# Laughing Through the Struggles: Understanding ADHD Experience and Community Engagement Through Memes and Comments on Instagram

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## Abstract

While public discourse often reduces Attention-Deficit Hyperactivity Disorder (ADHD) to stereotypes that overlook the invisible struggles of those who live with it, ADHD people are increasingly using social media to express their experiences on their own terms. On platforms like Instagram, memes have become a powerful and accessible medium for expressing everyday challenges through humor and relatability. This study analyzed 350 ADHD-related memes and over 28,000 associated comments to explore how ADHD was expressed and engaged with in online spaces, and consulted a neurodevelopmental science and clinical researcher. Findings show that memes depict behavioral inconsistencies, internal conflicts, and societal pressures, while comments reveal strong resonance, personal identification, and peer support, including informal self-diagnosis and shared experiences. By combining meme and comment analyses, this study contributes to digital mental health research by demonstrating how memes serve as an interactional mechanism for neurodivergent storytelling and identity formation and informing future platform design.

## CCS Concepts

• **Human-centered computing** → **Empirical studies in HCI**; **Empirical studies in collaborative and social computing**.

## Keywords

ADHD, Meme, Online Health Communities, Social Media, Neurodivergence, Self-Expression, Community Engagement

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## 1 Introduction

Attention-Deficit Hyperactivity Disorder (ADHD) is frequently misrecognized, oversimplified, or reduced to negative stereotypes and stigmatization in public discourse [71]. ADHD people[1] are widely stigmatized across all life stages, with individuals often labeled as careless, lazy, or unintelligent, and perceived as less capable by peers and teachers [39, 69]. The stigmatization is reinforced by widespread misconceptions, limited public knowledge about diagnosis and treatment, and knowledge gap-induced narrow media portrayals [16, 90, 109]. This stigma manifests not only as public prejudice but also as self- and courtesy stigma, affecting both people with ADHD and their families [17, 32]. These negative perceptions contribute to social rejection [96], self-isolation [71], and reduced self-esteem, ultimately impacting mental health and overall well-being [18, 90]. Besides, stigma often leads ADHD people to mask[2] their ADHD traits to fit neurotypical (NT) social norms [38, 64], further contributing to late diagnosis [63].

While the ubiquitous stigmatization in traditional systems (e.g., schools, medical institutions, and diagnostic frameworks) often left people with ADHD feeling unseen and in self-isolation [71], they have increasingly turned to social media platforms as alternative spaces for expression, connection, and visibility [38]. These online environments enable ADHD people to share experiences, exchange

[1]In line with the language used in our dataset, where creators predominantly use identity-first terms such as "ADHD people", alongside variations like "ADHDers" and "people with ADHD", we use both identity-first and person-first language throughout the paper to reflect the different views and preferences within ADHD communities and follow conventions in prior work [85, 118].
[2]While the term "camouflaging" is often used interchangeably with masking in psychology-based disciplines [67], we use the term masking in line with the language used in ADHD memes.

knowledge, and access peer support [38, 48, 72]. Research shows that ADHD users are especially active in sharing their struggles and insights online, often finding solidarity and validation that may be missing in offline life [51]. Within this context, Instagram has emerged as a particularly rich space influencing youth culture and perceptions, where memes serve as compact, humorous, and affective tools for self-expression [31]. Within HCI, recent work has increasingly recognized social media and online communities for understanding neurodivergent (ND) experiences and tensions between validation and diagnosis [38].

Memes have evolved into a powerful digital communication tool that rapidly spreads ideas, conveys emotion, and fosters social dialogue [1, 35, 86]. Originating as "cultural replicators" [86], internet memes now serve as participatory and emotionally resonant formats—often using humor to share personal experiences, challenge stereotypes, and offer online support [21, 42]. Mental health memes, including those about ADHD, combine humor and vulnerability to communicate shared struggles, offering social support to those who may feel isolated [52]. However, they can also risk oversimplifying or reinforcing stereotypes [3, 129], such as portraying depression only as sadness [22].

Despite growing interest in neurodivergence within HCI, much prior work continues to frame ADHD predominantly through medicalized or deficit-oriented perspectives, often overlooking the voices and needs of ADHD individuals themselves [7]. Neurodivergent and critical disability scholarships emphasize the importance of centering lived experience rather than assuming needs through normative frameworks when designing for ND people [78, 104]. When expressive practices created by ADHD people are overlooked, HCI research risks misunderstanding ADHD by relying primarily on clinical or deficit-based representations that foreground a limited set of medically recognizable mechanisms. This can lead to systems that fail to address issues outside the narrow scope or to support those who do not fit stereotypical or medically legible profiles. Memes, created and shared by ADHD people in online ADHD communities, carry rich data about their lived experience. Compared to text-based posts or video platforms like TikTok, memes function as a low-effort, remixable, and humor-driven interactional form that enables ADHD people to share experience without formal diagnosis, while making visible patterns of identity formation, peer validation, and collective sense-making that are difficult to elicit through interviews or task-based studies alone. However, research has not examined how ADHD people use humor and participatory media to express their identity and engage with peers online. Addressing this gap, the present study analyzes Instagram ADHD memes and their associated user comments, with a focus on lived experience, narrative form, and community engagement.

Our study is guided by the following research questions:

**RQ1:** *What lived experiences of ADHD are communicated through ADHD memes?*

**RQ2:** *How do ADHD memes employ narrative and rhetorical forms to engage users?*

**RQ3:** *How do users engage with ADHD memes on Instagram?*

To explore these questions, we manually collected 350 memes and gathered 28118 comments associated with the selected memes through the Tikhub API. We conducted a qualitative analysis on memes to explore what they expressed about ADHD (content and emotion) and how they expressed it (form). The associated comments were analyzed using emotion classification and BERTopic modeling to explore how viewers responded, reflected, and engaged with these memes on Instagram. While we centered creators' own expressions in meme collection and analysis, a neurodevelopmental science and clinical researcher was consulted to confirm memes' relevance to ADHD, gather contextual insights, and avoid overinterpretation or misinterpretation in analysis. Our meme analysis revealed lived experiences of ADHD marked by behavioral inconsistencies, internal conflicts, personal struggles, and societal pressures, using self-deprecating humor and other relatable forms for self-expression. Comments on ADHD memes revealed strong emotional engagement and community connection, as users expressed resonance and feeling seen, shared personal experiences, and reflected on self-diagnosis.

This study contributes to the growing field of mental health and digital media research by offering a nuanced, multimodal analysis of ADHD memes and their accompanying user comments. The study highlights how memes serve not only as vehicles for humor and self-expression but also as participatory spaces for validation, identity formation, and informal peer support. By focusing on the organically developed expressive practices within online ADHD communities and thematically articulating the struggles, resilience, and invisible labor it conveys, we challenge purely deficit-based understandings and call for greater attention to ADHD people's own expressions as well as the systemic barriers and socio-cultural pressures they navigate. We conclude with design implications for social platforms and participatory media systems, such as meme-inspired tools for low-barrier self-expression and affect-aware or contextual features that support safer, more accurate sense-making.

## 2 Background

### 2.1 ADHD and Neurodiversity Research in HCI

ADHD is a neurodevelopmental condition that fits within the neurodivergent (ND) spectrum, which refers to different ways of thinking, sensing and processing from neurotypical (NT) majority [49]. Within HCI, neurodiversity advocates called to more meaningfully include ND users, designers, and technologists to create technologies that support ND needs [27, 121]. Recent work has explored how technologies can be designed to support social interactions between ND and NT [62, 89, 120], accessing online information [57, 130], and symptom management [20, 95], with many in school [12, 25, 116] and workplace [53, 73] settings.

Despite the expansion of neurodiversity research in HCI, some recent work continues to be shaped by deficit-based, medicalized framings [117, 118], with ND voices largely underrepresented. Technologies intended for ND users frequently prioritize the comfort or expectations of NT stakeholders, reinforcing a curative, prescriptive orientation [7, 121]. For example, ProCom, a social feedback system, was designed and evaluated based on parents' wish for ND children while ignoring invasions of privacy of ND users [13]. ND perspectives still remain underrepresented, as research often relies heavily on NT interpretations of ND behaviors, excludes "less-social" ND individuals due to restricted recruitment schemes, and involves ND participants only at late evaluation stages [7]. Together, these

practices contribute to an HCI landscape that seeks to normalize or mainstream ND behavior rather than tailor to their real needs [7].

Within this emerging landscape, ADHD-specific needs are rarely centered in HCI research and are often overshadowed by autism-related characterizations, which is partly due to the high co-occurrence between the two conditions, even though both warrant attention in their own right [7]. To foreground ADHD perspectives that remain underrepresented in HCI, we sought to analyze memes and comments created and shared within ADHD communities as a window into how individuals articulate their own experiences.

## 2.2 Perspectives from Disability and Neurodiversity Studies

Scholarship in disability and neurodiversity studies has emphasized the importance of lived experience alongside, and sometimes in contrast to, medical framings of disability. Since 2010, the neurodiversity framing and critical disability studies has been introduced in HCI, calling for a shift of focus from normalizing ND behaviors to addressing their needs [27, 78]. Critical disability studies is an interdisciplinary field focusing on the lived experience of disability, concerning not only with the medical, but also the societal, cultural, and historical issues of disability [84]. It critiques pure medical models for adopting deficit-based understanding and neglecting the autonomy of disabled people, while also stating the limitations of social models for neglecting the need for medical treatment [7, 78]. Researchers have advocated for using integrated approaches in neurodiversity research to account for each individual's unique lived experience under the complex and nuanced context of everyday life [7].

Drawing from critical disability studies, Crip Technoscience highlights the ways disabled people actively critique, hack, and (re)make technologies when existing systems fail them, offering a bridge between disability theory and design practices [127]. Extending this tradition, Rauchberg's Neuroqueer Technoscience framework attends specifically to ND forms of world-building [104]. It calls for rejecting curative or normalizing interventions, foregrounding interdependence and community-driven support, and centering ND lived experience and creative contributions in technological design [100, 104].

Beyond individual aspects, scholars have also highlighted interpersonal and relational perspectives. Interdependence theory emphasizes that access and support are always collectively produced rather than individually achieved, challenging narratives that portray ND people as solely consumers who need to become "independent" in NT terms, and instead recognizing their invisible labor that sustains everyday interaction [10]. Similarly, the double empathy problem suggests that the social difficulty in ND individuals is a mismatch between ND and NT communication styles [88] rather than stemming from a lack of theory of mind in ND people [8]. These relational approaches redirect design away from correcting ND behavior and toward understanding the shared, negotiated nature of social life [62, 89, 130].

## 2.3 Stigma, Masking, and the Social Shaping of ADHD

Despite growing recognition of neurodiversity within HCI and disability scholarship, ADHD people continue to navigate widespread stigma, negative perceptions, and structural barriers in everyday life [71]. For example, ADHD people are more likely to face biases from peers and sometimes teachers in academic settings [39, 69, 114]. The public stigma, in the form of prejudice and discrimination, can be internalized as self-stigma that linked to diminished self-confidence and self-esteem [114, 124], and transferred into courtesy stigma that suffered by family members or associates of stigmatized individuals with ADHD [17, 32, 99].

Stigma often leads to masking, the deliberate suppression or compensation of ADHD traits to conform to NT social norms in both professional and interpersonal contexts [38, 64]. Although masking can help individuals navigate NT environments, it makes ADHD less visible and contributes to late diagnoses [63], particularly when diagnostic criteria rely heavily on "observable" behaviors [80]. Masking skills also tend to strengthen over time, allowing adults to conceal difficulties and ultimately leading to the late diagnoses [63]. Additionally, the subjective and inconsistently applied nature of diagnostic criteria may contribute to both public and self-stigma [16, 90, 109], which in turn further intensifies masking behaviors.

Diagnosis is shaped not only by masking behaviors but also by structural barriers (e.g., cost, labor, access to healthcare) [9, 23, 81, 97, 103]. Racial biases [24, 41] and gendered stereotypes [50, 123] further contribute to late diagnoses, with diagnoses more common in white boys [90, 109] while being overlooked in girls, women, and racialized populations. Diagnostic processes become even more complex when ADHD co-occurs with other conditions (e.g., autism, depression) [45, 105], which can lead to variable symptom presentation and misdiagnosis [58]. Due to these challenges, many people with ADHD turn to online spaces for acceptance and validation [38]. These spaces also serve as venues for self-diagnosis, a practice that has gained increasing legitimacy within online health communities [38, 46], even as debates continue about its risks of spreading misinformation [47, 48].

## 2.4 Online ADHD Communities, Highly Visual Social Media, and Memes

Online health communities have become vibrant spaces for individuals to connect, share experiences, and offer support at a low cost [38], and have been shown to be effective in several domains such as mental health [65, 87] and neurodiversity [36, 72, 113]. Social media platforms and forums provide accessible avenues for individuals to form connections with people who have similar experiences, find validation and acceptance within communities, and break free from feelings of isolation [74, 93, 94]. This form of online peer support could be particularly helpful for those who may not have access to formal medical care or in-person support [92].

Within this broader context, ADHD-related discussions are increasingly common on highly visual platforms such as TikTok and Instagram, where communication is organized around images, short videos, and visual aesthetics [70, 82]. People with ADHD are found to share their personal experiences more often than those

who do not have ADHD on social media [51]. These posts commonly address ADHD-related challenges, such as difficulty with concentration, emotional dysregulation, self-criticism, and time management issues [51, 122]. Studies show that creators on such platforms use visually dense, short-form content to make their experiences legible, seek validation, and build informal ADHD communities [36, 38, 72]. Related work on user-driven captioning and body doubling illustrates how ND users adapt visual formats to negotiate accessibility and sustain attention [37, 83]. Collectively, this scholarship suggests that highly visual media support validation, community knowledge-sharing, and ND identity formation, while interacting with platform attention economies and mental health [72, 82].

Memes have become a salient expressive practice within these ecosystems. Originating from Dawkins' notion of memes as cultural "replicators" [30, 86], contemporary internet memes function as shareable digital templates that combine visual, textual, or audio elements [91, 111]. As affective, participatory media, they often rely on humor [21] to make cultural commentary and everyday struggles relatable [42]. Humor also plays a recognized role in coping during crises [21, 40] and in mental health discourse, where memes can foster solidarity [4, 33, 44, 52, 60] while also posing risk of oversimplification or stereotype reinforcement [2, 22, 129].

ADHD memes sit at the intersection of these trends across highly visual social media, humor, and online ADHD communities. They circulate widely on platforms like TikTok and Instagram, where creators compress ADHD-related experiences into concise, visually striking, and often self-deprecating formats [38, 72]. Prior work shows that such content can validate lived experience while also blurring boundaries between identity exploration and self-diagnosis [72, 132]. Although some phenomenological work has examined ADHD memes [106], broader empirical studies remain limited, and the patterns through which ADHD memes circulate and shape community interaction are still underexplored.

