who have ADHD. Although Joey Pigza starts a new treatment plan by the end of his narrative, the reader is left to wonder whether he will realize any actual improvements academically, behaviorally, or socially. The other novels may leave readers with even more pessimism about the ADHD characters’ prognosis because no change occurs in their management of the disorder or their ability to function in school and other settings. Indeed, based on the themes emerging from this literature, readers might conclude that people who have ADHD are not likely to improve over time and may, in fact, degenerate. Thus, adolescent readers both with and without ADHD might benefit from encountering characters (either adolescents or adult role-model characters) who have ADHD and are highly successful across settings because their symptoms are well managed.

Looking broadly across the novels, characters with ADHD are consistently stereotyped as highly disruptive in school and other settings and even potentially dangerous to themselves and others. Unfortunately, such characterizations could contribute to prevailing societal stereotypes circulating within society about people who...
have ADHD (even though some characters do also exhibit some anti-stereotypical attributes such as the ability to hyper-focus and a high capacity for empathy). Readers might benefit from more anti-stereotypical portrayals of people who have ADHD, such as the characterization of a person with ADHD as an excellent student, popular with his or her “normal” peers, or gifted in a particular area such as a sport or an artistic endeavor.

Finally, with respect to encountering and managing stigma, characters with ADHD generally seem lost between the “normal” world and the “disabled” world, and this ambiguity corresponds to a loss of educational and social benefits that are available to others. Even within their own families, characters with ADHD are often compared with “black sheep” relatives from whom they are presumed to have inherited the disorder, further amplifying the sense of stigma for the child. Stigma may even envelop other family members in the form of blame for the character’s disorder or its inadequate management. In these novels, characters with ADHD never truly successfully manage stigma; rather, they just learn to live with it by internalizing sadness or frustration and withdrawing from other people. In some cases, they may manage stigma by lashing out at others in anger; at its extreme (as seen in the cases of Percy and Andy), this anger may snowball into juvenile delinquency, which only serves to amplify stereotypes and stigma. Whereas existing social science research (Gajaria et al., 2011) indicates that adolescents with ADHD may manage stigma by communicating with others who have the disorder, there is no evidence of this strategy in the novels examined in this study. Ultimately, readers might form the impression that people with ADHD are ostracized by most adults, face a lonely existence as outcasts within their peer groups, and even experience their own families as a source of stigma. Readers might benefit from portrayals of characters
whose ADHD is acknowledged in a matter-of-fact fashion and does not result in stigma or ostracism. Additionally, readers might benefit from encountering examples of characters who do encounter stigma but successfully manage it either on their own or with peer support. Certainly authors of adolescent novels are striving to entertain their audiences and may be less motivated to educate them, but some may be willing to consider alternative ways to portray ADHD beyond what appears to be prevalent currently, based on this study. The Entertainment Industries Council (2011) has recently created a resource guide for television and film writers (although it is too early to tell whether this effort has been effective); similar guidance might apply to the creation of novels. This study simply provides evidence that there is an issue; what can be done about it is a matter for further research.

In conclusion, it is ironic that messages contained in these books could actually exacerbate misinformation and stigma among the reading audience rather than alleviating it. For readers who do not have ADHD, the depictions in these novels might actually solidify their misunderstandings and their notions of prevailing stereotypes, leading to further labeling and stigmatization of peers who have the disorder, or to rejecting an ADHD-affected peer’s need for accommodations if his or her symptoms do not comport with a prevailing notion of what is “typical” for people with ADHD. For readers who have ADHD themselves, the books in this study could cause them to further internalize feelings of stigma and shame. Moreover, for some readers, especially those who exhibit less severe symptoms, the messages in these books could cause them to reject the ADHD label for themselves because they do not identify with the characters’ symptoms or experiences or because they fear stigma and doubt their ability to overcome it. Rejecting
the ADHD label could adversely affect such readers if it causes them to deviate from treatment from which they might otherwise benefit.

All of this is certainly not to say that there is not much to appreciate in these novels. In addition, this is not to overstate the effect that any one book can have on a reader’s point of view on a given subject. This study merely seeks to shed light on certain themes that emerge from novels as one source of meaning about ADHD to which adolescents may be exposed. As such, this study is a step to expand the current limited knowledge base with the hope of informing future authors, content creators, and health communicators about prevailing beliefs, some of which may not be grounded in truth and may prove problematic, and to suggest alternative features for future narratives.

