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Preferences for social support and perceived support gaps among attention-deficit/hyperactivity disorder (ADHD) adults

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Abstract

This study explores the social support desires and potential support gaps experienced by attention-deficit/hyperactivity disorder (ADHD) adults. ADHD adults who were in a romantic relationship (N = 286) reported the amount of support they desire and experience from their romantic partner, as well as the intensity of three ADHD symptoms: emotional dysregulation, hyperactivity, and inattention. This study suggests that for ADHD adults the experience of receiving social support both overlaps with and, at times, diverges from prior research on social support that is typically conducted within neurotypical populations. Future research should further investigate how ADHD adults experience different forms of social support and other important relational messages.

Keywords

ADHD, attention-deficit/hyperactivity, emotional dysregulation, hurt, mixed methods, neurodiversity, social support, support gaps

Providing and receiving social support is an expectation in close relationships (e.g., Davis & High, 2019). When support is communicated effectively and appropriately, it can bring about a variety of benefits. A well-established body of research has shown that social

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support can improve mental and physical health (Low et al., 2023; Reblin & Uchino, 2008), facilitate coping (Burleson & Goldsmith, 1998), and strengthen relationships (Afifi et al., 2016). However, not all support is seen as effective or appropriate (e.g., Ray et al., 2019). People react negatively to supportive messages that are overly-directive (Floyd & Ray, 2017), insensitive (High & Dillard, 2012), or does not match the type of support desired (Cutrona & Russell, 1990). In addition, people often desire more support than they receive, referred to as a support gap (Xu & Burleson, 2001), and research has demonstrated relational and psychological consequences of receiving too little or too much support relative to one's desires (e.g., McLaren & High, 2019; Wang, 2019).

To date, research on support gaps has focused primarily on neurotypical samples. Neurodiverse individuals—specifically those who are attention-deficit/hyperactivity disorder (ADHD) adults—may have different preferences for the support they receive. In the following sections, we consider why ADHD adults may have different desires for supportive communication. We focus on ADHD adults for three reasons. First, research suggests ADHD adults are more likely to experience social and mental health issues that may be mitigated by receiving various forms of social support (Björk et al., 2020; Stickley et al., 2017). Second, people with ADHD receive less support than neurotypical individuals (e.g., Mastoras et al., 2015). Third, ADHD adults may process stressors in unique ways due to differences in emotional regulation (Bunford et al., 2014; Shaw et al., 2014), which could influence the type and amount of support desired. To explore how support gaps may occur for ADHD adults, this study quantitatively explored the support gaps perceived by ADHD adults in romantic relationships.

What is ADHD?

Research engaging ADHD individuals is often conducted within the medical model of disability (Stenning & Rosqvist, 2021), which posits that disability lives within the person as a defect from what would otherwise be an "ideal" body. This framework implies that disabled bodies need to be fixed to meet a normative standard. As a result, neurodiverse individuals are consistently observed as wrong for their differences. The framing of ADHD as negative has been linked to substantial stigmatization (Lebowitz, 2016). Therefore, alternatively, we approach ADHD using the social model of dis-ability which asserts that an ability may become dis-abled by an environmental structure rather than exist as a defect within the individual (Stenning & Rosqvist, 2021). Thus, the social model recognizes that appropriate behavior is inherently determined by dominant social groups (Sinclair, 2012). Considering the goals of this study, including determining what is viewed as appropriate and effective forms of support, we do not seek to draw evaluative comparisons between neurotypical and neurodiverse individuals, but instead aim to illuminate the potentially non-normative experiences of ADHD adults regarding social support. We do so by situating this study within the current body of social support literature rather than forcing a comparison.

Although often regarded as a mental health disorder, ADHD is better understood in terms of differences in cognitive processing (Saad et al., 2020; Sutcubasi et al., 2020). At

its core, ADHD is a matter of dysregulation, which is the result of differences in the amygdala and other regions of the brain that control impulsivity (Shaw et al., 2014). Specifically, ADHD individuals experience difficulties regulating their emotions, energy, and attention. Therefore, this study focuses on three corresponding ADHD symptoms: emotional dysregulation, hyperactivity, and inattention.