## 3 Methods

This study employed a multi-step methodology to analyze ADHD-related memes and comments, as outlined in Figure 1.

### 3.1 Meme Collection and Analysis

*3.1.1 Meme Collection.* We selected Instagram as the platform for data collection due to its primary focus on visual content, emphasizing photographs and short videos rather than the text-centric approach of platforms like Reddit or Twitter. Furthermore, Instagram is highly popular among teenagers and young adults [112, 119], making it an ideal platform for studying memes as a form of youth culture.

In January and February 2025, we first identified several most popular hashtags on Instagram related to ADHD, including #adhd, #adhdawareness, #adhdwomen, #adhdmemes, #adhdlife, and #adhdsupport. After an initial screening, we selected only #adhdmemes for data collection and excluded other hashtags that contain much irrelevant content. This hashtag is widely used to share humorous and relatable memes about ADHD experiences and contains a large volume of representative user-generated content (258k posts at the time of data collection).

To examine how the online ADHD community uses memes for self-expression and connection, we focused on public Instagram accounts dedicated exclusively to ADHD-related content with reasonable visibility and engagement in the community. Using the hashtag #adhdmemes, we identified 30 such accounts. We excluded 16 accounts that had few followers, limited engagement (e.g., fewer than 10 comments per post), or primarily posted personal experiences rather than memes. This resulted in 14 public accounts meeting our criteria.

To ensure the relevance and quality of the dataset, we applied inclusion and exclusion criteria to filter the memes for analysis.

Our inclusion criteria were:

(1) Image- and text-based memes that adhered to common meme characteristics such as replication, variation, selection, and recontextualisation [29, 30, 110]: this included conventional image macros, image-with-text (IWT) memes, text-only memes, and screenshots of tweets or other posts, provided that they were used as reusable templates or humorous reference points (rather than one-off screenshots) within the ADHD meme ecology [34, 115].
(2) Memes were included when their hashtags, captions, or depicted experiences were explicitly associated with ADHD in public discourse.
(3) Only memes that had received over 10 comments were included. This was done to ensure that the selected memes had generated engagement and social interaction, indicating their relevance within the online ADHD community.
(4) Variations of memes with the same text but different images (or vice versa) were retained.

Our exclusion criteria were:

(1) Memes that were solely personal shares (e.g., advertisements or personal photos) and not ADHD-related.
(2) Memes that mixed ADHD with other conditions (e.g., autism) were excluded, though comparative memes were retained.

Three researchers manually screened accounts and independently collected 100, 138, and 102 memes (340 in total). All accounts and posts were publicly accessible, and only aggregate data were analyzed to protect privacy. After screening and discussion, 32 items were excluded and 28 duplicates removed. We then collected 107 additional memes, applying the same criteria, which led to the exclusion of 4 items and 33 duplicates. This resulted in a final dataset of 350 memes for analysis , of which 205 were image–text combinations and 145 were text-only formats.

*3.1.2 Meme Analysis.* Our analytic approach was informed by critical disability studies [78], which emphasize the lived experience of disabled people. Meme analysis in this study follows a qualitative content analysis approach that integrates both textual and visual elements for interpretation, based on established methodologies in meme research [21, 68, 75, 98]. We developed a codebook for the content analysis of memes, where each meme was coded according to three key elements: content, form, and stance [110]. Upon preliminary examination of the data, we replaced the "stance" dimension with "emotion" to better align with the focus of our analysis. As a result, content, form, and emotion became the guiding categories

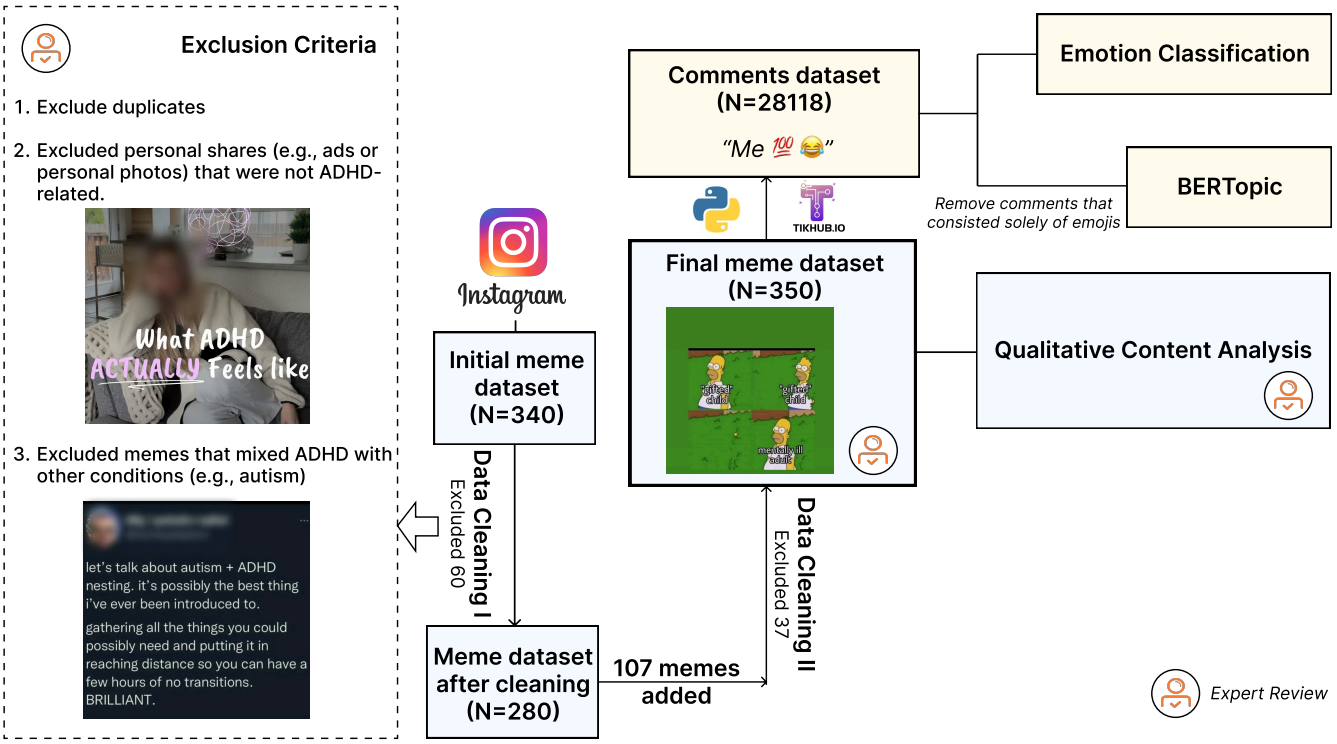


**Figure 1: Overview of the multi-step process for data collection and analysis. The initial dataset of ADHD-related memes was compiled from Instagram and refined through two rounds of data cleaning, exclusion of irrelevant content, and addition of new items, resulting in a final dataset of 350 memes. Comments ($N$ = 28,118) associated with these memes were collected via the Tikhub API. Meme analysis was conducted using qualitative content analysis, while comment analysis included emotion classification and BERTopic topic modeling. Expert review was incorporated at three stages: establishing inclusion and exclusion criteria, validating the dataset, and reviewing the qualitative thematic analysis.**

for coding, and we established the initial codebook. Code development combined deductive codes derived from prior research on ADHD with inductive codes that emerged from the meme dataset.

Three researchers independently coded 15% of the meme dataset (N=53), each working on the same set of memes. To assess the reliability of the coding process, we used Krippendorff's Alpha, a statistical method widely considered the most suitable for measuring inter-rater agreement in content analysis, particularly when dealing with multiple coders. The initial results for content, form, and emotion yielded alpha values of 0.561, 0.496, and 0.492, respectively, which did not meet the required consistency threshold. In response, the researchers held a meeting to discuss the discrepancies, clarify the coding criteria, and refine the codebook.

Subsequently, each of the three researchers individually coded an additional 15% of the dataset (N=53), and the results of the Krippendorff's Alpha test for content, form, and emotion improved to 0.841, 0.800, and 0.618, respectively, indicating a satisfactory level of consistency for content and form. The research team then convened to review and finalize the codes for this batch of memes.

Finally, the remaining memes were individually coded for content and form by each researcher, while emotion coding was conducted collaboratively. Once all coding was completed, the researchers reviewed each other's work to identify any discrepancies. A final round of discussions led to the resolution of these differences, and a refined codebook of content, form (Table 2), and emotion (Table 3) categories.

The content category was then analyzed using reflexive thematic analysis [14, 15]. Through iterative rounds of reflexive reading and discussion, the research team refined the coding structure and categorized codes into themes capturing the lived experience of ADHD present in memes.

*3.1.3 Literature Triangulation and Expert Consultation.* To ensure that the memes we collected reflected ADHD-related discourse and to provide clinical and sociocultural contextualization, we triangulated relevant literature and consulted an expert. The expert is a neurodevelopmental science and clinical researcher based in a hospital, with extensive experience working alongside psychiatrists in multidisciplinary diagnostic meetings for ADHD. Their research focuses on diagnostic mechanisms of ADHD–autism comorbidity, as well as sociological studies of neurodivergence. Their role involves regular contact with ADHD people and exposure to both medical and social models. Ethical approval was obtained from the Institutional Review Board, and informed consent was collected prior to participation.

The expert was involved at multiple stages:

(1) **Establishing criteria:** In the first open-ended interview, we asked the expert to reflect on their clinical and research experience with ADHD, including diagnostic processes, barriers to care, and sociocultural factors shaping expression. We also discussed their views on ADHD-related memes and whether such content might influence public understanding or diagnostic pathways. During this conversation, we presented our preliminary inclusion and exclusion criteria for feedback. Given our focus on ADHD-specific experiences, the expert agreed that the criteria were appropriate.
(2) **Dataset review:** After constructing the dataset, we shared the collected memes with the expert via email (with all user identifiers removed). They conducted a sample review of approximately 60% of the memes. Their impressions were discussed in the second interview.
(3) **Reflections on the dataset and themes:** In the second interview, we first invited the expert to share their overall impressions of the dataset based on their prior review. Their impressions were documented but did not lead to changes in the dataset. To avoid overinterpretation or misinterpretation during analysis, we then orally presented our preliminary themes. The expert reflected on how the meme content resonated with or diverged from clinical patterns and highlighted diagnostic and systemic barriers that might shape the experiences depicted. These insights informed contextual interpretation but did not override or replace the meanings expressed by meme creators. Expert reflections were documented alongside, rather than in place of, our analysis.

Each interview lasted around one hour and was conducted by two researchers via Zoom. Interviews were audio-recorded, transcribed with identifying information removed, and analyzed using reflexive thematic analysis with both inductive and deductive coding [14, 15]. Two researchers iteratively refined the codes and themes with input from the entire research team until consensus was reached.

## 3.2 Comment Collection and Analysis

*3.2.1 Comment Selection.* Comments were collected specifically for the final dataset of 350 ADHD-related memes. Using the post URLs recorded in the meme dataset, we gathered the comments through the Tikhub API. This process resulted in a total of 28,118 comments, all corresponding to the selected memes. The scraping program was executed once as a batch process, so that all comments were gathered under consistent conditions. All comments were retained in their original form, with usernames and handles anonymized in the paper to protect user privacy.

*3.2.2 Comment Analysis.* To examine how the ADHD-related community engages with ADHD memes, we first conducted an emotion classification analysis to assess the affective tone of user responses. All 28,118 comments were included in this analysis. We employed `j-hartmann/emotion-english-distilroberta-base`[3], a DistilRoBERTa model fine-tuned for multi-class emotion classification, which has also been adopted in prior social media and discourse studies [19, 107]. The model classifies text into seven discrete categories: *anger*, *disgust*, *fear*, *joy*, *neutral*, *sadness*, and *surprise*. Each comment was processed via the Hugging Face pipeline, which returned the most probable emotion label along with its associated confidence score. This approach enabled a systematic quantification of emotional expressions across the dataset, providing insight into affective engagement within the commenting community.

To gain a more comprehensive understanding of thematic patterns in the comments, we employed BERTopic, a topic modeling approach widely adopted in HCI and CSCW research [55, 79, 102]. Prior to the topic modeling, we excluded comments that consisted solely of emojis, resulting in 24,208 comments being used for the final topic modeling analysis. Leveraging the `paraphrase-MiniLM-L6-v2` SentenceTransformer[4], a lightweight model known for its strong performance on short text similarity tasks, we encoded each comment into contextual embeddings. These embeddings were subsequently reduced and clustered to reveal coherent topical groupings. To ensure interpretability, we set the minimum topic size to 150, yielding a compact yet meaningful set of topics. Each comment was assigned a dominant topic based on its embedding proximity, and representative examples were extracted accordingly. We further assessed topic quality using coherence and diversity metrics.

The BERTopic modeling process yielded an initial set of 30 topics, with a topic coherence score of 0.8637 and a topic diversity score of 0.6267, indicating a high degree of internal consistency and semantic differentiation across topics. One author conducted preliminary labeling of each topic based on the representative documents identified by BERTopic. This was followed by a collaborative review process in which all researchers examined the topic labels, reconciled discrepancies, and excluded topics that lacked semantic clarity or exhibited internal contradictions (e.g., clusters containing both "funny" and "not funny" sentiments). As a result, two ambiguous topics were removed, and the remaining 28 topics were retained for analysis and subsequently organized into broader overarching themes.

## 3.3 Positionality and Ethics

In our research, we adopt a critical disability perspective that centers the lived experience of disabled and ADHD people. All authors have backgrounds in human-computer interaction, and the first author has a medical background and experience in social media research. All authors have experience working closely with diagnosed ADHD people. All three authors involved in coding are well-educated, female members of Gen Z, and have experienced moments of self-doubt about potentially having ADHD, often triggered by ADHD-related content on social media. As members of a generation deeply familiar with Instagram and participatory meme culture, we encountered memes in our dataset that sometimes elicited resonance, even as we hesitated to self-diagnose. We often found ourselves empathizing with ADHD creators, not only because their humor felt genuine, creative, and disarmingly relatable, but also because their expressions surfaced challenges we had previously overlooked.

[3]https://huggingface.co/j-hartmann/emotion-english-distilroberta-base

[4]https://huggingface.co/sentence-transformers/paraphrase-MiniLM-L6-v2

We recognize the limits of our own perspectives, although we attempted to apply our analytic criteria as consistently and reflexively as possible. Our aim is not to speak for ADHD individuals but to responsibly present the richness of their expressive practices in ways that respect their agency and contribute to broader conversations about neurodiversity in HCI.

