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The Social Structure, Identity Pathways, and Platform Discipline of ADHD in the ADHD Epidemic: A Sociological Review

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Abstract. This article investigates the sociological construction of ADHD among Chinese youth in the post-pandemic era. Moving beyond biomedical definitions, it examines ADHD as a culturally embedded identity shaped by educational pressure, middle-class strategies, and digital platform mechanisms. The paper traces the transformation from medical diagnosis to identity politics through a systematic literature review, emphasizing how youth reframe ADHD as a personal explanation and community belonging. It also reveals the ambivalence of platform-driven discourse: while offering emotional relief and destigmatization, platforms simultaneously reinforce normative expectations and algorithmic discipline. By integrating perspectives from sociology, cultural studies, and media theory, this study presents ADHD as a contested terrain of liberation and regulation within contemporary China's social fabric.

Keywords: ADHD, youth identity, medicalization, digital platforms, social construction

1. Introduction

In recent years, the prevalence of attention deficit hyperactivity disorder (ADHD) among young people in China has attracted increasing attention. Large-scale epidemiological studies show that the overall prevalence of ADHD among Chinese school-attending children aged 6-16 is about 6.26%, with the inattentive subtype (ADHD-I) being the most common. Regional surveys further confirm this pattern, such as a study in Sichuan Province reporting a prevalence of 5.37% and another in Hunan Province finding 4.96% among students of the same age group [1]. These figures are comparable to international estimates, where meta-analyses suggest a global pooled prevalence of approximately 7.2% [2].

Unlike the rigid labels defined by traditional medicine, ADHD has become a cultural symbol widely discussed, shared, and even self-diagnosed on short videos and social platforms [3]. This trend not only redefines young people's understanding of their own behavioral and psychological differences but also challenges the value system in Chinese society that has long been centered around effort=success [4]. For many young people, an ADHD diagnosis is like a mirror, reflecting a new narrative of 'I am not lazy or not working hard, but rather a neural difference'. This experience

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of emotional liberation and identity reshaping has triggered a rethinking of the boundary between 'normal' and 'pathological'.

However, the prevalence of ADHD among Chinese youth is not simply a medical discovery or clinical event. It is a social construction deeply embedded in the interweaving of educational pressure, middle-class cultural strategies, and digital platform mechanisms. How does the social structure promote the popularization of this diagnosis? How can young people transform ADHD into self-identity through individual narratives and group interactions? How is this identity constantly strengthened, standardized, and regulated in the digital ecosystem? These issues constitute the core focus of this article.

This article uses a systematic literature review to follow the logical thread of disease diagnosis → identity recognition → noun reconstruction, integrating interdisciplinary perspectives, attempting to reveal the complex landscape of ADHD socialization in contemporary China. Unlike previous research limited to the fields of medicine or psychology, this article emphasizes the intersection of sociology, cultural studies, and digital media, providing a new perspective and theoretical basis for understanding ADHD discourse in youth identity politics and platform culture.

2. The social structural background of the ADHD epidemic

2.1. Medicalization and social construction

ADHD is not a naturally existing fact but has been redefined as a neurological disorder through the expansion of medical discourse and psychological knowledge. Since the 20th century, traits such as inattention and impulsivity have gradually entered the spectrum of mental illness. With the promotion of tools such as DSM (Diagnostic and Statistical Manual of Mental Disorders), behavioral deviations gained pathological legitimacy, illustrating medicalization's logic: transforming social or educational problems into diseases that medicine can govern [1].

Hinshaw and Scheffler note that ADHD has evolved from disciplinary failure to brain dysfunction, a transformation not based on solid pathology but persuasive enough to integrate ADHD into education, law, and healthcare under this logic. However, if we reexamine ADHD from a social constructivist perspective, this diagnostic process is not neutral. Burr pointed out that bodily defects manifest as defects because we are forced to live in environments designed for others [5]. From a constructivist perspective, however, this process is never neutral. Burr argues that "defects" appear only because environments are designed for others [5]. This echoes Foucault's proposal of normalized power: institutions construct conventional behavioral boundaries to bring individuals into the governance track.