Experienced by approximately 70% of ADHD adults (Shaw et al., 2014), *emotional dysregulation* is intense overwhelm in the amygdala that occurs when under duress and can result in sudden mood changes, lack of behavioral control, or increased sensitivity to criticism (Bunford et al., 2014; Shaw et al., 2014). *Hyperactivity* and *inattention* are commonly used to refer to two dominant subtypes of ADHD; however, both symptoms are generally present to some degree in all ADHD individuals. Hyperactivity is characterized by impulsivity and high energy levels, whereas inattention manifests as issues with working memory or attention span.

As a context for this study, we focus on ADHD adults' general perceptions of support received from a romantic partner and we did so for three reasons. First, romantic partners are generally the most important source of social support for those who are in committed relationships (Thoits, 2011; Williamson & O'Hara, 2017). Second, ADHD adults and their partners frequently report difficulty maintaining romantic relationships (e.g., Knies et al., 2021). Third, scholars agree that maintaining healthy romantic relationships in adulthood can provide significant benefits to health and quality of life (Wymbs et al., 2021).

Types of support

Social support researchers commonly categorize supportive communication across five types of support (Cutrona & Suhr, 1992). *Emotional support* includes messages of caring, empathy and concern. *Esteem support* messages focus on the competence and intrinsic value of the support recipient. *Network support* focuses on messages of inclusion and belonging. *Informational support* includes providing advice or relevant information. Finally, *tangible support* involves providing material aid.

Across the five types of support, a multitude of factors influence recipient desires and outcomes (for overview, see Thoits, 2011). Various matching models have shown that characteristics of the problem and the support provider, such as stressor controllability (Cutrona & Russell, 1990) and relational closeness (Thoits, 2011) can impact the success of support encounters. In addition, support recipients tend to prefer high quality support messages, such as those that are perceived as useful, effective, and appropriate (see Goldsmith & Griscom, 2018). Finally, characteristics of the support recipient, such as age, personality, and previous experience, influence support processing and in turn, support outcomes (Bodie & Burleson, 2008). In the context of ADHD adults, emotional dysregulation, inattentiveness, and/or hyperactivity are three characteristics of the support recipient that may alter interpretations of what is deemed effective and appropriate, creating greater opportunity for gaps in desired versus experienced support.

ADHD symptoms and support gaps

When a person's desires for support are not perceived as being met by a supporter, a support gap has occurred (McLaren & High, 2019; Xu & Burleson, 2001). Support surpluses (i.e., receiving more support than desired) or support deficits (i.e., receiving less support than desired) can lead to negative outcomes. The potential consequences include increased feelings of hurt, lowered self-esteem, and negative relational outcomes, among others (see McLaren & High, 2019; Wang, 2019). These consequences most commonly stem from support deficits. In some studies, support surpluses have demonstrated a relationship with positive outcomes, such as higher levels of relationship satisfaction (Holmstrom et al., 2021; Wang, 2019). In other studies, the overprovision of support has been shown to produce more negative consequences than the underprovision (Brock & Lawrence, 2009). Thus, it is important to note that the potential benefits of a support surplus are generally limited to nurturant support types (emotional, esteem, network) and may be dependent on many factors.

The severity of individuals' ADHD symptoms (inattention, hyperactivity, and emotional dysregulation) may coincide with the experience of support deficits. During stressors, ADHD adults indicate elevated perceptions of criticism and feelings of isolation that can overshadow previous positive experiences (Beaton et al., 2020) and may cause supportive communication to be viewed more negatively. Thus, although we evaluate a relationship between desired and experienced support that tests both surpluses and deficits, our hypotheses reflect our focus on instances when ADHD adults perceive support deficits.