The ethics of conducting research on social media platforms is a crucial consideration and a topic of ongoing discussion in the field of digital and participatory research [28, 76, 126]. Social media users generally have different expectations compared to academics regarding the use and sharing of their content [126]. This study follows established ethical guidelines for research in online spaces, using publicly available memes without explicit consent. Given the nature of the content, the risks of harm are minimal, and the memes do not focus on sensitive topics or personal data. Any identifiable information, such as usernames or other personal identifiers, was anonymized to further reduce potential privacy risks. This approach aligns with the common practices in online meme communities, where content is often shared and transformed without explicit attribution.

## 4 Results

This section presents findings from meme analysis and expert reflection, alongside comment analysis using emotion classification and topic-pattern analysis (Figure 2).

### 4.1 The Lived Experiences of ADHD (RQ1)

Our meme analysis revealed lived experiences of ADHD marked by inconsistent behaviors, internal conflicts, and the ways ADHD people navigate their everyday lives with invisible labor and societal challenges.

*4.1.1 Living the Variability: Inconsistencies in ADHD Behaviors.* The lived experience of ADHD, as depicted in memes, is marked by shifting patterns in how individuals act, feel, or perform, and this theme was prevalent across the memes. These changes may look inconsistent from the outside, yet they often reflect the significant invisible labor people invest in trying to manage these changes. In this section, we identify six key forms of variability that highlight how people with ADHD navigate fluctuating internal states, uneven patterns of functioning, and gaps between how they wish to be and how they are able to act.

***Unpredictable Stimulation Effects.*** Memes frequently portrayed ADHD people as constantly seeking stimulation to maintain dopamine levels, yet the effects of stimulation were shown as highly unpredictable. To counter procrastination, memes depicted strategies such as *"blasting club music at a volume that would terrify God"* or *"drinking a medically unadvisable amount of caffeine"* just to write an avoided email. However, when stimulation arrived, its impact could vary widely, bringing clarity, calm, or sometimes sudden sleepiness (Figure 3 (a)). At the other extreme, memes illustrated overstimulation and sensory overload, describing experiences where "the world just feels too stimulating", leading to exhaustion and shutdown.

This variability made the effects of stimulation difficult to predict. Some memes depicted the irony of coffee either inducing sleep or keeping someone awake for *"48 hours"*. To manage the unpredictability, many people might develop hyperfixations on some stimulations (e.g., food, music, or niche interests) that could provide relatively predictable and reliable dopamine without the risk of sensory overload (Figure 3 (b)).

Medication use was another frequent theme: while stimulants may cause hyperactivity in NT users, memes described ADHD users feeling calm and able to manage routine tasks, though sometimes at the cost of side effects such as post-medication *"outrage"* or sleep problems (Figure 3 (c)-(d)). However, the expert noted that this contrast highlighted in memes should be understoood as hypothetical, as NT individuals could not legally access ADHD medications.

***Forgetful and Hyper-Memorable.*** Memes often portrayed ADHD as involving unpredictable memory rather than simple forgetfulness. On the one hand, they showed frequent lapses in everyday tasks and important things, such as missing appointments or forgetting medication. On the other, they highlighted the ability to recall vivid emotional details from years ago or retain obscure, seemingly trivial facts (Figure 4 (a), (b)). These depictions suggested that memory in ADHD is not uniformly poor but variable and selective, sometimes surprising both the individuals and those around them.

***Self-Presentation: Appearing Fine, Feeling Fractured.*** Self-presentation challenges refer to the tendency for people with ADHD to appear outwardly fine while experiencing invisible struggles in private, with family, friends, coworkers, or even clinicians. They may present themselves as confident or capable by downplaying difficulties or sometimes avoiding showing vulnerability, while internally maintaining functionality at a high cost to self-esteem or under significant anxiety. Memes illustrated this tension by contrasting humorous or quirky online personas with real-life challenges such as procrastination, experiencing paralyzing anxiety while appearing *"lazy"* to others, declining help to avoid showing weakness (Figure 4 (c)), or awkwardly accepting compliments (Figure 4 (d)). These examples highlight the gap between external presentation and internal experience, rather than implying a contradiction.

***Interest-driven Productivity: Capable but Inconsistent.*** Variability in productivity and performance reflects how people with ADHD can show widely different levels of focus and output depending on personal interest and task urgency. When engaged in tasks that capture their interest, they may experience intense concentration and produce high-quality results through hyperfocus. However, this capacity is not consistently transferable, routine or less motivating tasks can be difficult to initiate or complete. Memes illustrated this contrast, showing, for example, an individual progressing quickly on personally meaningful projects but struggling with simple chores like washing dishes (Figure 5 (a)), needing support in everyday circumstances while thriving under pressure, or experiencing lapses in productivity once dopamine-driven focus diminishes (Figure 5 (b)). These patterns are often misinterpreted as laziness, yet they reflect neurological differences in self-regulation rather than lack of ability.

***Creative Ideation and Execution Gap.*** The gap between ideation and execution reflects how people with ADHD may generate multiple ideas or make novel connections that others might overlook, yet

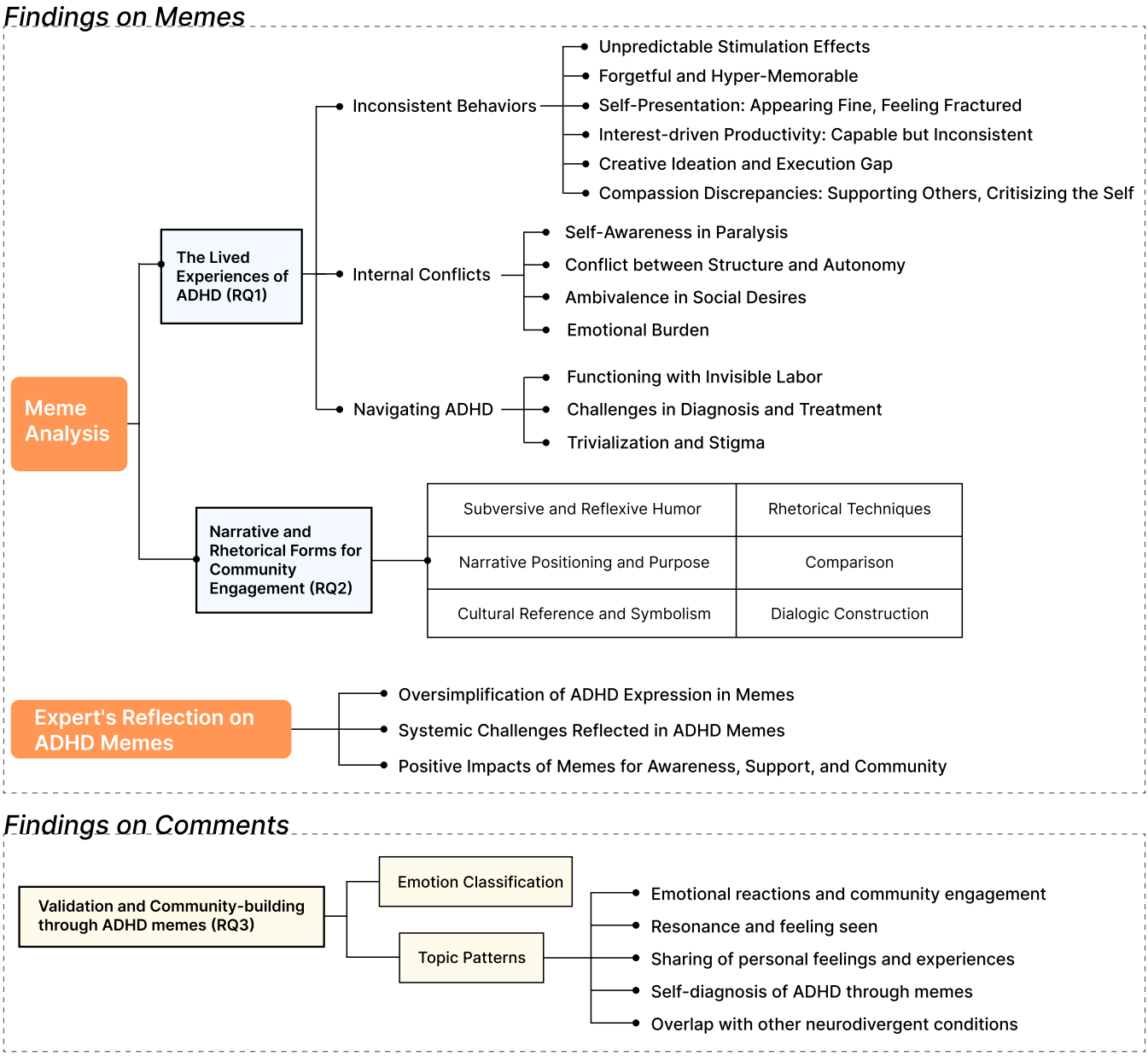


**Figure 2: Results summary of the meme and comment analyses. The top panel (Meme Analysis) summarizes findings from meme content analysis, including lived experiences of ADHD (RQ1; three themes) and narrative/rhetorical forms for community engagement (RQ2; narrative forms and rhetorical techniques), alongside experts' reflections on ADHD memes. The bottom panel (Comment Analysis) summarises how ADHD memes support validation and community-building (RQ3), based on emotion classification and topic-pattern analysis, yielding five recurring comment themes.**

still struggle to transform these ideas into action. Memes often described experiences such as *"having the best idea and then nothing"*, feeling stuck between ideas, or having numerous ideas but difficulty deciding where to begin (Figure 5 (c)). While the expert noted that the ability of *"having great ideas"* did not necessarily imply exceptional intelligence, many memes framed these moments playfully, celebrating *"talent"* and *"genius"* even as they acknowledged the challenges of follow-through.

***Compassion Discrepancies: Supporting Others, Critisizing the Self.*** Compassion discrepancies describe how ADHD may shape differences between how people support others and how they treat themselves, though the expert noted that memes may exaggerate


**Figure 3: Unpredictable Stimulation Effects: as depicted in memes, (a) ADHD brains may exhibit calmness or even sleepiness when getting stimulants, while non-ADHD brains can get really excited; (b) people with ADHD may develop hyperfixations on music; (c) people with ADHD may get only the ability to do simple tasks like making breakfast after medication, while the same medication can make NT individuals hyperfocus; (d) ADHD medication can lead to side effects like sleep problems.**

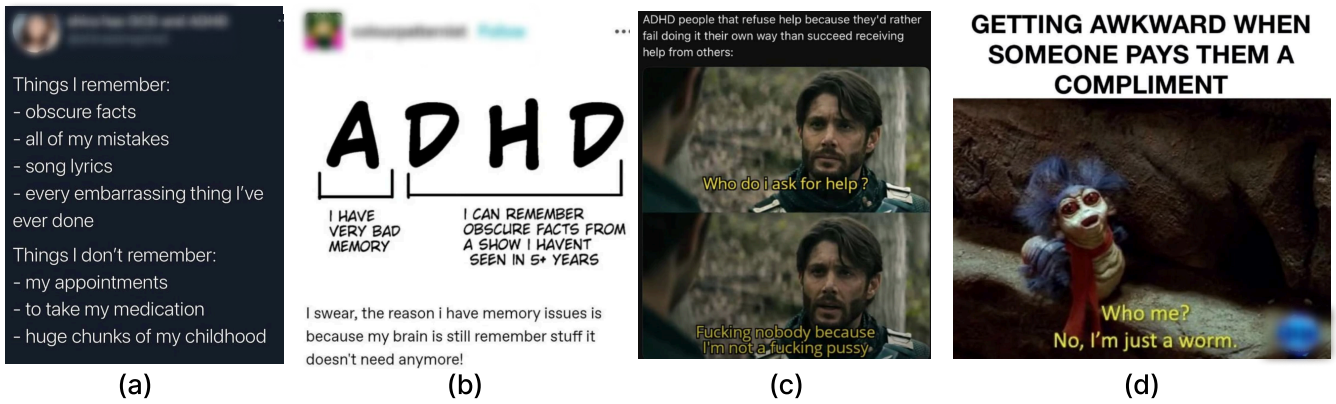


**Figure 4: Memory and Self-Presentation: (a) people with ADHD can have quite good memory of emotional details or obscure facts, while easily forgetting important things like appointments and taking medication; (b) the meme portrayed that ADHD people can actually remember obscure facts like a show from 5 years ago, and that can be the reason of their memory issues; (c) people with ADHD might refuse help to avoid showing weakness to others; (d) they can get awkward when receiving compliment.**

these patterns. In the memes, ADHD people were frequently shown as empathetic and attentive toward others, offering emotional support, practical help, or problem-solving advice. In contrast, they may be more self-critical and less compassionate toward themselves. Examples included comforting friends about long-term challenges while judging themselves harshly, cautioning others to *"watch their step"* but stumbling personally (Figure 5 (d)), or willingly helping others with demanding tasks even as they avoided their own. This pattern may reflect tendencies toward perfectionism, self-doubt, or fear of failure, which can make supporting others feel more manageable than addressing personal responsibilities.

*4.1.2 Living in Mental Dissonance: Internal Conflicts in ADHD.* While external behaviors often define how ADHD is perceived by others, the most profound struggles often take place internally. These struggles may be invisible to others yet deeply influence how people with ADHD understand themselves and engage with the world. This section explores three recurring forms of internal conflict represented in the memes: the co-existence of self-awareness and paralysis, the ambivalence toward social connection, and the tension between the need for structure and resistance to it.

***Self-Awareness in Paralysis.*** Many memes depicted a deep and often painful self-awareness in people with ADHD, being fully aware of what they have to do yet unable to initiate or complete the task. One meme suggested that the worst part of ADHD was knowing the task and still being unable to start. This tension between insight and inaction often made them anxious or frustrated, echoed in another meme describing ADHD as *"perfectionism without motivation to achieve it"*.

The discrepancy between internal awareness and appearing paralyzing state can also lead to misunderstandings from others. For instance, one meme mocked the familiar advice to *"try setting an alarm"*, with the ADHD character replying, *"oh wow, that is a brand new idea, thank you"*, pointing to how their struggles are not caused by a lack of solutions but by unseen internal barriers.