Schools exemplify this mechanism: attention is essential for learning, and an ADHD diagnosis authorizes corrective interventions to secure teaching order. Families also use diagnosis to ease parent-child conflicts: "The child is not lazy, but sick." While this reduces moral blame, it reframes problems as biological defects. Thus, ADHD is both a medical concept and a social label. As Wright observed, ADHD has become an object with which people interact [6], reshaping both our understanding of behavior and the relationship between institutions and individuals.

2.2. Chinese context: education, middle-class strategies, and regional gaps

Although ADHD originated in the Western psychiatric system, its spread varies across societies. In China, ADHD prevalence is less a medical discovery than a social construction shaped by cultural values, education, and class. Local logic determines who is diagnosed, why, and how it is

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understood. As Banaschewski et al. noted, ADHD is not a natural disease but a diagnostic category conceptualized as a social construct [4], which largely depends on the cultural context's definition of normal behavior.

Firstly, Hinshaw and Scheffler argued that the high U.S. diagnosis rate stems from individualism, academic competition, and reliance on medication to improve performance. By contrast, Chinese culture links effort with success and stigmatizes congenital disabilities, creating cognitive barriers to ADHD recognition. This is sufficient to indicate that ADHD is not a purely biological phenomenon, but a culturally embedded diagnostic tool.

This definition is highly coupled with the unique further education system in the Chinese context. Academic performance is not only an indicator for measuring students' abilities, but also directly affects the social reproduction goals of families. Therefore, parents and schools emphasize attention, obedience, and sustained engagement more than other societies. As Banaschewski et al. observed, the pursuit of achievement partly explains the rising incidence of ADHD diagnosis [4]. Thus, the growth of diagnoses reflects not only medical progress but also institutional pressures.

Furthermore, research has found that the identification and treatment of ADHD in China exhibit a geographic concentration of resource-rich regions. Children in eastern urban areas (such as Beijing and Shanghai) have significantly higher rates of ADHD diagnosis, treatment accessibility, and parental awareness of proactive identification compared to those in central and western regions [7]. This suggests that the disease identity of ADHD may be more easily recognized and applied in middle-class families, who are more likely to interpret their children's abnormal behavior as treatable disorders rather than parenting failures.

Banaschewski et al. further pointed out that the increase in ADHD prevalence and administrative data may be influenced by the interweaving of education policies, media public opinion, and cultural values [4]. In social practice, ADHD diagnosis has gradually evolved into a social label that not only affects an individual's academic path and social identity but also shapes the classification logic of the education system in reverse. In other words, in China, ADHD diagnosis is not only a medical event, but also a social behavior: it reflects both the family's strategic response to educational pressure and the social system's reproductive requirements for qualified individuals.

3. Identity transformation: from disease name to attribution

3.1. It's not that I'm lazy: diagnosis as attribution and relief

For many young people, the diagnosis of ADHD is primarily a psychological relief. For a long time, they were plagued by self-doubt and social condemnation, accused of being lazy, lacking self-discipline, or not putting in effort. After being diagnosed with ADHD, these behaviors were reinterpreted as the result of differences in neural development. This shift in attribution significantly alleviates individuals' sense of shame and powerlessness.

Frick et al.'s research shows that many adolescents experience a strong sense of relief during the diagnosis process. They view ADHD as a language resource to explain their past failures and confusion, and this reconstructed narrative identity helps them psychologically repair their previously shattered self-image [8]. The interviewee also mentioned, '... I don't feel like I've failed so much; I'm just good at something other than exams [8].

Building on this, Morgan Thompson's analysis suggests that an ADHD diagnosis changes how failure is explained and regenerates the organizational structure of 'personal identity', becoming a stable and significant dimension of self-identity [9]. Individuals gradually accept and internalize the

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identity label of 'I am someone with ADHD' as an essential anchor for understanding their behavior and emotions.

This pathological interpretation also stimulates individuals' self-coordinated behavior. They actively adopt learning strategies, improve their pace of life, and express their problems more openly in social interactions. Similar to Burr's emphasis, the definition of physical defects often comes from socially established adaptation standards rather than individual essence [5].

3.2. I finally know who I am: from medical tag to collective identity

After diagnosis, many young people gradually view ADHD as a group identity rather than just a medical name. In the interaction between social media and reality, they construct the identity of 'I am not alone' through resonance and sharing with others.

Frick et al.'s study suggests that many adolescents view ADHD as a starting point for self-understanding and negotiate identity meanings based on it. Some emphasize the positive significance of ADHD as a superpower or source of creativity, while others see it as a challenge or obstacle, and identity explanations have significant elasticity [8].