During stressful events, ADHD adults often experience *emotional dysregulation* (Shaw et al., 2014), which is characterized by intense feelings of overwhelm and subsequent mood changes, lack of behavioral control, and increased sensitivity to criticism (Bunford et al., 2014). As a result, ADHD adults may experience intensified emotion in response to both the stressor and the support they receive. In addition, emotional dysregulation has been connected to elevated feelings of anxiety and isolation (Bodalski et al., 2019), which have been associated with support deficits in various support contexts (McLaren & High, 2019). Even if support is provided, emotional dysregulation can increase misperceptions causing an individual to not recognize it (Shaw et al., 2014). Thus, emotional dysregulation may increase an individual's perception of support deficits.

Inattention, as a symptom of ADHD, includes issues of working memory, which can subsequently interfere with cognitive processing, or in this case, with a support recipient's ability to focus on and evaluate supportive messages (McCoach et al., 2020). Inattention can manifest as being easily distracted, mind-wandering, or losing track of thoughts (Asherson, 2024). Reappraising stressors and processing support requires both mental effort and ability (Burleson, 2009), both of which are potentially disrupted by inattention. Thus, an individual experiencing inattention may struggle to reappraise or even notice instances of support, elevating the perceptions of support deficits.

Hyperactivity impacts the orientation of an individual's energy level and which details they retain (Asherson, 2024). Hyperactivity can also lead to hyperfocus, which limits the scope of information they are processing to a focused area (Hupfeld et al., 2018).

Uniquely, hyperactivity involves a state of increased motivation in which becoming distracted is less likely and challenges with executive function (including communication fluency) are elevated (Hupfeld et al., 2018). If an individual is hyperfocused on a stressor, they may experience support deficits if they overlook the provided support or are unable to accurately communicate their needs (High & Crowley, 2016).

All three of these symptoms impact the cognitive processing of ADHD adults (Saad et al., 2020), which is crucial for achieving benefits, such as reappraisal, from various support types (Bodie, 2011; Burleson, 2009; Lakey et al., 1999). Emotional, esteem and network support are particularly reliant on cognitive processing as they seek to alter the emotional experience of an individual rather than specifically alter behaviors (Holmstrom & Burleson, 2011; Holmstrom et al., 2021). Informational support utilizes cognitive processing to comprehend features such as message length, relevance, and complexity (Chen et al., 2020; High & Steuber, 2014). Although seemingly less cognitive complexities exist in the context of tangible support, appraising the relevance and quality of this support still requires cognitive effort (Thoits, 2011). In summary, cognitive processing underlies the recipient's ability to evaluate instances of social support across all five types of support. As a result, emotional dysregulation, hyperactivity, and inattention may interfere with recognizing and processing the support ADHD adults may receive, and subsequently create the perception of being under-benefited. Therefore, we hypothesize:

H1: Among ADHD adults, the severity of ADHD symptoms (emotional dysregulation, hyperactivity, inattention) is positively associated with support deficits in a) emotional support, b) esteem support, c) network support, d) informational support, and e) tangible support from a romantic partner.

The symptoms of ADHD may also contribute to an individual's emotional experiences related to support interactions. As a negative social emotion, hurt occurs when individuals appraise an event as harming or diminishing their relationship (Leary & Leder, 2009). The primary sources of hurt feelings include behavioral criticism, rejection, misunderstandings, indifference, truth-telling, or undermining one's self-concept (Vangelisti, 2009; Vangelisti & Young, 2000). Sensitive messages are common in supportive interactions; therefore, supportive conversations can lay the groundwork for hurt feelings. This may be especially true for ADHD adults who have been found to show increased sensitivity to messages that include criticism (Beaton et al., 2020). In qualitative interviews by Björk and colleagues (2020), ADHD adults expressed feelings of hurt because of (perceived) unavailable support, which in turn, leads to lowered relationship satisfaction, higher rates of isolation, and depression (Ben-Naim et al., 2017; Lebowitz, 2016). Although previous research has not distinguished between the three ADHD symptoms as predictors of hurt feelings in conversation, due to their influence of cognitive processing, ED, hyperactivity, and inattentiveness may be associated with hurt feelings from support to varying degrees. Thus, we hypothesize:

H2: Severity of ADHD symptoms (emotional dysregulation, hyperactivity, and inattention) is positively related to hurt feelings in response to support from a romantic partner.