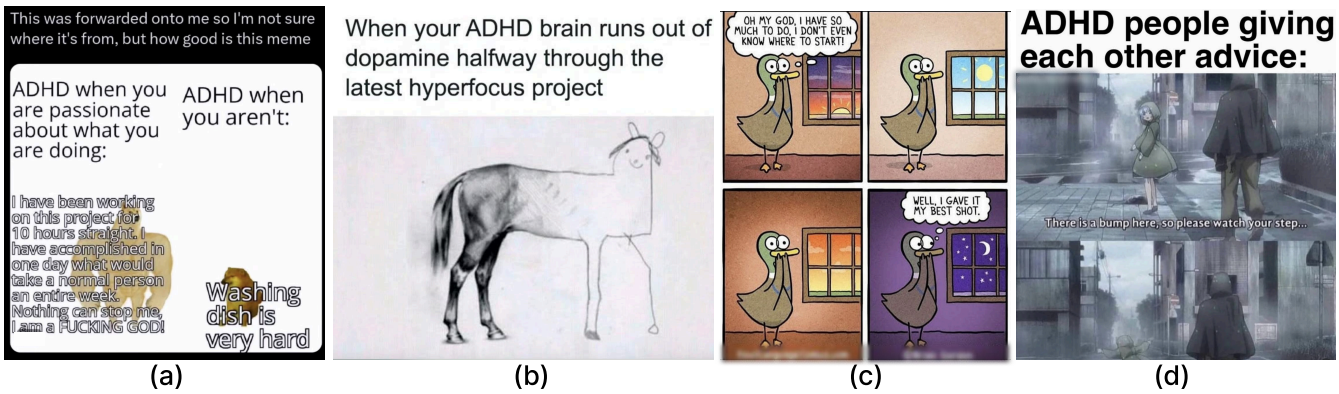


**Figure 5: Productivity, Ideation and Execution, and Compassion Discrepancies: (a) people with ADHD can be hyperfocus and progress quickly on things of personal passion, while struggling with simple tasks like washing dishes; (b) their dopamine can run out halfway and cause inconsistent productivity; (c) they may have so much want to do but have difficulty in decision-making, ending up with doing nothing; (d) they may give others advice but struggle with it themselves.**

***Conflict between Structure and Autonomy.*** Many memes expressed a contradictory relationship with structure. On one hand, people with ADHD often resisted imposed structure, finding it restrictive or stifling. On the other hand, these external systems (e.g., schedules, authority, and clear instructions) were acknowledged as helpful or even necessary to them. They longed for autonomy and flexibility, yet also acknowledged that without structure they might struggle to stay organized or move tasks forward. For example, some memes depicted structure as both a support and a *"prison"* (Figure 6 (a), (b)). At the same time, other memes illustrated the urge to resist instructions (Figure 6 (c)) or to push back through playful *"forbidden"* actions (Figure 6 (d)).

***Ambivalence in Social Desires.*** The social tension surrounding ADHD appeared frequently in the memes. Many depicted a duality between the desire for connection, affection, and belonging, and the simultaneous experience of social exhaustion (Figure 7 (a)).

Memes often illustrated how this tension manifests in behaviors such as attempting to be funny to please others, masking in public, or presenting as NT individuals. These depictions suggested that such efforts can be emotionally draining, especially when paired with concerns about judgment or exclusion, sometimes leading to social withdrawal, difficulty maintaining connections, or delayed responses to messages (Figure 7 (b)). Some memes highlighted self-distancing behaviors, portraying scenarios in which people with ADHD assume their friendship is a burden to others.

Additional memes depicted ADHD-related social behaviors (e.g., excessive talking, oversharing, or interrupting) and how these dynamics can affect interactions with friends, family, or coworkers (Figure 8). These depictions often contrasted experiences in different social contexts, showing that some individuals may feel less understood in NT settings (Figure 7 (c)) but more accepted or liberated within ADHD-specific groups (Figure 7 (d)).

*4.1.3 Navigating ADHD: Personal Struggles and Societal Pressures.* The lived experience of ADHD, as reflected in memes, reveals a complex interplay between internal emotional struggles and external societal pressures. This includes coping with chronic emotional burdens, the high cognitive effort required for self-management, and encountering significant barriers in accessing formal diagnosis and effective treatment. Meanwhile, public misunderstanding, stigma, and the trivialization of ADHD contribute to further isolation and self-doubt. This section explores how people with ADHD navigate their condition internally and socially, revealing the unseen emotional labor behind appearing functional, the ambivalence around diagnosis and treatment, and the external pressures from societal stigma and trivialization.

***Emotional Burden.*** People with ADHD often experience emotional burden tied to their experiences of ADHD, including anxiety, self-doubt, guilt, fear, panic, and emotional exhaustion. Through our coding of the emotion dimension in memes, we identified 17 distinct emotional expressions. The five most frequently observed were frustrated (17), sad (16), ambivalent (9), angry (8), and anxious (8), as illustrated in Figure 9. These were followed by other less frequent emotions such as awkward (6), exhausted (6), joyful (6), isolated (3), relieved (3), astonished (2), encouraging (3), regretful (2), confused (2), helpless (2), guilty (1), and optimistic (1) (numbers in parentheses indicate the number of occurrences). Many internalized these struggles as personality traits, which often made the emotional burden heavier.

***Functioning with Invisible Labor.*** Many memes illustrated the substantial effort that people with ADHD invest in completing everyday tasks that may appear simple to others. The memes suggested that conventional self-management tools can be difficult to use consistently, leading people with ADHD to develop a variety of coping strategies, some of which were depicted as exhausting or only partially effective. Memes showed people juggling multiple systems at once (e.g., journals, calendars, spreadsheets, screenshots, caffeine, or productivity apps) to avoid forgetting or to stay on track (Figure 10 (a)). Some memes also depicted potentially unhealthy strategies or stimulations, such as substance abuse (Figure 10 (b)), excessive caffeine (Figure 10 (c)), or even seeking dopamine through

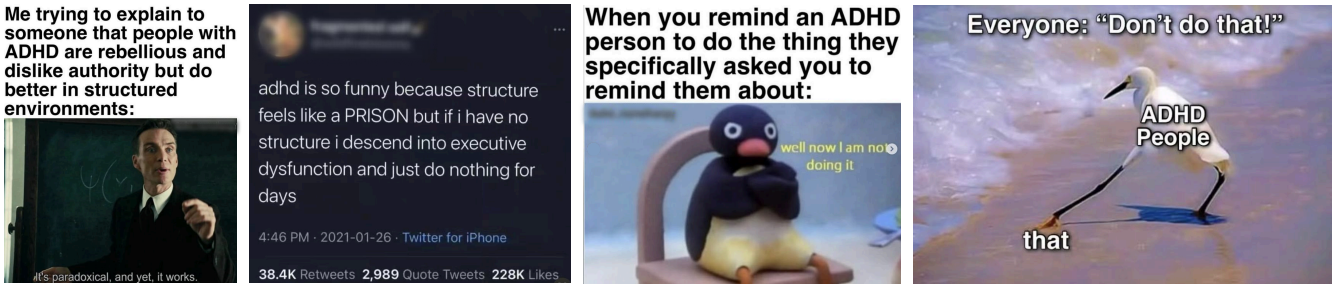


**Figure 6: Conflict between Structure and Autonomy: (a) people with ADHD can be rebellious and feel restricted by structure but do better in structured environments; (b) the poster described the structure as a *"prison"* but they need structure to cope with executive dysfunction; (c) people with ADHD may ask others to remind them to do the thing, but refuse to follow the instructions when the reminders come; (d) when everyone says *"Don't do that!"*, people with ADHD may show interest to explore that *"forbidden"* interest.**

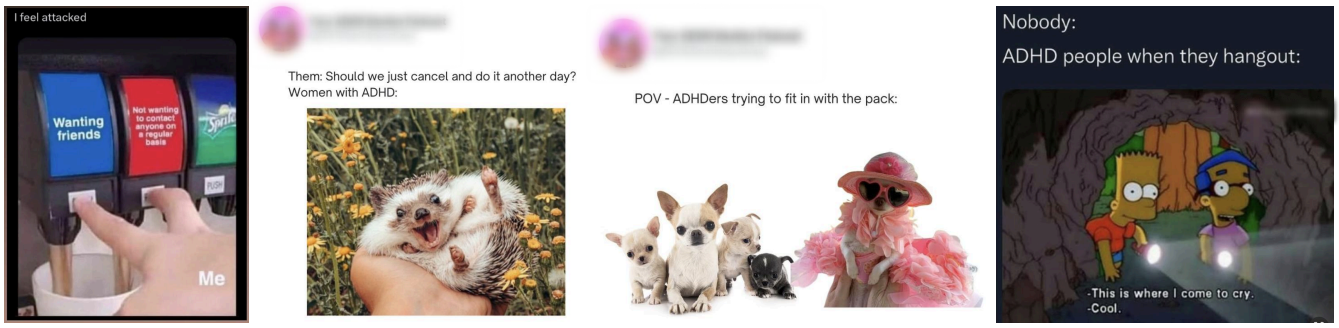


**Figure 7: Ambivalence in Social Desires: (a) people with ADHD have conflicting social desires of wanting friends and not wanting to contact anyone on a regular basis; (b) they may feel relaxed from the cancellation of social activities when they have social fatigue; (c) they have difficulty fitting in with non-ADHD despite their effort; (d) they can feel liberating and understood within ADHD groups.**

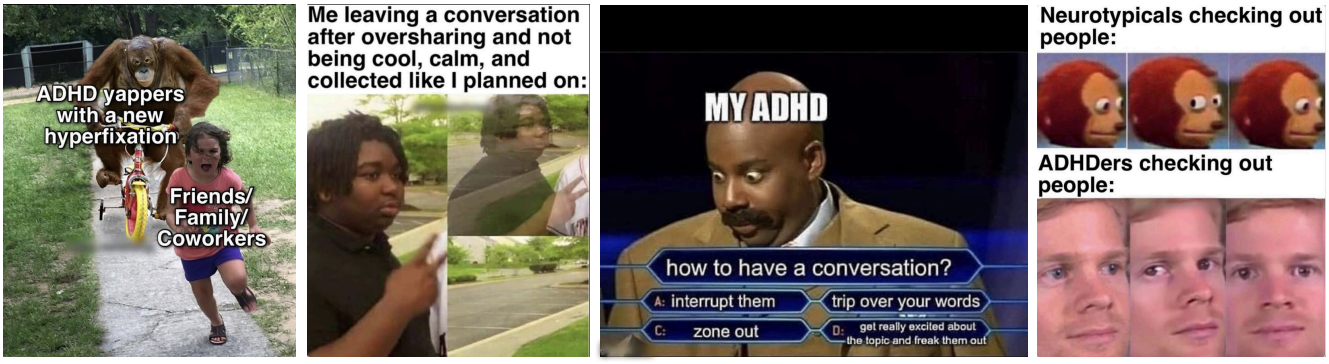


**Figure 8: ADHD Social Behaviors: (a) memes depicted how excessive talking may unintentionally annoy friends, family, or coworkers; (b) individuals may unconsciously overshare during conversations and then feel regret or embarrassment; (c) they may interrupt people, trip over words, zone out, or get really excited about the topic and freak people out during a conversation; (d) they may unconsciously stare at people.**

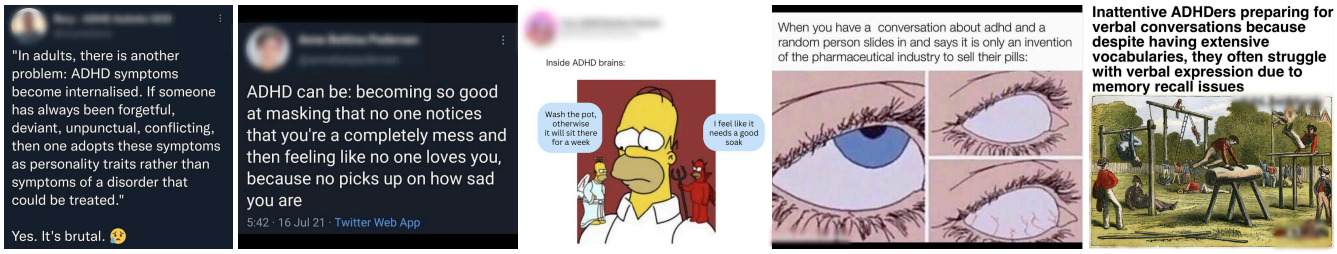


**Figure 9: Emotion Examples in ADHD Memes. (a) Frustrated: This meme expresses frustration as it highlights how ADHD symptoms in adults become internalized and are mistaken for personality traits, leading to emotional burden and self-blame. (b) Sad: A meme illustrating the sadness and isolation felt by individuals with ADHD, as it conveys how they may become so skilled at masking their struggles that others fail to notice the emotional toll. (c) Ambivalent: In this meme, the feeling of ambivalence is captured, as it humorously portrays the ADHD tendency to leave tasks unfinished, like washing the pot, despite knowing it should be done. (d) Angry: This meme expresses anger when an individual tries to discuss ADHD, only to be dismissed by someone claiming it's just an invention of the pharmaceutical industry. (e) Anxious: This image conveys the anxiety of individuals with inattentive ADHD as they prepare for verbal conversations.**

interpersonal conflict (Figure 10 (d)). Memes frequently highlighted how maintaining a *"functioning"* appearance involved overcompensation, masking, or reliance on highly customized systems, and how failures due to burnout, overstimulation, or executive challenges could lead to the reemergence of symptoms accompanied by intensified emotions.

***Challenges in Diagnosis and Treatment.*** While ADHD people actively developed personal strategies to manage their symptoms, memes frequently depicted the path to a formal ADHD diagnosis as complicated, delayed, or emotionally draining. Barriers commonly depicted included avoidance or procrastination (Figure 11 (a)), high-functioning masking, and lack of recognition, particularly for women, whose symptoms were often misunderstood or internalized as personality traits. Some ADHD people only became aware of the possibility of having ADHD after encountering relatable content on social media, highlighting gaps in both public and clinical awareness.

Even after diagnosis, memes reflected mixed experiences with treatment. Side effects of medications (Figure 11 (b)) and difficulty maintaining consistent routines were commonly depicted, sometimes making treatment feel ineffective. Therapy was similarly portrayed ambivalently; memes referenced perceptions of limited usefulness, for example, when individuals felt they *"already knew and processed everything"* therapists suggested, or when fear of stigma or hospitalization led to withholding full disclosure (Figure 11 (c)). Despite these challenges, some memes highlighted positive aspects of formal diagnosis and medication, such as supporting self-discovery, self-acceptance, and making daily life feel more manageable.

Systemic issues were also prominent in the memes: limited access to knowledgeable providers (*"learn more about it watching 90 minutes of informative TikToks than you ever did speaking to a doctor"*), lack of insurance coverage (Figure 11 (d)), and greater trust in peer-shared content than in clinical settings. These depictions underscore an ongoing disconnect between the lived experiences of ADHD people and formal healthcare support.

***Trivialization and Stigma.*** Memes frequently highlighted the pervasive stigmatization and trivialization of ADHD. Rather than being recognized as neurological symptoms, ADHD behaviors were often moralized or stigmatized: individuals were labeled as *"smart but lazy"*, ' *'selfish"*, *"too sensitive"*, or *"not living up to their potential"*. Some memes depicted ADHD as *"a silly, goofy trait"* on social media, ignoring the cognitive and emotional challenges behind these behaviors.