At the same time, Zetterqvist et al.'s research revealed another sense of identity - even after completing social skills training, some young people still express repeated experiences of trying hard but feeling useless in social situations, which motivates them to seek belonging and support in similar communities [10]. This indicates that ADHD identity is not only an outlet for identification, but may also be a response to mainstream social failure experiences.

From the social identity theory perspective, this identification process involves a dual structure of role and social identity [9]. The former refers to the behavioral norms expected by society after diagnosis (such as exhibiting typical characteristics of ADHD). At the same time, the latter is a collective identity formed based on community belonging and shared experiences. This pathway constitutes the core mechanism of ADHD identity politics.

As Thompson pointed out, an ADHD diagnosis provides a composite identity that simultaneously affects social categorization and personal dignity, which is both externally defined and recognized and internalized by individuals [9].

Ultimately, this identity changes how individuals perceive themselves and reshapes their position in the social arena - they are both 'understood' and 'capable of being understood and understood by others'.

4. Platforms and social discourse: liberation or discipline

Digital platforms are not neutral spaces but constantly reconstruct the meaning and boundaries of ADHD labels through algorithmic mechanisms, emotional dissemination, and public opinion logic.

4.1. Algorithmic resonance and self-diagnosis

The recommendation mechanisms of short video platforms determine what is visible and reconstruct the social meaning of ADHD. ADHD-related tags and narratives can be rapidly amplified on TikTok within less than 1.5 hours of browsing, producing a homogenized “diagnosable storytelling” where humorous performances and lighthearted edits circulate as recognizable symptoms [11]. Schiros et al. emphasize that such content, even when inaccurate, is often highly trusted because its entertainment value and stylistic familiarity outweigh medical rigor, encouraging self-diagnostic impulses in users with limited knowledge but high confidence [12]. Verma et al.’s analysis of

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#adhdtest videos further illustrates this trend: up to 92% of the most popular clips relied on pseudoscientific methods rather than standardized tools such as ASRS-v1.1, yet these misleading videos attracted the highest engagement [13]. This logic of "misleading is popular" reflects the disciplining force of algorithms, which privilege emotional resonance and simplified narratives.

This phenomenon is particularly prominent among female users. TIME reported that many women first realized ADHD might apply to them while browsing TikTok, since their childhood symptoms were often misattributed to anxiety or introversion. Emotional short videos gave them a sense of recognition and belonging, compensating for the lack of clinical support [14]. This echoes the findings of Rasmussen et al. that traditional medical services have failed to respond to the real-life concerns of young ADHD patients [15].

At the same time, the echo chamber effect ensures that once users click on ADHD content, they are continuously exposed to similar videos, reinforcing a skewed ADHD worldview. Studies show this cycle encourages users to overestimate ADHD prevalence and interpret common behaviors as pathological [3,16]. Ultimately, the visual driving mechanism of the TikTok platform and users' entertainment expectations are jointly shaping a quasi-medical community based on misinformation, where the entertainment value of misleading content has a greater dissemination advantage than the health value of accurate content. In the absence of public intervention, young people's socialized self-diagnosis may further solidify into an alternative medical practice driven by data and resonance.

4.2. From de-stigmatization to re-standardization

The de-stigmatization of ADHD helps dismantle moral accusations such as laziness or lack of effort, but it simultaneously introduces a new disciplinary logic. Patient identity becomes liberating and tied to expectations of improvement and self-management [17].

This pressure is particularly evident in institutional practice. Although the original intention of providing reasonable convenience in education and the workplace is to accommodate differences, in reality, many young people with ADHD choose not to apply due to concerns about others' evaluations. For example, some college students admitted that they avoid using academic support resources because they fear being perceived as not independent or lacking in ability, rather than due to the ineffectiveness of the resources themselves [18]. When reasonable convenience evolves into a situation where equality must be maintained through exception rules, individuals with ADHD are further solidified as unique others. Over time, this seemingly considerate institutional arrangement may give rise to a dual effect of goodwill discrimination and self-regulation.

Digital platforms embody the same paradox. On the one hand, social media provides belonging and emotional relief; on the other hand, algorithms repeatedly foreground a narrow range of ADHD symptoms, reinforcing them as the "authentic" identity. In this way, platforms create a paradox: they give individuals language and belonging and push them to perform or embody ADHD in standardized ways to be recognized.