The relationship between emotional dysregulation and hurt may be mediated by the presence of support deficits. Emotional dysregulation can increase the individual's sensitivity to stimuli as they struggle to process the support provided *and* experience intensified reactions due to emotional flooding resulting in support gaps (Bodalski et al., 2019; Bunford et al., 2014). Additionally, negative emotions, such as those stemming from a support gap, are more likely to elicit cognitive processing than positive emotions (Baumeister et al., 2001). An ADHD adult experiencing emotional dysregulation may become easily triggered by a deficit in desired support, resulting in hurt feelings. Following this logic, we propose:

H3: The perception of support deficits from a romantic partner (emotional, esteem, network, informational, and tangible) mediates the relationship between emotional dysregulation and hurt feelings for ADHD adults.

Though the connection between hyperactivity and inattentiveness and evaluations of communication from a partner is less established, both symptoms may impact cognitive processes that relate to the way an individual receives and processes various stimuli, including social support (Saad et al., 2020). Thus, we consider whether perceptions of support deficits help explain the relationship between these symptoms and hurt feelings:

RQ1: Do support deficits mediate the relationship between a) hyperactivity or b) inattention and hurt feelings for ADHD adults?

Finally, although our rationale is primarily focused on support gaps, we recognize that ADHD symptoms may present a direct relationship with either desired or experienced support. Therefore, we consider:

RQ2: Does the severity of ADHD symptoms (emotional dysregulation, hyperactivity, & inattention) have a direct effect on either desired or experienced support?

Method

Participants and procedures

A total of 286 ADHD adults[1] who were fluent in English and currently in a romantic relationship were recruited through Prolific to participate in a Qualtrics survey. Participants provided informed consent before completing the Adult ADHD Self-Report Scale (ASRS v.1.1; Adler et al., 2011; Stanton et al., 2018). Next, they completed measures of social support specific to their romantic partner. Participants were asked these questions regarding their general experiences with social support over the course of their relationship. Participants were compensated $4.00USD through Prolific. Procedures were approved by the institutional review board of the first author's university. Demographic information is provided in Table S1 in the Supplemental Materials.

Measures

Except when noted, all variables were measured using 5-point Likert scales and no items were reverse coded. Greater values represent a greater degree or magnitude of the variable. We conducted a confirmatory factor analysis[2] with desired and experienced versions of each of the five support types, and hurt using the following fit criteria: RMSEA <.08, CFI >.90, SRMR <.08. Items were loaded onto latent variables representing each of the construct and latent variables were allowed to covary. The initial model did not meet our fit criteria: RMSEA = .05, CFI = .82, SRMR = .08. Following modification indices, seven items were removed from the support measures. The resulting model fit the data: RMSEA = .04, CFI = .90, SRMR = .06. Descriptive statistics are provided in Table 1 and bivariate correlations are available in Table 2.

ADHD, hyperactivity, and inattention. The ASRS-v1.1 scale is a diagnostic measure used to evaluate the presence of ADHD and provide insight into the individual's subtype (hyperactive, inattentive, or combined; Adler et al., 2011; Stanton et al., 2018). Participants responded to 18 questions, separated into two sections, indicating how frequently they encountered each experience over the past six months. Following clinical guidelines, responses to each item were coded as either a 1 or zero in accordance with the official diagnostic manual. Individuals with a score of four or greater when summing their responses to the six questions in the first section meet the diagnostic criteria for ADHD. All 18 items were then evaluated and codes for each item were then summed to create a total score (out of 9) indicative of the degree of inattention or hyperactivity.

Table 1. Descriptive Statistics for Study 1 Variables (N = 286).

Variable	*M*	*SD*	*Items*	α
Emotional dysregulation	4.98	1.26	6	.94
Inattention	3.38	.65	9	-
Hyperactivity	3.43	.66	9	-
Experienced emotional support	3.81	.88	7	.88
Desired emotional support	4.01	.75	7	.81
Experienced esteem support	3.47	.88	7	.89
Desired esteem support	3.55	.84	7	.84
Experienced network support	2.35	1.01	7	.87
Desired network support	2.54	1.01	6	.86
Experienced informational support	3.35	.89	7	.89
Desired informational support	3.29	.80	7	.85
Experienced tangible support	3.45	.87	7	.84
Desired tangible support	3.52	.79	7	.82
Hurt	5.42	2.30	3	.87
Age	30.37	9.50	1	-
Relational satisfaction	5.52	1.24	6	.90

Table 2. Bivariate Correlations of Study 1 Variables (N = 286).