Overgeneralization and misinformation further complicate public perceptions. Phrases such as *"everyone has a little ADHD"* minimized the condition's severity (Figure 12 (a)), and memes showing non-ADHD individuals claiming the label for attention (Figure 12 (b)) may reinforce skepticism toward those genuinely experiencing ADHD. Such depictions risk undermining the credibility of ADHD people and complicating efforts to seek recognition or support.

Memes also illustrated that misunderstanding and stigma extended beyond strangers to peers, teachers, healthcare providers, and even family members. For instance, memes showed teachers dismissing alternative approaches to tasks like math and outsiders often focusing on the visible, surface-level behaviors while overlooking the underlying challenges of ADHD (Figure 12 (c)). This widespread invalidation often prompted masking behaviors to appear more neurotypical, though such concealment carried emotional costs, leaving ADHD people feeling unseen, misunderstood, and isolated.

## 4.2 Narrative and Rhetorical Forms for Community Engagement (RQ2)

Our analysis identified 21 distinct narrative and rhetorical forms across ADHD memes. These forms were categorized into six groups. These groups reflect how memes creatively employ various forms of expression to resonate with the ADHD community and facilitate emotional and social connections.

*4.2.1 Subversive and Reflexive Humor.* Our analysis identified two main forms under this theme: self-deprecation (154 occurrences) and satire (30 occurrences). As shown in Figure 13, self-deprecation

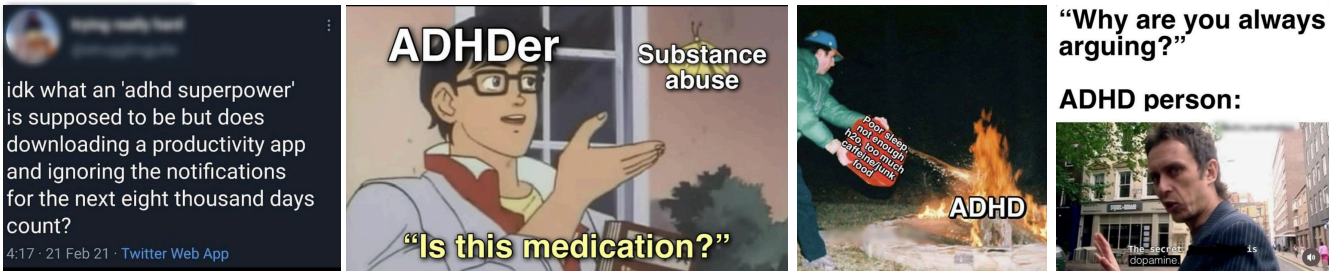


**Figure 10: Functioning with Invisible Labor: (a) a person shares ADHD experience: downloaded a productivity app but ended up ignoring notifications for the next eight thousand days; (b) a meme depicted an ADHDer view substance abuse as medication; (c) people with ADHD self-develop coping mechanisms through poor sleep, lack of water, and excessive caffeine and junk food; (d) people with ADHD may seek dopamine through arguing.**

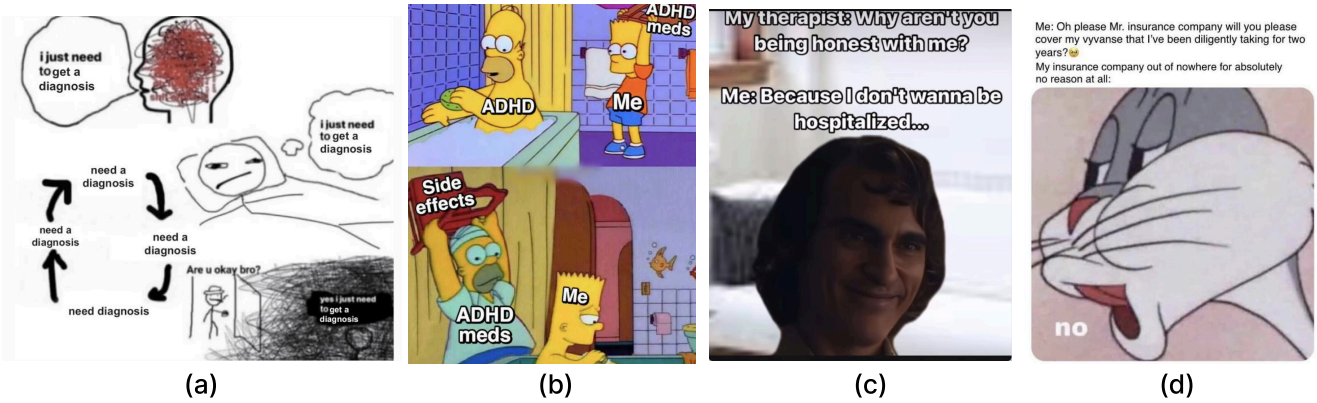


**Figure 11: Challenges in Diagnosis and Treatment: (a) people with ADHD may struggle between the need to get a formal diagnosis and paralyzing anxiety; (b) when they try to use ADHD medication to fight ADHD, they may sometimes be defeated by side effects of ADHD medication; (c) some people with ADHD may not be honest with therapists to avoid hospitalization; (d) the insurance company refuses to cover ADHD medication without any reason.**

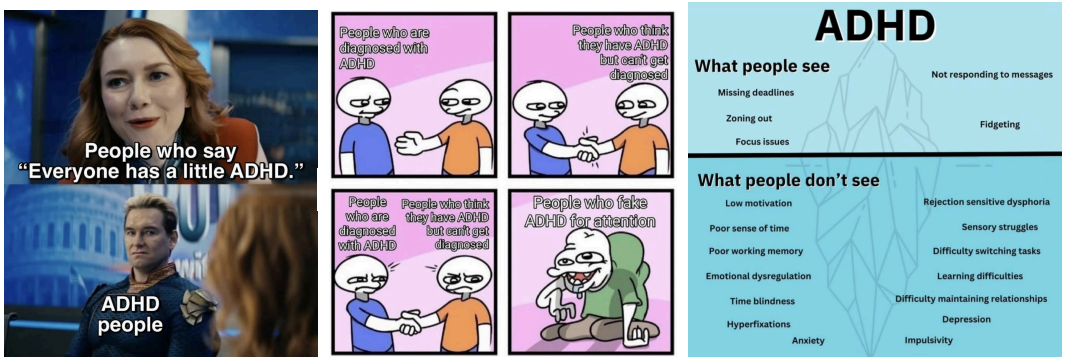


**Figure 12: Trivialization and Stigma: (a) people with ADHD show negative attitude towards overgeneralization like *"everyone has a little ADHD"*; (b) people with diagnosed ADHD and undiagnosed ADHD show negative attitude towards people who fake ADHD for attention; (c) many people only see the surface-level ADHD, such as missing deadlines, focus issues, and not responding to messages, while ignoring the underlying challenges (e.g., low motivation, time blindness, emotional dysregulation, rejection sensitive dysphoria, etc.) behind them.**

appears frequently as users humorously acknowledge ADHD-related habits or difficulties.

Satire is used to critique misconceptions or the trivialization of ADHD. For example, Figure 13 (b) highlights frustration toward oversimplified portrayals of ADHD and the lack of empathy in everyday settings. Through exaggerated contrast or ironic framing, these memes challenge normative assumptions and express dissatisfaction with misunderstanding.

Together, self-deprecation and satire represent a subversive and reflexive style of humor. These forms simultaneously offer a coping mechanism and serve as commentary on how ADHD is perceived, signaling a desire for greater understanding and empathy from others.

*4.2.2 Narrative Positioning and Purpose.* In our corpus, we identified four key narrative positioning forms: first-person perspective sharing (77 occurrences), seeking resonance within the ADHD community (13 occurrences), appeal (2 occurrences), and self-clarification (2 occurrences).

First-person perspective sharing is the most prevalent form, as creators offer personal experiences or emotions to invite resonance within the ADHD community. For instance, Figure 14 (a) reflects a user's self-reflection on their ADHD diagnosis and its visibility in society. Such narratives provide insight into individual experiences while also serving as a vehicle for shared understanding.

Seeking resonance within the ADHD community appears when memes explicitly ask whether others have had similar experiences, fostering collective emotional connection. In Figure 14 (b), for example, the meme invites others with ADHD to share their struggles, strengthening a sense of belonging and mutual recognition.

Although less frequent, appeal and self-clarification also surface. Appeals use emotive language to urge the audience to reconsider their perceptions or treat themselves with greater compassion, as in Figure 14 (c). Self-clarification explains how ADHD shapes social behavior and communication styles that may be misinterpreted by others, as illustrated in Figure 14 (d). Taken together, these narrative forms allow users to articulate individual struggles while opening up spaces for self-expression and shared experience within the ADHD community.

*4.2.3 Cultural Reference and Symbolism.* In the Cultural Reference and Symbolism theme, we identified four key forms: pop culture references (109 occurrences), references to celebrities (6 occurrences), references to religion (5 occurrences), and references to trending topics (2 occurrences).

Pop culture references are especially common, drawing on familiar media, characters, and meme templates to frame ADHD experiences. For example, Figure 15 (a) uses a Simpsons character to contrast a *"gifted child"* with adulthood under ADHD, while Figure 15 (b) draws on Christian Bale's confused expression to illustrate the frustration of realising others experience tasks differently.

Religious references, as in Figure 15 (c), use imagery such as saints to depict ADHD-related experiences, whereas Figure 15 (d) ties into the Paris Olympics by comparing ADHD and autism through two athlete photos.

Across these examples, cultural reference and symbolism function as shared resources for humor and critique, linking ADHD experiences to broader societal discourses and enabling recognition across diverse audiences.

*4.2.4 Rhetorical Techniques.* For the theme Rhetorical Techniques, we identified four key forms: metaphor (61 occurrences), exaggeration (37 occurrences), wordplay (6 occurrences), and unexpected twist (4 occurrences).

Metaphor often uses visual representations to express ADHD-related experiences. For example, Figure 16 (a) uses a metaphor, where the image of soda dispensers labeled *"Wanting friends"* and *"Not wanting to contact anyone on a regular basis"* humorously depicts the internal conflict often felt by individuals with ADHD. Exaggeration is another prominent technique. Figure 16 (b) represents exaggeration through a meme of a person lifting a heavy weight, illustrating the exaggerated effort that individuals with ADHD sometimes feel when completing even daily tasks.

Wordplay is used in memes that play with language. Figure 16 (c) uses the phrase *"ALL DAY HAPPY DAYS"* to rephrase *"ADHD"*, turning the chaotic nature of daily tasks into a somewhat ironic and playful statement. Finally, unexpected twist refers to the humor that arises when expectations are subverted. In Figure 16 (d), the meme contrasts the ADHD brain's perceived speed with the reality of its inefficiency, creating an unexpected twist that highlights the irony of ADHD experiences.

These rhetorical techniques serve to amplify the humor and attraction of ADHD experiences, making the content both engaging and impactful for the audience.

*4.2.5 Comparison.* For the Comparison theme, we identified four key forms: comparison between different situations (25 occurrences), comparison with non-ADHD (17 occurrences), comparison with other conditions (8 occurrences), and comparison between characteristics of ADHD (7 occurrences).

Figure 17 (a) compares ADHD behaviors in different situations, contrasting high productivity with low motivation. Figure 17 (b) contrasts ADHD storytelling with non-ADHD storytelling. Figure 17 (c) compares ADHD with other conditions like anxiety and depression. Lastly, Figure 17 (d) compares the contradictory characteristics of ADHD, highlighting its unique combination of strengths and struggles.

These comparisons collectively serve to illustrate the distinctive aspects of ADHD, emphasizing its varied manifestations across contexts and in relation to other conditions.

*4.2.6 Dialogic Construction.* For the Dialogic Construction theme, we identified three key forms: self-talk with ADHD (11 occurrences), dialogue between ADHD individuals (7 occurrences), and dialogue between an ADHD individual and therapist (7 occurrences). These dialogues simulate ADHD individuals' inner and external conversations, using specific scenarios to foster identification and resonance.

Figure 18 (a) demonstrates self-talk with ADHD, where the user humorously reflects on the procrastination thoughts in their inner dialogue. Figure 18 (b) showcases dialogue between ADHD individuals, capturing the way they relate to each other through shared experiences, illustrating the unique thinking and expression styles of ADHD individuals. Figure 18 (c) depicts dialogue between an ADHD individual and therapist, highlighting the communication challenges in ADHD treatment.

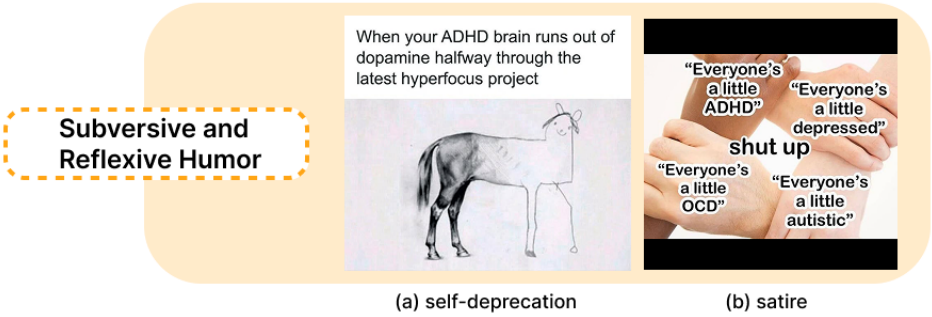


**Figure 13: Subversive and Reflexive Humor: (a) A self-deprecating meme compares an ADHD brain's loss of focus during a hyperfocus project to an unfinished horse drawing—detailed at first, then hastily sketched, humorously representing diminished concentration. (b) A satirical meme critiques the trivialization of mental health diagnoses, mocking phrases like *"Everyone's a little ADHD"* by responding with a blunt *"shut up"*.**