Limitations

As is the case with all research, this study has limitations. As a qualitative content analysis, this study is inherently subjective. Although I took great care to acknowledge and then set aside any personal beliefs and perspectives, it is certainly possible that my own knowledge of ADHD and biases toward sympathy for those with the disorder may have colored my analysis unconsciously. In addition, I had a relatively limited number of texts from which to choose, and my analysis was limited to only five of them. Although I established and adhered to a clear rationale for my text selection, the potential for biased selectivity (Bowen, 2009) is always a concern. It is possible that different themes or contradictions might emerge from a study using a different or larger cross-section of available texts.

Additionally, although qualitative content analysis offers insight into themes that emerge from a small selection of adolescent novels, this study does not attempt to
reconcile this evidence with the authors’ motivations in creating the novels or with the adolescents’ perceptions when reading them. Authors of novels are certainly motivated to entertain, and in doing so they may create exaggerated characters or scenarios for dramatic effect. They may or may not have a secondary goal of educating their audiences. Additionally, it is possible that adolescent readers discount for such exaggeration when consuming novels and either do not take what they read seriously or reconcile it against what they see in their own lives. This content analysis cannot offer any insights into those dynamics. This study simply provides evidence of potentially stigmatizing information about ADHD that appears in a representative sample of adolescent novels; whether or not this potentially stigmatizing information is even perceived or internalized by adolescent readers is well beyond the scope of this study.

Implications for Further Research

Because the adolescent audience for whom these books are intended would likely take away different messages than adults who are reading critically and analytically, an important area for further study would be to examine how young readers respond to these books. Specifically, further research should examine how adolescent readers (both those who have ADHD and those who do not) engage with these novels, whether they actually perceive ADHD-related messages in these novels, and what messages those are. Further research should also consider how readers reconcile a message with the delivery vehicle. That is, do adolescent readers discount information that they encounter in novels because they understand novels to be a vehicle for entertainment only, with character traits and scenarios exaggerated for dramatic effect? Would adolescent readers respond differently to similar messages if they encountered them in non-fiction books? Further research
could also examine other vehicles of entertainment and education for adolescents, such as television, films, or social media channels, to determine the extent to which the messages identified in this study are echoed elsewhere in our culture and what impact, if any, they are having on adolescents’ beliefs about ADHD.
Appendix A

Codebook

RQ1: Symptoms, management, and causes of ADHD and long-term prognosis for the character

RQ1A. How are symptoms of ADHD described?

RQ1B: What strategies for managing ADHD are described, and how are these different strategies portrayed (e.g., successful or not successful)?

RQ1C: How are the possible causes of ADHD described?

RQ1D: How is the long-term prognosis for the character described?

RQ2: Attributes of characters

RQ2A: What negative stereotyped qualities are attributed to characters with ADHD (e.g., laziness, disobedience, disrespect for others, lower intelligence, poor student, etc.)?

RQ2B: What positive or anti-stereotypical qualities are attributed to characters with ADHD (e.g., success socially and in realms such as academics, sports, the arts, or a hobby)?

RQ3: Perceiving stigma and counteracting it using communication

RQ3A: Where and how does the character with ADHD perceive ADHD-related stigma?

RQ3B: How does the character attempt to counteract or overcome stigma? In what ways is he/she successful or not successful?
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Curriculum Vitae

Courtney Billet is director of communications and government relations for the National Institute of Allergy and Infectious Diseases at the National Institutes of Health (NIH), a position she has held since March 2007. Prior to joining NIH, she worked at the U.S. Department of Agriculture’s Animal and Plant Health Inspection Service for nearly 18 years. There, she held a variety of communication and public policy positions, including chief of staff and deputy administrator for legislative and public affairs. Courtney developed a personal interest in the messages that adolescents receive about ADHD after one of her sons was diagnosed with the disorder and she set out to find information that would both educate and entertain him. Courtney earned her BA in English from the University of Maryland in 1989. She lives in Bethesda, Maryland, with her husband and two sons.