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Experienced emotional support	–	−.01	.79**	−.04	.43**	.06	.55*	.10	.59**	−.02	.08	.04	−.06	−.14*	−.13*	.02	.63**
2. Desired emotional support		–	.02	.59**	.00	.24**	.16**	.48**	.02	.54**	.18**	.12*	.22**	.35**	−.19**	.17**	−.01
3. Experienced esteem support			–	.09	.52**	.17**	.51**	.12*	.59**	.06	.12	.10	.05	−.06	−.17**	.10	.56**
4. Desired esteem support				–	.10	.40**	.11	.44**	−.00	.57**	.18**	.21**	.31**	.36**	−.09	.16**	−.04
5. Experienced network support					–	.46**	.46**	.20**	.48**	.06	−.04	.04	.01	−.05	−.15*	−.06	.29**
6. Desired network support						–	.12	.42**	.13*	.38**	.02	.13*	.08	.08	−.12*	−.08	−.06
7. Experienced informational support							–	.29**	.55**	.11	.15**	.13*	.11	.05	−.18**	.02	.37**
8. Desired informational support								–	.16**	.45**	.22**	.21**	.29**	.27**	−.19**	.02	.08
9. Experienced tangible support									–	.08	.15*	.10	.02	−.09	−.11	.04	.45**
10. Desired tangible support										–	.32**	.18**	.28**	.34**	−.14*	.29**	−.05
11. Inattention											–	.51**	.50**	.28**	−.11	.24**	−.01
12. Hyperactivity												–	.46**	.25**	−.12	.11	−.09
13. Emotional dysregulation													–	.40**	−.03	.28**	−.09
14. Hurt														–	−.01	.15*	−.23**
15. Age															–	−.11	−.18**
17. Relational satisfaction																	–

Note. *$p < .05$, **$p < .01$ *(two-tailed).*

Emotional dysregulation. Emotional dysregulation was measured using the Emotional Dysregulation Scale-Short (Powers et al., 2016), which assesses how accurately each of six statements represent the participants' emotional experiences (e.g., "Emotions overwhelm me;" 1 = *Not True at All*, 7 = *Absolutely True)*.

Support gaps. Support gaps were assessed using Xu and Burleson's (2001) desired and experienced support scale. Participants responded to 35 items (7 for each type of support) twice, evaluating both their desired and experienced support from a romantic partner. Following confirmatory factor analyses, item 4 from both desired and experienced emotional support, items 2 and 6 from both desired and experienced network support, and item 4 from experienced informational support. Finally, we evaluated support gaps using regression and interaction approaches, which considered the correlation between desired and experienced support as the outcome of ADHD symptoms and evaluated desired support as the moderator of experienced support on hurt.

Hurt. Hurt was assessed using three items (McLaren & High, 2019; Vangelisti & Young, 2000) that indicate how much hurt, emotional pain, and emotional injury participants experienced as the results of supportive interactions with their romantic partner (1 = *none of this feeling*, 10 = *a great deal of this feeling*).

Results

Preliminary analysis

As a first step, we examined associations between the demographic characteristics of our sample and our substantive variables. Bivariate correlations indicate that age and relational satisfaction were each significantly related to variables of interest (see Table 2). Thus, these were included as potential covariates in substantive analyses.

To gain initial insight into the support gaps experienced by ADHD adults, we considered the extent to which participants' desired support correlated with perceptions of experienced support, as well as the differences in mean-levels of desired and experienced reports. Bivariate correlations indicate that participants' reports of desired and experienced informational support were positively correlated, $r = .29$, $p < .001$, as were their reports of desired and experienced network support, $r = .46$, $p < .001$. Associations between participants' support desires and their experienced support from their partner were not significant for emotional, esteem, or tangible support. These small or non-significant correlations between participants' desired and experienced support indicate the presence of support gaps (i.e., experienced support did not vary as a function of desired support).