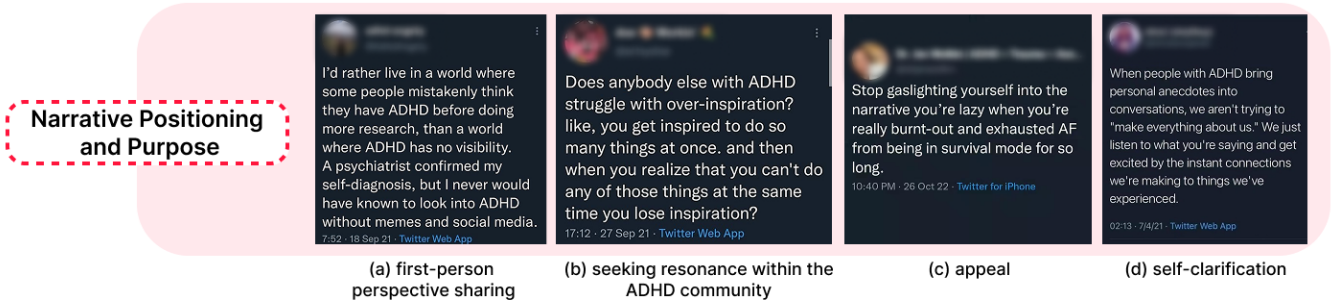


**Figure 14: Narrative Positioning and Purpose: (a) A first-person perspective meme in which the user shares how memes and social media helped them realize they might have ADHD—later confirmed by a psychiatrist. (b) A post seeking resonance within the ADHD community, asking if others also experience *"over-inspiration"* that leads to being overwhelmed and unable to start any tasks. (c) An appeal that calls on readers to stop gaslighting themselves into thinking they are lazy, and instead recognize the burnout from long-term survival mode. (d) A self-clarification that explains why people with ADHD often interject with personal anecdotes—not to dominate conversations, but because they feel instant connection to shared experiences.**

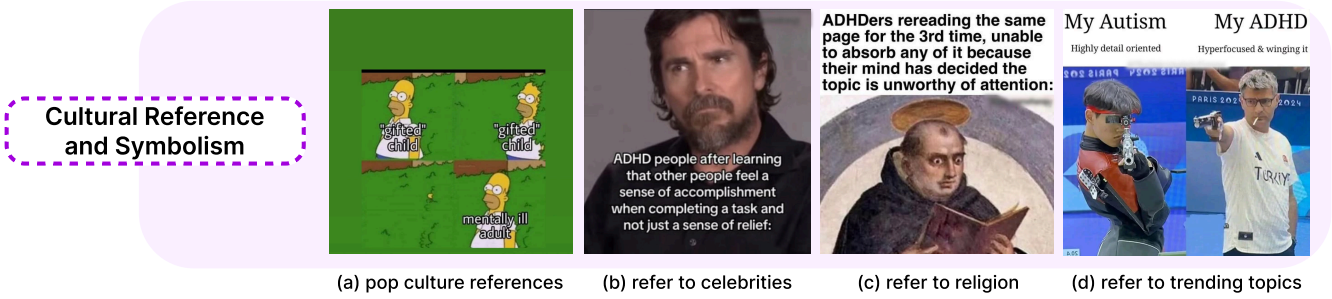


**Figure 15: Cultural Reference and Symbolism: (a) A meme using a popular format from The Simpsons, where Homer retreats into a hedge, to illustrate the trajectory from being labeled a *"gifted child"* to becoming a *"mentally ill adult"*. (b) A meme featuring a confused expression of actor Christian Bale, capturing the disbelief ADHD individuals feel upon learning that others complete tasks with a sense of accomplishment rather than just relief. (c) A humorous use of a religious painting shows a historical religious figure rereading a book, representing the ADHD experience of being unable to absorb information due to lack of attention. (d) A meme referencing a trending sports photo from the 2024 Paris Olympics to contrast traits often associated with autism (*"highly detail-oriented"*) and ADHD (*"hyperfocused and winging it"*), using humor to highlight ND differences.**

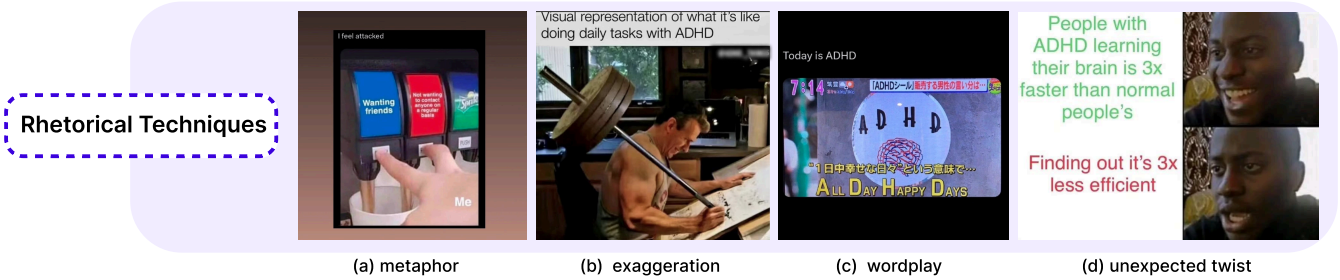


**Figure 16: Rhetorical Techniques: (a) The image uses a metaphor to humorously illustrate the internal conflict faced by individuals with ADHD, showing a soda machine with options labeled *"Wanting friends"* and *"Not wanting to contact anyone regularly"*, symbolizing the difficulty in balancing social interactions. (b) This meme depicts a person lifting a heavy weight to exaggerate intense struggle some ADHD individuals feel when completing even daily tasks. (c) This meme uses *"ALL DAY HAPPY DAYS"* to rephrase *"ADHD"*. (d) This meme features an unexpected twist, contrasting the perceived high speed of the ADHD brain with the reality of its inefficiency.**

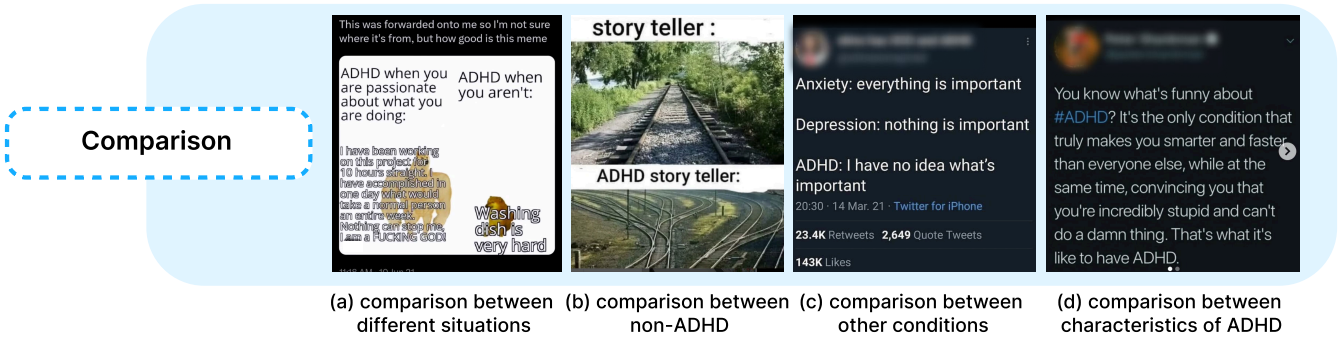


**Figure 17: Comparison: (a) humorously contrasts the motivation levels of individuals with ADHD when they are passionate about a task versus when they are not. (b) compares the storytelling pattern of ADHD and non-ADHD individual. (c) compares ADHD with anxiety and depression, highlighting the differences in how these conditions prioritize tasks and feelings. (d) contrasts the perceived advantages of ADHD, such as being smarter and faster, with the overwhelming frustration and inability to complete tasks.**

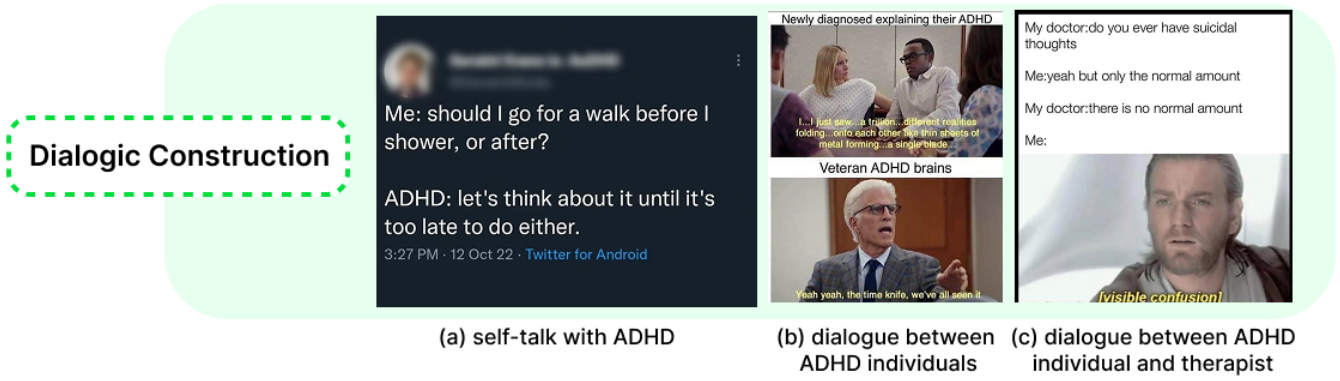


**Figure 18: Dialogic Construction: (a) This meme humorously illustrates the inner dialogue of an individual with ADHD, where the person debates with the procrastination idea. (b) This meme shows the dialogue about ADHD unique thoughts between a newly diagnosed individual and a veteran ADHD sufferer. (c) This meme depicts a conversation between a patient with ADHD and their therapist, highlighting the confusion and disconnection that may occur in mental health dialogues.**

## 4.3 Expert's Reflection on ADHD Memes

*4.3.1 Oversimplification of ADHD Expression in Memes.* The expert noted that while most ADHD memes are accurate and closely tied to real experiences, they often involve oversimplification or exaggeration. This reflects a gap between societal understandings of ADHD and its clinical definitions. Since active meme creators represent only a subset of people with ADHD, their portrayals may not capture the diversity of experiences across the broader community. Moreover, the purpose and identity of content creators shape how ADHD is portrayed. While some memes stem from the lived experiences of diagnosed individuals, which can be limited by their own self-understanding; others, especially from larger public accounts, may exaggerate traits to capture attention, reinforcing stereotypes rather than nuance.

However, ADHD expression can be far more complex, shaped by both biological (*'nature"*) and environmental (*"nurture"*) factors, as well as by frequent comorbidities with other conditions. The expert further noted, based on their clinical experience, that comorbidity rates may exceed 70%. Memes that isolate specific traits, such as hyperfocus (*"finishing two weeks of tasks in three days, then doing nothing for the next month"*) or forgetfulness (*"finding 79 half-empty bottles on the nightstand"*), may feel highly relatable, but they risk reducing ADHD to a narrow set of behaviors. Likewise, memes that contrast ADHD with autism, depression, or other conditions overlook how overlapping traits often emerge from high comorbidity, rather than from neat categorical distinctions.

These oversimplifications highlight a broader issue: the limits of categorical labels themselves. The expert emphasized that while the clinical definition of ADHD remains necessary for accessing care and resources, it can be restrictive, as it reduces complex lived experiences to a single diagnostic label. Many individuals experience substantial ADHD-related difficulties without meeting the full diagnostic criteria, raising questions about whether existing frameworks adequately capture their needs. Reflecting these challenges, clinical practice is increasingly shifting toward the broader concept of neurodivergence, which better accommodates the overlapping and diverse ways such conditions are expressed.

*4.3.2 Systemic Challenges Reflected in ADHD Memes.* The expert acknowledged that memes reflect structural issues in healthcare and real challenges faced by ND individuals. Diagnosis and treatment are often long, costly, and complex, requiring multiple sessions to adjust therapy plans and medications, with delays further amplified for those outside major cities. Memes joking about *"waiting months for a diagnosis"* and *"no insurance coverage for ADHD medications"* echo these systemic barriers.

Epistemic injustice also surfaces: ADHD remains frequently underrecognized when individuals present with secondary concerns such as anxiety, depression, or sleep disturbances. Without integrated diagnostic frameworks, underlying ADHD symptoms often remain unrecognized. Gendered disparities further complicate access, as clinical criteria and medication research have historically been male-centered, while social norms lead women to mask symptoms. This invisibility is mirrored in social media, as only 10 out of 350 ADHD memes explicitly mentioned women, highlighting how their struggles remain unseen even in these less-constrained online spaces.

The expert noted that when all these barriers intersect, receiving appropriate diagnosis and treatment can feel less like a guaranteed right but more of *"a matter of magic"* or *"a privilege"*. They emphasized, healthcare systems still prioritize *"visible disabilities, visible pain, and visible diseases"*, often underestimating mental health and neurodivergence—a reality ADHD memes bring humorously yet critically into view.

*4.3.3 Positive Impacts of Memes for Awareness, Support, and Community.* Despite the risks of oversimplification and stereotype reinforcement, the expert highlighted that ADHD memes can have meaningful positive effects. By humorously depicting ADHD experiences, memes may help reduce stigma and increase awareness of ADHD in ways that traditional healthcare or education often cannot. The expert also noted that social media enables individuals to access resources, better explore and understand their identity, and form supportive communities—particularly important given the limited availability of medical care and diagnostic services. While concerns about self-diagnosis exist, the expert emphasized that, considering the real-life challenges and barriers in obtaining formal diagnosis and therapy, online content can offer emotional relief and validation for individuals navigating ADHD-related difficulties. In this way, social media functions as both an educational and supportive space, complementing the gaps highlighted in clinical and systemic contexts.

## 4.4 Validation and Community-building through ADHD memes (RQ3)

*4.4.1 Emotion Classification.* As shown in Table 1, the majority of comments were labeled as Neutral (62.8%), indicating a high prevalence of factual statements, observations, or comments lacking explicit emotional content. Among comments that expressed affect, negative emotions appeared more frequently overall than positive ones. The most prevalent negative emotions were Anger (6.72%) and Sadness (6.15%), followed by Disgust (4.78%) and Fear (3.07%). These responses often reflected frustration, emotional exhaustion, or perceived social misunderstanding. In contrast, positive affect was also common, with Surprise (10.77%) and Joy (5.65%) highlighting moments of recognition, identification, or amusement. These distributions suggest that while a significant portion of engagement is emotionally neutral, ADHD memes also elicit a wide range of emotional responses, from humor and recognition to frustration and emotional vulnerability.

*4.4.2 Topic Patterns.* Our analysis revealed 28 distinct sub-topics that characterize how users engage with ADHD-related memes through their comments (see Figure 19a). We organized these sub-topics into five overarching thematic categories (see Table 4), with some sub-topics contributing to more than one theme.

***Emotional reactions and community engagement.*** This thematic group consisted of brief, affect-laden responses that often include expressive emojis, emphatic repetitions, or direct tagging of other users. Comments frequently take the form of short exclamations such as *"HAHAHA 😂"* or *"Literally 😂😂😂😂"*—expressions of laughter, intensity, or recognition. Some users simply react with phrases like *"On moms 😂😂"* or *"PLEASE 😂"*, indicating strong, immediate emotional responses to the meme content.

