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**Internalized Stigma, Anticipated Discrimination and Perceived
Public Stigma in Adults with Attention Deficit Hyperactivity
Disorder**

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The detrimental impact of stigma on mental health and psychosocial functioning of individuals with a mental disorder has been amply shown in scientific research. The WHO recognizes stigma as “the single most important barrier” when aiming to improve mental health outcomes and promoting the use of professional mental health care. Attention deficit hyperactivity disorder (ADHD), a neurodevelopmental disorder prevalent in 2.5% of adults worldwide, has many characteristics which make it a likely target of stigmatization. First studies point out that stigmatization of individuals with ADHD negatively influences their psychosocial functioning and disorder outcomes. Yet, to date, research on stigmatization of adult ADHD is still rare. To the best of our knowledge, neither subjective stigmatization experiences like internalized stigma, perceived public stigmatization and anticipated discrimination nor their associations with clinical parameters have ever been assessed in adults with ADHD.

Objective of this study is the descriptive assessment of three subjective components of stigma - namely internalized stigma, anticipated discrimination and perceived public stigma - in adults with ADHD. In addition, correlations between stigma components and psychosocial and clinical parameters were assessed.

The sample comprised 104 adults with ADHD recruited from self-help groups (in cooperation with ADHS Deutschland e.V.), from the ADHD outpatient clinic of the Central Institute of Mental Health, Mannheim, Germany and from the ADHD inpatient program at the AHG Clinics for Psychosomatic Medicine, Bad Dürkheim, Germany. Internalized stigma was assessed with the Internalized Stigma of Mental Illness Scale, anticipated discrimination with the Questionnaire on Anticipated Discrimination, and perceived public stigma of adult ADHD with an adapted version of the Questionnaire on stigmatizing attitudes towards adults with ADHD.

About one quarter of the sample (23.3%) reported high internalized stigma. Mean severity of internalized stigma was comparable to the severity reported for patients with other psychiatric disorders, e. g. schizophrenia. Most participants (88.1%) anticipated discrimination due to ADHD in at least one life area. The occupational sector was most frequently affected, f. ex. 71.8% of the participants anticipated discrimination by employers if they knew about their ADHD. A quarter of the sample anticipated discrimination by friends or family. The majority of participants (69.3%) perceived public ADHD stigma. Doubts about the validity of ADHD as a psychiatric disorder were among the most frequently perceived public stereotypes. This seems to be a specific finding and stereotype related to ADHD, which is not found in other psychiatric disorders.

In line with available evidence from previous stigma research, we found correlations between internalized stigma, anticipated discrimination and perceived public stigma and of subjective stigmatization experiences with psychosocial parameters. Internalized stigma correlated with lower self-esteem ($r = -.65, p < .001$), lower life quality ($r = -.56, p < .001$), higher functional impairment ($r = .62, p < .001$), higher ADHD symptom severity ($r = .48, p < .001$) and higher overall psychological distress ($r = .49, p < .001$). Being employed or in education was associated with lower internalized stigma and being married or in relationships was associated with lower internalized stigma and lower anticipated discrimination. Higher anticipated discrimination was correlated with higher overall psychological distress, higher functional impairment and lower life quality as well as a lack of partnership.

In summary, the results indicate that adults with ADHD are affected by internalized stigmatization, anticipate discrimination in various life areas and perceive ADHD-specific stereotypes. Correlations of internalized stigma with symptom severity, level of functioning, self-esteem and life quality are high, and comparable to findings regarding other mental disorders. Internalized stigma may be a useful concept

to explain how public stigma is transformed into subjective dysfunctional cognitions and behavior adding further adversity to negative outcomes of adult ADHD caused by its symptoms. Thus, our data argue for the notion that internalized stigma and anticipated discrimination can be understood as psychological facets and cognitions with additional impact on the adverse outcomes of adult ADHD caused by ADHD symptoms itself. On the public level, combating ADHD-specific public stigma and improving protection from discrimination would be helpful to reduce the risk of internalizing self-stigmatization and its negative impact. On the individual level, presence of self-stigmatization and anticipated discrimination should be assessed by clinicians. If present, they should be addressed in the multimodal treatment of adult ADHD, e.g. by psychoeducation or cognitive interventions, as this may improve the course and psychosocial outcomes of the disorder.