Results of paired samples t tests identified significant differences in mean levels of desired and experienced emotional support, $t\,(286) = 2.92$, $p = .002$, $d = .17$, and network support, $t\,(286) = 2.84$, $p = .002$, $d = .17$, such that participants reported higher levels of desired support (Emotional: $M = 4.01$, $SD = 0.74$, Network: $M = 2.54$, $SD = 1.01$) than received support (Emotional: $M = 3.81$, $SD = .88$, Network: $M = 2.36$, $SD = 1.01$) for both

types. Together, these two sets of analyses shed light on the support gaps experienced by our sample. On average, the level of emotional support experienced by participants did not vary as a function of their desired support, and their experienced support was lower than their desired support, indicating a support deficit. Significant correlations and mean differences between experienced and received network support suggest that participants' perceptions of experienced support increased as a function of their desired support, but they still experienced support deficits. Correlations between desired and experienced informational, esteem, and tangible support were small or nonsignificant, even though the means for the two variables were not significantly different. These results provide evidence for the presence of support gaps but suggest that the pattern of those gaps (surplus or deficit) is not consistent.

Hypothesis testing

To test our hypotheses and research questions, we conducted path analyses with moderated mediation in Mplus (version 8) using maximum likelihood estimation with robust standard errors (See Figure 1). Relationship satisfaction was included as a covariate in the model with paths to each of the variables of interest. Age was not significantly associated with any variables in the model and was removed from final analyses. All predictor variables were grand mean centered and we established the following criteria for model fit: RMSEA <.08, CFI >.90, SRMR <.08. All models fit the data (see Table S2 of the Supplemental materials). Results are available in Table 3.

H1a-e stated that the severity of three ADHD symptoms (emotional dysregulation, hyperactivity, and inattention) would be associated with increased perceptions of support deficits. To test this hypothesis, we assessed moderation by multiplying the three ADHD symptoms by desired support and including the interaction terms as predictors of experienced support. We considered small or nonsignificant correlations between desired and received support as evidence of a support discrepancy (experienced support did not vary as a function of desired support) and we evaluated the extent to which the ADHD symptoms moderated that relationship. We also included paths from each of the three ADHD symptoms to both desired and experienced support (See Figure 1). The interaction effect of hyperactivity and desired support on experienced support was significant for

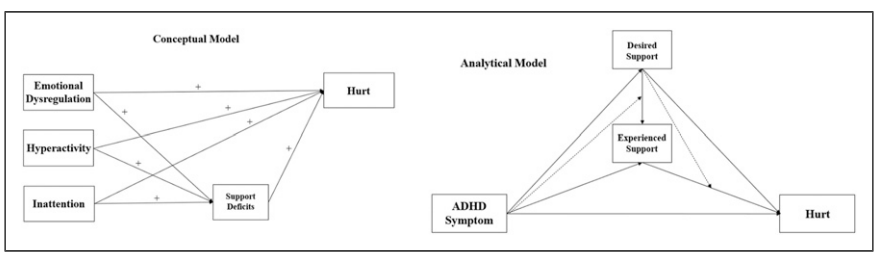

Figure 1. Conceptual and analytical models.

Table 3. Standardized path coefficients for Path Models Assessing H1 – H3.