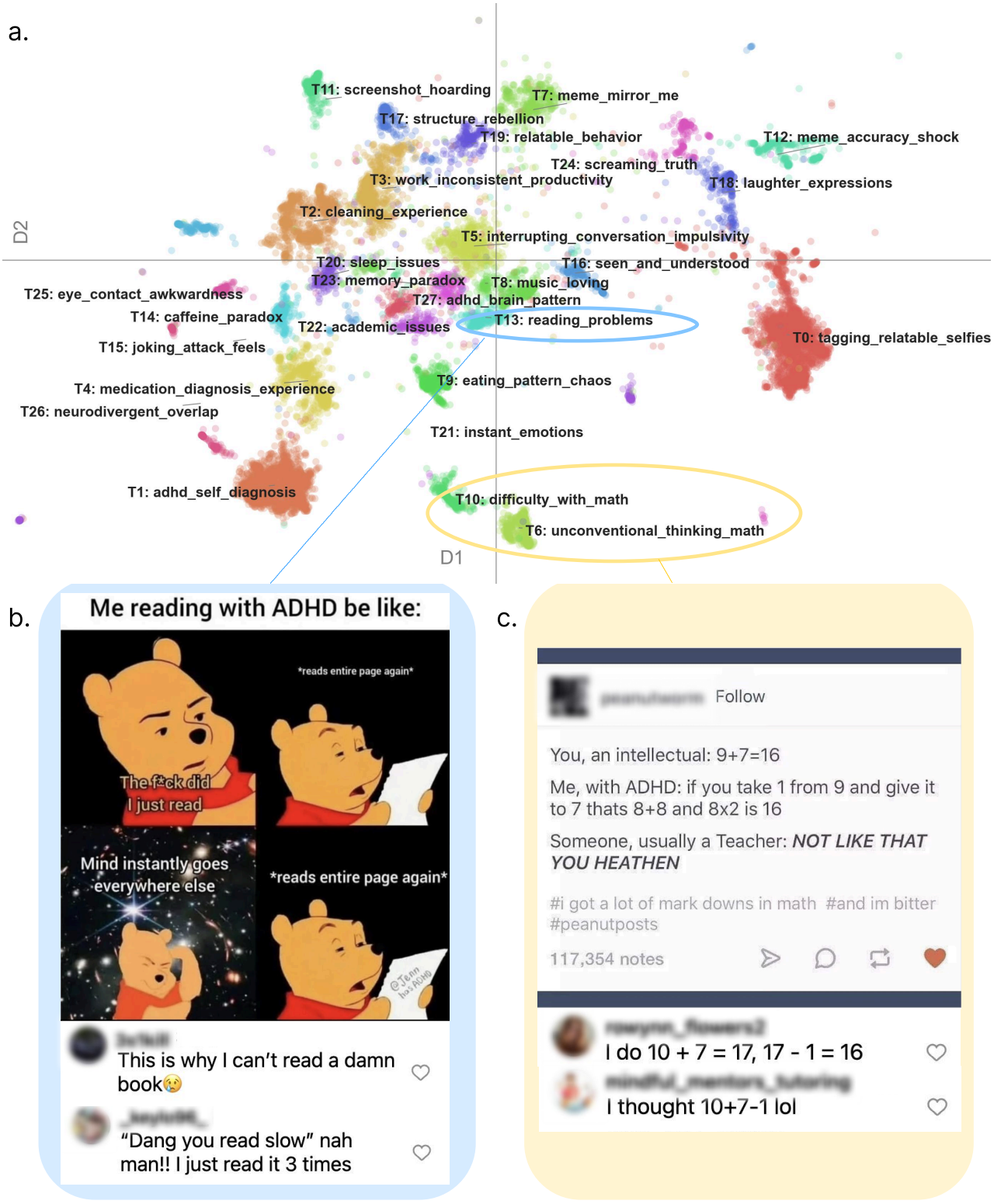


**Figure 19: UMAP clustering of comments associated with ADHD-related memes. Panel a shows the two-dimensional projection of comment clusters, with each point representing a comment and colored by the dominant theme identified through BERTopic modeling. Panels b and c display example memes along with associated comments that correspond to the clusters in panel a. Panel b illustrates a meme related to reading difficulties, with comments reflecting frustration and distracted thinking. Panel c presents a meme about unconventional math thinking, with comments showcasing unique problem-solving approaches.**

**Table 1: Emotion Category Distribution in Comments on ADHD Memes**

| Polarity | Emotion | Example | Proportion |
|---|---|---|---|
| Positive | Joy | *So true, I feel it* 🤣 | 5.65% |
| | Surprise | *This is exactly how I've been doing maths my entire life but it seems to confuse others. Now I'm adult diagnosed, so much makes sense to me and I realise, it's not just me like this!* | 10.77% |
| Neutral | Neutral | *Facts* | 62.87% |
| Negative | Anger | *What??? Who made this dumb shit.* | 6.72% |
| | Disgust | *Shittt* | 4.78% |
| | Sadness | *Never expected explained it better. I m crying* | 6.15% |
| | Fear | *Existential dread is honestly taking up a lot more of my day lately* 😩 | 3.07% |

In addition to solo reactions, a notable pattern involved users tagging friends to signal relatability, such as *"@username omgggg"* or *"@username lol it's me"*. These interactions indicate that memes often triggered spontaneous humorous reactions, and to identify others who might relate to the content, making the meme a shared reference point within their social circles. This type of engagement was characterized by brevity, affective intensity, and interpersonal reference.

***Resonance and feeling seen.*** A substantial portion of comments expressed a strong sense of personal resonance with the meme content. Commenters often responded with brief affirmations that conveyed recognition, identification, and emotional immediacy. These included reactions such as *"Me!!!* 😂😂*"*, *"I feel attacked"*, or *"I feel so seen* 😂*"*, reflecting the meme's capacity to depict experiences that felt intimately familiar. In some cases, commenters emphasized the uncanny accuracy of the meme with remarks like *"Accurate* 👋*"* or *"So true!* 😅*"*, highlighting how well the meme captured their lived realities.

Comments such as *"This is how my brain works"* or *"*😂😂😂*my brain"* further point to a recurring pattern where memes served as mirrors for internal cognitive or emotional states. Similarly, users invoked their academic experiences (*"This was 100% me in college... anything but study!!"*) or everyday behaviors (*"I've done this!"*) to underscore this recognition.

Across these examples, commenters conveyed not only recognition but also a sense of validation and shared understanding. These brief, emotionally charged reactions highlight the meme's function as an affective medium that fosters connection and resonance among viewers.

***Sharing of personal feelings and experiences.*** This theme comprises 17 sub-topics that reflect a wide range of ADHD-related lived experiences, including challenges with daily routines, distinct cognitive and sensory patterns, and reflections on social interactions and medication.

Many users described practical difficulties with cleaning, eating, and sleeping. For example, one user shared a struggle with staying focused on a cleaning task: *"I finally did it!...that is until my energy left me halfway through and now only one part of my room is somewhat clean."* Others reflected on food hyperfixation (*"I don't realize I'm hyperfixating on a food until it doesn't taste good anymore* 🤣*"*) and sleep-related patterns (*"I can chug a Monster and take a 3 hour nap afterwards* 👀*"*). Across these comments, people emphasized fluctuating energy and focus, moving between times when tasks felt manageable and times when everyday activities became much harder to initiate or sustain.

Commenters also talked about uneven productivity in work and study. One noted, *"I get work done at the office in one day what I should do in 3, so the two days after I have to pretend I'm doing something* 😂*."* Another wrote, *"At uni I would either hyperfocus on a subject I love and pass on full grade ... or I would read the same 2 pages for 3 days and still not grasp what I was reading."* These accounts foreground inconsistent rhythms of effort and performance rather than simple success or failure.

Additionally, users described nonlinear cognitive processes and sensory preferences. Some shared unconventional approaches to math, such as *"I'd probably do 6+4=10 and 7-4=3 and 10+3=13. Easy peasy lol"*, or commented on memory and attention (e.g., remembering a teacher's voice but misplacing their phone or keys). Others described coping strategies like relying on background music for focus (*"Having music on is the sounds of silence for me"*) or resisting imposed structures (*"Anything short of those conditions will result in a big, fat, rebellious 'fuck off' from me.* 😊*"*). Behaviours such as screenshot hoarding (*"My phone lets me have 500... I got a new iPad and didn't realise the limit goes much higher so I'm up to 600."*) were framed with humour and self-awareness.

Several sub-topics also addressed interpersonal dynamics and social situations. For instance, one user wrote, *"Or even worse, you think you understand where they're going and finish their sentence for them, just for them to be like 'That's not what I was going to say'"*, while another commented on eye contact awkwardness. Another set of comments surfaced broader societal and emotional issues around diagnosis and treatment. One user reflected, *"I was diagnosed a few months ago and within hours of starting methylphenidate I felt like I had instantly become a more efficient and more stable version of the self I'd always worked so hard to be... My diagnosis made me grieve the younger me who could have had it so much easier... but*

*it also allowed me to take all that energy and training I had given myself... I now literally feel like I've transcended something."*

Collectively, these comments show how memes invited detailed self-disclosure about everyday life with ADHD. As shown in Figure 19b and c, comment content closely aligned with the corresponding memes, suggesting that the meme format served as a catalyst for self-expression and a resonant space for users to articulate their struggles, coping strategies, and sense of identity.

***Self-diagnosis of ADHD through memes.*** Some comments indicated that users interpreted the meme content as reflecting their own behavior or mental patterns, prompting reflections about whether they might have ADHD. Comments such as *"Do I have ADHD??* 😂*"*, *"So I have ADHD"*, and *"I just have ADHD"* exemplify how meme-based content can serve as a lens for informal self-diagnosis. These reactions suggest that memes prompted users to identify with the depicted behaviors, leading to reflection and self-doubt about having ADHD outside of clinical contexts.

***Overlap with other ND conditions.*** Beyond ADHD-specific experiences, a set of comments drew explicit connections between ADHD and other ND conditions, particularly autism. Users drew parallels between the ADHD-related behaviors depicted in the memes and their own experiences with autism, using phrases like *"Autism too"* or *"Me but autism."* Some comments acknowledged overlapping traits, such as: *"Did you also consider textures? Oh hi there autism it's me... we share some things with these ADHD folk."* These remarks suggest that memes served as a discursive site not only for expressing ADHD-specific experiences, but also for creating space to connect with a broader ND community.

## 5 Discussion

Our analysis shows that ADHD memes enable individuals to communicate complex lived experiences (RQ1) through diverse narrative and rhetorical forms (RQ2), while also fostering emotional engagement and community connection in online spaces (RQ3). These findings position ADHD memes as a socially meaningful interactional mechanism that centers ADHD people' lived experience and collective sense-making. Building on these findings, we draw upon critical disability studies [78] to examine how memes function as a lighthearted space for validation and empathy, the tensions between raising awareness and contributing to misinformation, the potential consequences to diagnosis, and the implications for design approaches and future research.

### 5.1 Memes as a Lighthearted Space for Validation and Empathy within Online ADHD Community

Our findings present a more comprehensive picture of ADHD lived experience as represented through creators' own expressive practices. Through memes, it becomes clear that ADHD life is far more complex than what narrow clinical criteria can capture (Sec 4.1). These memes vividly show how external behaviors and internal struggles are shaped by socio-cultural pressures that continue to marginalize ADHD individuals. Importantly, ADHD people do not avoid topics that are typically stigmatized; rather, they bring them to the foreground to challenge deficit-based narratives and make their invisible labor visible. For instance, many memes depicted the exhaustion of trying to function in a NT society or the frustration of receiving simplistic advice such as *"just set an alarm"*. This echoes ongoing conversations in HCI that call for designing from both sides of an interaction rather than assuming users' needs or forcing ND people to adapt to environments that are fundamentally misaligned with their experiences [7, 27, 121]. This also aligns with the double empathy problem, which emphasizes mutual understanding between ND and NT individuals [88].

Our analysis of narrative and rhetorical forms (Sec 4.2) further shows how specific communicative strategies shape the relatability and circulation of ADHD memes. Creators actively use humor, which is identified in prior work as a mechanism that supports content circulation on social media [5, 44, 101, 108], reduces psychological distress, and fosters solidarity [3, 60], particularly in mental health contexts. Contrary to work that characterizes memes as boundary-making through ironic detachment [43], ADHD creators frequently engage widely recognizable cultural references and detailed personal accounts (Sec 4.2 and 4.4). These choices may lower the barrier for cross-group understanding, inviting resonance from both self-identified ADHD individuals and people who relate to overlapping ND traits. In this way, memes act as an interactional mechanism that foster empathy, connection, and interdependence rather than separation [10]. This, again, suggests that we should not aim to define what a ND society should look like, but instead recognize the ongoing invisible labor that ADHD creators invest in building their own community [7]. Future research should value ND creative contributions and design systems that support their preferred modes of world-building [100, 104].

However, how these expressions circulate and which forms become amplified depends heavily on platform-specific affordances. For example, TikTok's For You algorithm tends to reward content that is humorous, emotionally expressive, and immediately relatable, which can unintentionally encourage creators to heighten or simplify aspects of their experiences in order to increase visibility [59, 72]. By contrast, Instagram memes circulate more often within smaller, follower-based networks [38], which may reduce pressure for algorithmic visibility and foster more authentic content creation. In this sense, meme affordances may support more peer-oriented forms of discourse that circulate within smaller but more tightly connected communities.

### 5.2 Tensions Between Awareness, Misinformation, and Diagnosis

ADHD memes present important tensions between raising awareness and contributing to misinformation. On the one hand, our analysis of comments (Sec 4.4) shows that many viewers feel "seen", validated, or even motivating a formal diagnosis. This suggests that memes can help reduce the diagnostic gap by circulating ADHD live experience knowledge that is often absent from public discourse. Beyond visibility, memes may help reduce public stigma by building more accurate and nuanced public understandings of ADHD and foster double empathy [88]. This aligns with prior work showing that online ADHD communities can reduce the diagnostic gap and the stigma [38]. Through validation and acceptance found in online

communities, ADHD people can form their identity and reduce self-stigma [38]. Reduced stigma may, in turn, lessen masking behaviors, as traits previously felt to be shameful become recognized as part of ADHD [38, 64]. Over time, this may contribute to more visible symptoms, earlier diagnosis and reduced misdiagnosis [58]. This is particularly meaningful for ADHD individuals who are socially isolated, systematically overlooked or excluded from ADHD research, and have limited access to healthcare resources [59], especially women and racialized populations [24, 50].