This tension is also reflected in legal and social contexts. Studies show ADHD-related claims are taken seriously only when symptoms visibly disrupt others, leaving quieter forms overlooked [19]. In the broader public sphere, the label alone triggers negative associations. A study based on the European population found that the diagnostic label of ADHD alone is sufficient to trigger negative associations, including unwillingness to work with or establish social relationships. Some behavioral manifestations (such as being misunderstood as lazy or aggressive) are even considered dangerous traits, exacerbating social exclusion [20]. This type of implicit discrimination mechanism is particularly prominent in employment scenarios. Even though around 4% of the labor force may have ADHD [21], structural support remains inadequate. Employers continue to evaluate ADHD

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traits - such as low sustained attention - not as expressions of neural diversity but as threats to efficiency. As Hotte Meunier et al. argue, unemployment, job instability, and poor evaluations often result not from personal deficiencies but from workplaces' adherence to standardized employee models [22]. This tendency to equate functional instability with unavailability constitutes a training mechanism in a modern context [22].

5. Conclusion

This article explores the social construction process of ADHD among Chinese youth along the path of disease diagnosis → identity recognition → noun reconstruction, revealing that it is not only a medical term, but also a social phenomenon shaped by the education system, middle-class culture, platform algorithms, and public discourse. Research suggests that the prevalence of ADHD is driven by both educational anxiety and family strategies, as well as the amplification mechanism of emotional resonance through digital platforms.

The diagnosis of ADHD provides individuals with a language resource to escape moral evaluation, becoming a psychological sanctuary in a sense. But at the same time, it has also given rise to new forms of discipline: platforms create resonance illusions through algorithms, while media and communities strengthen their expectations of qualified patients, thus creating new boundaries and biases in the process, intended initially to remove stigma. This paradox reminds us that labels bring not only liberation, but also another kind of norm.

This study's contribution is connecting youth identity, platform mechanisms, and disease discourse from a social perspective, revealing the complex evolutionary path of ADHD's social significance. Of course, this study focuses on the middle-class youth group and fails to fully cover a broader range of social classes and urban-rural backgrounds, which is also a limitation.

Future research should further focus on the narrative practices of ADHD in marginalized youth groups while examining the role and responsibility of digital platforms in entertaining discourse about the disease. Only in this way can we truly understand how young individuals navigate between labeling and subjectivity, searching for a self-path that is both visible and unbounded.

References

[1] P. Conrad, The Discovery of Hyperkinesis: Notes on the Medicalization of Deviant Behavior, Social Problems, vol. 23, no. 1, pp. 12–21, 1975.
[2] Liu, J., Jiang, Z., Li, F. et al. Prevalence and comorbidity of attention deficit hyperactivity disorder in Chinese school-attending students aged 6-16: a national survey. Ann Gen Psychiatry 24, 23 (2025). https: //doi.org/10.1186/s12991-025-00558-w
[3] V. Karasavva, C. Miller, N. Groves, A. Montiel, W. Canu, and A. Mikami, A double-edged hashtag: Evaluation of #ADHD-related TikTok content and its associations with perceptions of ADHD, PLOS ONE, vol. 20, no. 3, Mar. 2025. [Online]. Available: https: //doi.org/10.1371/journal.pone.0319335
[4] T. Banaschewski et al., Perspectives on ADHD in children and adolescents as a social construct amidst rising prevalence of diagnosis and medication use, Front. Psychiatry, 05 January 2024, Sec. Psychopharmacology, Volume 14 - 2023 | https: //doi.org/10.3389/fpsyt.2023.1289157
[5] V. Burr, An Introduction to Social Constructionism, London: Routledge, 1995, p. 40.
[6] G. S. Wright, ADHD Perspectives: Medicalization and ADHD Connectivity, Joint AARE APERA International Conference, Sydney, 2012, pp. 3–4, 9–10.
[7] X. Wang, L. Liu, et al., Current status and influencing factors of medical service utilization for children with attention-deficit/hyperactivity disorder in China: A national multicenter cross-sectional study, Chinese Journal of Pediatrics, vol. 59, no. 4, pp. 274-280, 2021.
[8] M. A. Frick, A. Brandt, and J. Grimell, ADHD and identity formation: Adolescents' experiences from the healthcare system and peer relationships, Journal of Attention Disorders, vol. 29, no. 7, pp. 1085–1097, 2025. doi:

DOI: 10.54254/2753-7048/2025.NS27937

10.1177/10870547251318484.
[9] M. Thompson, The Effect of ADHD Diagnosis on Individual Identity Formation, Honors thesis, Plan II Honors Program, The University of Texas at Austin, Apr. 2021.
[10] V. Zetterqvist et al., I've struggled, but it does not seem to work: adolescents' experiences of living with ADHD – a thematic analysis, BMC Psychology, vol. 13, no. 1, p. 75, Jan. 2025. doi: 10.1186/s40359-025-02350-7.
[11] F. Baumann, N. Arora, I. Rahwan, and A. Czaplicka, Dynamics of Algorithmic Content Amplification on TikTok, arXiv preprint arXiv: 2503.20231, 2025. [Online]. Available: https: //arxiv.org/abs/2503.20231
[12] A. Schiros, N. Bowman, and K. M. Antshel, Misinformation mayhem: the effects of TikTok content on ADHD knowledge, stigma, and treatment-seeking intentions, Eur. Child Adolesc. Psychiatry, 2025. [Online]. Available: https: //doi.org/10.1007/s00787-025-02769-8
[13] E. W. Dolan, Beware of #adhdtest: Inaccurate ADHD content is dominating TikTok, study finds, PsyPost, Nov. 30, 2024. [Online]. Available: https: //www.psypost.org/beware-of-adhdtest-inaccurate-adhd-content-is-dominating-tiktok-study-finds/
[14] K. Ruskin, For Some Women With ADHD, TikTok Is the First Place They Felt Heard, TIME, Sep. 12, 2022. [Online]. Available: https: //time.com/6211695/adhd-tiktok-women/
[15] Rasmussen, I.L., Schei, J. & Ørjasæter, K.B. A bit lost—Living with attention deficit hyperactivity disorder in the transition between adolescence and adulthood: an exploratory qualitative study. BMC Psychol 12, 20 (2024). https: //doi.org/10.1186/s40359-024-01522-1
[16] A. Yeung, E. Ng, and E. Abi-Jaoude, TikTok and Attention-Deficit/Hyperactivity Disorder: A Cross-Sectional Study of Social Media Content Quality, The Canadian Journal of Psychiatry, vol. 67, no. 12, pp. 899–907, 2022. [Online]. Available: https: //doi.org/10.1177/07067437221082854
[17] Te Meerman, S., Freedman, J. E., & Batstra, L. (2022). ADHD and reification: Four ways a psychiatric construct is portrayed as a disease. Frontiers in Psychiatry, 13, 1055328. https: //doi.org/10.3389/fpsyt.2022.1055328
[18] Smith, S., & McVeigh, J. (2025). Perceptions of Stigma and Social Inclusion Amongst a Sample of University Students with ADHD in Ireland. Disabilities, 5(1), 24. https: //doi.org/10.3390/disabilities5010024
[19] O. A. M. Rice, It Just Doesn't Add Up: ADHD/ADD, the Workplace and Discrimination, Melbourne University Law Review, vol. 34, no. 2, pp. 359–392, 2010. [Online]. Available: http: //www.austlii.edu.au/au/journals/MelbULawRw/2010/12.html
[20] A. Stickley, M. Leinsalu, V. Ruchkin, H. Oh, Z. Narita, and A. Koyanagi, Attention-deficit/hyperactivity disorder symptoms and perceived mental health discrimination in adults in the general population, European Psychiatry, vol. 56, pp. 91–96, 2019, doi: 10.1016/j.eurpsy.2018.12.004.
[21] A. Hotte-Meunier, S. E. V. Christiansen, A. Beaton, C. Lemay, and S. Côté, Strengths and Challenges to Embrace Attention-Deficit/Hyperactivity Disorder in Employment: A Scoping Review, Work, vol. 74, no. 3, pp. 973–985, 2024. [Online]. Available: https: //content.iospress.com/articles/work/wor240413
[22] Østerud, K. L. (2023). Mental illness stigma and employer evaluation in hiring: Stereotypes, discrimination and the role of experience. Sociology of Health & Illness, 45(1), 90–108. https: //doi.org/10.1111/1467-9566.13544