	Emotional support			Esteem support			Network support			Informational support			Tangible support		
	DSupp	ESupp	Hurt	DSupp	ESupp	Hurt	DSupp	ESupp	Hurt	DSupp	ESupp	Hurt	DSupp	ESupp	Hurt
Emotion dysregulation															
ED	.22***	.01	.32***	.31***	.07	.30***	.08	.00	.37***	.29***	.07	.32***	.28***	.02	.31***
RSat	-	.63***	−.20**	-	.57***	−.21***	-	.32***	−.19***	-	.36***	−.24**	-	.46***	−.17**
DSupport	-	.00	.29***	-	.09	.26***	-	.47***	.05	-	.25**	.17***	-	.10	.25***
ED×DS	-	−.03	-	-	.01	-	-	-.07	-	-	.05	-	-	−.07	-
ESupport	-	-	.02	-	-	.02	-	-	−.01	-	-	.06	-	-	−.03
DS×ES	-	-	−.04	-	-	.01	-	-	−.08	-	-	.03	-	-	−.04
Indirect effect through desired support	-	-	.06 [.02,.08]	-	-	.08 [.04,.12]	-	--	.01						
[−01,.02]	-	-	.05												
[.01, .09]	-	-	.07												
[.03,.11]															
Hyperactivity															
Hyp	.12*	.10*	.19***	.21***	.13*	.16**	.13*	−.01	.22***	.21***	.11*	.17**	.18***	.12*	.18**
RSat	-	.65***	−.20**	-	.57***	−.22***	-	.31***	−.20***	-	.36***	−.26***	-	.48***	−.18**
DSupport	-	.01	.33***	-	.08	.31***	-	.48***	.05	-	.24***	.23***	-	.11*	.30***
HA×DS	-	−.11*	-	-	−.06	-	-	−.04	-	-	−.01	-	-	−.15*	-
ESupport	-	-	−.01	-	-	.02	-	-	−.01	-	-	.06	-	-	−.05
DS×ES	-	-	−.03	-	-	.02	-	-	−.10	-	-	.04	-	-	−.04
Indirect effect through desired support	-	-	.04 [.01,.12]	-	-	.10									

(continued)

Table 3. (continued)

	Emotional support			Esteem support			Network support			Informational support			Tangible support		
	DSupp	ESupp	Hurt	DSupp	ESupp	Hurt	DSupp	ESupp	Hurt	DSupp	ESupp	Hurt	DSupp	ESupp	Hurt
[.02,.11]	-	-	.004												
[−01,.01]	-	-	.05 [.01,.08]	-	-	.09 [.04,.13]									
Inattention															
Inatt	.18***	.09*	.22***	.18***	.11*	.22***	.02	−.03	.27***	.22***	.11*	.22***	.32***	.14**	.20***
RSat	-	.63***	−.21**	-	.56***	−.23***	-	.31***	−.22***	-	.36***	−.27***	-	.45***	−.19***
DSupport	-	−.02	.32**	-	.09	.31***	-	.47***	.06	-	.25***	.22***	-	.06	.27***
IA×DS	-	−.02	-	-	−.01	-	-	−.06	-	-	−.05	-	-	.04	-
ESupport	-	-	−.02	-	-	.01	-	-	.01	-	-	.05	-	-	−.04
DS×ES	-	-	−.02	-	-	.01	-	-	−.09	-	-	.04	-	-	−.05
Indirect effect through desired support	-	-	.09 [.04,.12]	-	-	.06 [.02,.09]	-	-	.001						
[−01,.01]	-	-	.05												
[.01,.08]	-	-	.09 [.04,.13]												

Notes. ED = Emotional Dysregulation, RSat = Relationship Satisfaction, DSupport/DS = Desired Support, ESupport/ES = Esteem Support, Hyp = Hyperactivity Inatt = Inattention. Cell values represent standardized path coefficients. *$p < .05$, **$p < .02$, ***$p < .001$.

emotional support and tangible support. No other interactions significantly predicted experienced support.

To probe the significant interactions, we first used the Johnson-Neyman technique to determine the region of significance (the points along the continuum of hyperactivity in which the effect of desired support on experienced support changes from nonsignificant to significantly different from zero). Loop plots suggested that the association between desired and experienced emotional support was significant when hyperactivity was below the mean (See Figure 2). Similarly, the association between desired and experienced tangible support was significant when hyperactivity was more than .10 standard deviations below the mean. In other words, desired and received support (tangible and emotional) were positively correlated at low levels of hyperactivity, but that association weakened as hyperactivity increased and became non-significant at approximately average levels of hyperactivity.