However, the same affordances that promote relatability by exaggerating or oversimplifying can also lead to misinformation. Exaggerated or overgeneralized portrayals may encourage some viewers to self-identify with ADHD primarily based on stereotypes (e.g., procrastination), which has also been called out by community members [38]. This can lead to increased healthcare use, and also contribute to an increased risk of overdiagnosis or misdiagnosis due to over-endorsed self-report [132]. This has the potential to intensify already long waiting lists, indirectly disadvantaging undiagnosed ADHD individuals who lack online exposure or medical literacy and who already face structural barriers to diagnosis. Furthermore, oversimplification risks reinforcing trivialization and leading viewers to adopt narratives such as *"everyone has a little ADHD"* (Sec 4.1.3). Such interpretations can cause the public to overlook those who do not fit the narrow and stereotypical depictions. This dynamic can worsen internalized stigma and reinforce masking behaviors, leading to misdiagnosis [58] and late diagnosis [63].

Ultimately, while ADHD memes serve as valuable tools for expression, community-building, and emotional support, they must be approached critically. These challenges underscore the need for social media platforms to better support the circulation of authentic, self-directed expressions of ND experiences, ensuring that memes remain a supportive space without perpetuating misinformation or reducing ADHD to a collection of quirky traits.

## 5.3 Design Implications

This study shows how ADHD-related memes on Instagram both express lived experiences and shape social interaction, emotional resonance, and collective identity, offering several implications for the design of online platforms and participatory media systems.

First, our analyses of meme content (Section 4.1) and user comments (Section 4.4) show that memes function as accessible, affectively rich tools for personal expression and participatory storytelling. The lighthearted and humorous nature of ADHD memes lowers emotional barriers to self-disclosure, encouraging users to reflect on and share stigmatized aspects of their lived experience, echoing prior work on self-disclosure around sensitive topics [61, 133]. Designers might therefore introduce informal, humorous formats similar to memes to make expression feel more approachable and help people connect with one another. In strengths-based technology design with ND communities [53, 89], such lightweight visual prompts could be incorporated into co-design activities to lower linguistic and social barriers, enabling participants to disclose experiences and express themselves in ways that feel safer and more authentic. Our findings also align with research on participatory digital storytelling [26, 131], suggesting that meme-like formats can externalize lived experience and catalyze narrative sharing in everyday digital life.

Second, our analysis in Section 4.1 shows that ADHD memes often convey subtle and layered emotional burdens, such as frustration, anxiety, and exhaustion, indicating that memes can express complex affective states, similar to prior findings on COVID-19 imagery during times of crisis [54]. Together with design work on affective interface elements such as animated message balloons and nuanced reaction mechanisms [6, 128], this highlights the value of incorporating visual modalities into internet sentiment analysis, which has traditionally focused on text [66, 125], and points to opportunities for systems that are more attuned to affective cues in multimodal expression. Concretely, platforms could support lightweight mixed-affect reactions (e.g., relatable but tiring, funny yet painful) and optional visual mood markers on posts, enabling users to signal layered feelings without being forced into a single positive or negative label.

Some ADHD memes engage self-identified and other ND users, reflecting both an interpretive openness and a tendency toward overgeneralization. This openness allows memes to function as boundary objects that facilitate communication across experiential and diagnostic categories and, in the spirit of Unbounded Online Health Communities (UOHCs) [38], to broaden understanding beyond formally diagnosed individuals, fostering ND solidarity and improving public awareness of ADHD. Designers could build on this by supporting inclusive sense-making tools, such as lightweight community annotation or optional tags (e.g., user-added context notes like self-identified, formally diagnosed, or ally) that foreground content as personal experience, while remaining attentive to the risks of casual diagnostic labeling and the trivialization of complex conditions.

From a platform perspective, the simplified messaging in memes raises questions about misinformation and misinterpretation. Rather than suppressing users' freedom of expression, platforms could support contextual enrichment around ND-related terms. For instance, when memes reference ADHD or emphasize specific traits, systems might offer non-intrusive contextual features that allow viewers to learn more about these concepts beyond memes, such as provenance cues or links to vetted resources [11, 77]. In this way, memes can serve as entry points for exploration and public education. Complementing this approach, social media systems might combine subtle prompts (e.g., reminders that hashtags reflect personal experience) and user-configurable controls around diagnostic labels and sensitive topics [56, 134] to reduce anxiety and misunderstanding while preserving expressive autonomy. For example, when users are about to apply diagnostic labels in replies (e.g., *"you definitely have ADHD"*), platforms could add a small friction step (e.g., a confirmation prompt or alternative wording suggestions) and surface an expandable resource card linking to vetted information on assessment pathways and professional support, preserving conversational flow while reducing casual diagnostic claims.

## 5.4 Limitation and Future Work

As discussed in Sec 3.3, none of the authors identify as having ADHD, and all three authors involved in the coding were from China, with varying degrees of overseas exposure and familiarity

with international social media platforms. Because memes often depend on culturally embedded references and shared community knowledge, this positionality inevitably shapes how we understand and interpret the data. While we centered creators' own expressions in the analysis, we also acknowledge that the involvement of a clinical researcher for contextual insights may risk inadvertently reinforcing clinical framings. Future work should adopt a more participatory approach, involving ADHD individuals as collaborators to ensure interpretive authority is shared with those whose lived experiences are represented, as suggested by recent work [7].

Secondly, our analysis was limited to a single social media platform—Instagram. While Instagram is one of the most popular platforms for meme sharing, it is important to acknowledge that the dynamics of meme creation, sharing, and reception may differ across other platforms like Twitter, Reddit, or TikTok. Future research could expand the scope of the study by examining memes across different platforms to capture a more holistic view of ADHD meme culture.

Another limitation concerns the difficulty of determining whether individuals engaging with the memes are themselves diagnosed or self-identified as having ADHD. Although our analysis focuses on ADHD-related memes, it remains unclear whether users who like, comment on, or share these posts do so from lived experience or from more casual or superficial engagement. Future work could examine how individuals self-identify in relation to ADHD memes and whether such engagement functions as a form of self-diagnosis, or merely an expression of shared experience.

A related limitation is the lack of contextual information about meme creators. While we can observe visible engagement metrics, we cannot determine creators' motivations, their personal understanding of ADHD, or how their content circulates across broader social media ecosystems. Tracing the lifecycle of ADHD memes, including how they evolve as they move across platforms and communities, would offer deeper insight into how ADHD discourse is produced, transformed, and taken up by different audiences.

## 6 Conclusion

This study examined how ADHD people use Instagram memes to express lived experiences and engage with community support. We conducted qualitative analysis of 350 memes, emotion classification and BERTopic modeling of associated comments, also consulted a neurodevelopmental science and clinical researcher for contextual insights. We found that memes communicate ADHD experiences of inconsistent behaviors, internal conflicts, personal struggles and societal pressures through humor, irony, and self-deprecation. Comments revealed strong emotional resonance, with users often sharing personal stories and reflecting on ADHD traits, sometimes as a first step toward self-diagnosis. However, their exaggerations and oversimplifications introduce tensions around misinformation and public misunderstanding. This study contributes to digital mental health research by showing how memes function as an interactional mechanism, facilitating self-expression, validation, and identity formation among neurodivergent individuals, while also informing design directions for social platforms, such as meme-inspired low-barrier expressive tools and contextual features that mitigate misinterpretation and misinformation.

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# A Codebook

**Table 2: Codebook – Form Category**

| Code | Description |
|---|---|
| appeal | directly encourages, urges, or calls on individuals with ADHD to take or avoid a specific action. It often aims to support, motivate, or shift how they perceive or treat themselves. |
| comparison between characteristics of ADHD | Describes similarities or differences between various traits or symptoms within ADHD itself |
| comparison between different situations | Contrasts how ADHD shows up or affects behavior across different environments, tasks, or time periods. |
| comparison with non-ADHD | Highlights differences or similarities between individuals with ADHD and those without |
| comparison with other conditions | compare ADHD with other diagnoses (e.g., autism, depression) in similarities, differences, overlaps, or co-occurrence. |
| exaggeration | Uses overstated expressions or hyperbole for comedic or emotional effect, often to emphasize ADHD-related experiences. |
| pop culture references | Mentions media, TV shows, music, movies, meme templates, or other pop culture elements to frame or explain ADHD-related thoughts or behaviors. |
| refer to celebrities | Cites well-known figures (e.g., celebrities with ADHD or used as metaphors) to support a point or draw parallels. |
| refer to trending topics | Mentions current events, viral content, or social media trends to contextualize ADHD experiences or viewpoints. |
| satire | Uses irony, sarcasm, or ridicule to critique external factors related to ADHD—such as institutional/healthcare systems |
| self deprecation | Involves making fun of ADHD themselves in a humorous or critical way, often related to perceived ADHD shortcomings. |
| self-clarification | Attempts to explain or justify one's behavior, thoughts, or needs, often to oneself or others, in the context of ADHD. |
| self-talk with ADHD | Shows internal dialogue, often representing the conflict between different "parts" of the self |
| unexpected twist | Includes a sudden change in narrative or logic that mirrors non-linear ADHD thinking or storytelling. |
| wordplay | Involves puns, rhymes, or other playful uses of language to describe ADHD experiences creatively or humorously. |
| metaphor | Uses figures or figurative language (e.g., "ADHD is like having 20 tabs open at once") to represent ADHD traits or struggles. |
| seeking resonance within the ADHD community | Attempts to create shared understanding, validation, or belonging among people with ADHD. |
| first-person perspective sharing | Presents a direct personal narrative or reflection on living with ADHD, often using "I" statements. |
| dialogue between ADHD individuals | Simulates or represents a conversation between two or more people with ADHD, often to highlight shared experiences. |
| dialogue between ADHD individual and therapist | Interactions with a mental health professional |
| self-acceptance | Expresses a recognition and embracing of one's ADHD-related traits or challenges, often with compassion. |
| refer to religion | Mentions faith, religious beliefs and figures, or spiritual practices in relation to coping with, interpreting, or making sense of ADHD. |

**Table 3: Codebook – Emotion Category**

| Code | Description |
|---|---|
| ambivalent | Mixed or conflicting feelings toward an ADHD-related situation or trait. |
| anxious | Nervousness, worry, or dread tied to ADHD tasks, expectations, or consequences. |
| awkward | Social discomfort arising from ADHD-related behavior. |

*(continued on next page)*

| Code | Description |
|---|---|
| encouraging | Positive, supportive tone aimed at uplifting oneself or others with ADHD. |
| exhausted | Extreme mental or physical tiredness, or drained of energy. |
| frustrated | Distress and annoyance resulting from repeated struggles, setbacks, being misunderstood, or an inability to change or achieve something. |
| guilty | Feelings of blame or shame, often for not meeting expectations due to ADHD. |
| helpless | The feeling or state of being unable to do anything, being stuck, overwhelmed, or lacking control due to ADHD symptoms. |
| isolated | Feeling alone or disconnected from others due to ADHD-related differences. |
| regret | Wishing past actions or decisions had been different, often due to ADHD-related outcomes. |
| joyful | Moments of happiness, celebration, or appreciation related to ADHD traits or community. |
| astonished | Feeling or showing great surprise or wonder. |
| relief | A sense of release, clarity, or comfort—often after receiving a diagnosis or community validation. |
| angry | Strong displeasure or outrage, typically directed at systems, stigma, or personal challenges tied to ADHD. |
| confused | Feeling unable to think, learn and understand. |
| optimistic | Hopeful or forward-looking attitude toward managing or embracing ADHD. |

## B Themes in Comment Clusters

| Theme | Topic Label | Example |
|---|---|---|
| Emotional reactions and community engagement | T0: tagging_relatable_selfies | *@username it's you.* 😂 |
| | T18: laughter_expressions | *HAHAHA* 😂 |
| | T21: instant_emotions | *PLEASE* 😂 |
| Resonance and Feeling Seen | T7: meme_mirror_me | *Me...* 😆 |
| | T12: meme_accuracy_shock | *Accurate* ☠️😂 |
| | T15: joking_attack_feels | *I feel attacked* |
| | T16: seen_and_understood | *I feel so seen* |
| | T19: relatable_behavior | 😂 *I've done this!* |
| | T21: instant_emotions | 😢❤️😂😢 *true* |
| | T22: academic_issues | *This was 100% me in college.. anything but study!!* |
| | T24: screaming_truth | *Soooooooooo true* 😳🤯 |
| | T27: adhd_brain_pattern | *This is how my brain works* |
| Sharing of personal feelings and experiences | T2: cleaning_experience | *I had the urge to clean a few days ago and after about an hour of "Were do I start???"* |
| | T3: work_inconsistent_productivity | *this is me except I do 6 hours of work in 8 hours* |
| | T4: medication_diagnosis_experience | *The 5 or 6 meds I've tried do not work for me sadly. Sometimes meds just don't work for some of us* 🥲 |
| | T5: interrupting_conversation_impulsivity | *And then when you interrupt them... they say exactly that but in difficult words* 🤦 |
| | T6: unconventional_thinking_math | *7+3 is 10 + 3 is 13* |
| | T8: music_loving | *having music on is the sounds of silence for me* |
| | T9: eating_pattern_chaos | *Any eating noises make me wast to vomit...* |
| | T10: difficulty_with_math | *I explained the way I do math to my husband and he was like "no, that's just stupid"* 🤣 |
| | T11: screenshot_hoarding | *Just me taking screenshots of this* 😂 *to never look at* 🥵 |
| | T13: reading_problems | *This is why I can't read a damn book* 🥲 |
| | T14: caffeine_paradox | *Me + Coffee =* 😴 |
| | T17: structure_rebellion | *That's why we need to be in the authority* |
| | T20: sleep_issues | *Yup, and I wake up in 3 1/2 hrs* 🤦🏿‍♀️ |
| | T22: academic_issues | *Me in College doing my roommate's homework.* 🤦‍♀️ |
| | T23: memory_paradox | *I remember my teacher's voice from school ... but forget where I put my phone or keys.* |
| | T25: eye_contact_awkwardness | *Is eye contact not when you look in someone's eyes???* |

*Continued on next page*

*Continued from previous page*

| Theme | Topic Label | Example |
|---|---|---|
| | T27: adhd_brain_pattern | *it is the opposite removes all knowledge, I become retard with 80 IQ, my mother asked me to turn the pan and I fucking did it 💀 I need the hesitation and laziness* |
| Self-diagnosis of ADHD through memes | T1: adhd_self_diagnosis | *So I have ADHD* |
| Overlap with other neurodivergent conditions | T26: neurodivergent_overlap | *Oh hi there autism it's me, i know they didn't see it coming because we're audhd but we share somethings with these adhd folk.* |

**Table 4: Illustrative examples of how data-driven topics in the comment clusters map onto five interpretive themes: Emotional reactions and community engagement, Resonance and feeling seen, Sharing of personal feelings and experiences, Self-diagnosis of ADHD through memes, and Overlap with other neurodivergent conditions. Each row links a theme to one or more topic labels and a representative comment that exemplifies the linguistic or affective pattern captured by that topic. Because some topics span multiple interpretive dimensions, certain topic labels appear under more than one theme.**