H1 was evaluated in conjunction with RQ2 as the model allowed us to examine the direct effects of ADHD symptoms on desired and experienced support. Emotional dysregulation, inattention, and hyperactivity were each positively and significantly associated with desired emotional, esteem, information, and tangible support. Hyperactivity was positively associated with desired network support. Hyperactivity and inattention were both positively associated with experienced emotional, esteem, informational, and tangible support, but not network support. Emotional dysregulation was not significantly associated with perceptions of experienced support (any of the five types) from a partner. Thus, results indicate robust evidence for the associations between ADHD symptoms and desire for support from a romantic partner. However, we found limited evidence of their associations with support deficits, with the exception of hyperactivity (per H1).

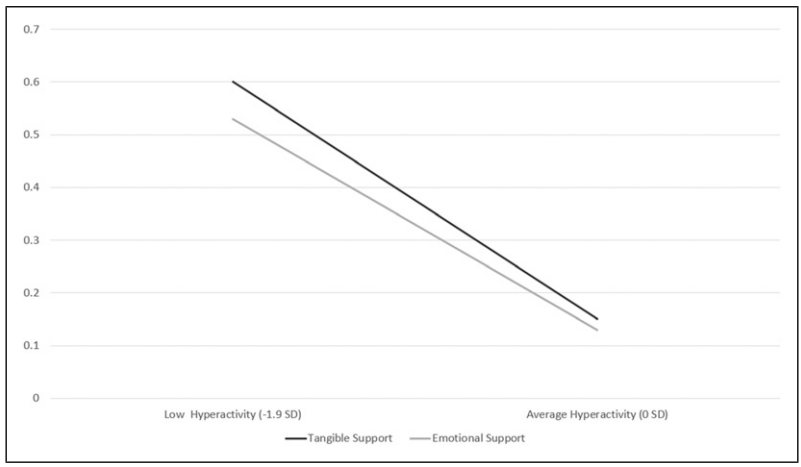

Figure 2. Associations between desired and experienced support at low and mean levels of hyperactivity.

Note. These results are reported from the region of significance located by using the Johnson-Neyman technique.

H2 stated that three ADHD symptoms (emotional dysregulation, inattention, and hyperactivity) are positively associated with hurt feelings in response to support from a partner. To test H2, we examined direct paths from the ADHD symptoms to hurt feelings in our path model. Across our analyses, emotional dysregulation, inattention, and hyperactivity were positively and significantly associated with hurt feelings. Thus, we found robust support for H2.

H3 and RQ1 evaluated whether support deficits would mediate the relationship between ADHD symptoms and hurt. We used the interaction between desired and received support as a predictor of hurt feelings and we tested for mediation using the MODEL INDIRECT command in Mplus. The interaction between desired and received support was not significantly related to hurt feelings and therefore, did not mediate the relationship between ADHD symptoms and hurt. Indeed, results indicated no significant indirect effects with regard to the interaction representing support gaps or experienced support. However, participants' desired support significantly mediated the associations between each of the three ADHD symptoms and hurt feelings for all of the support types, with the exception of network support (see Table 3). Higher scores on the three ADHD symptoms were associated with increased desired support, which in turn, was associated with increased hurt feelings.

Discussion

The overarching goal of this study was to better understand ADHD adults' experiences with social support. ADHD adults are often stigmatized (Lebowitz, 2016), and their desires for competent communication may not align with societal norms based on the communication experiences of the neurotypical population. Thus, this study sheds light on ADHD adults' desires for and experiences with the five forms of supportive communication. Our results suggest that increased ADHD symptoms are associated with both a heightened desire for and experience of support but that ADHD adults' perceptions of how much support they receive may not increase (or decrease) substantively with that desire. ADHD symptoms were also associated with increased hurt feelings in response to support. Such results indicate that ADHD adults may indeed struggle with acquiring the benefits of positive support interactions described in studies of neurotypical samples.

Results of preliminary analyses suggest that ADHD adults likely experience a disconnect between the support they desire and the support they perceive their partner to provide. While, on average, differences in desired and experienced support were minimal or nonsignificant, our participants' desired emotional, esteem, and tangible support were not significantly correlated with their experienced support of the same type. Only desires for informational and network support were significantly related to experienced support, and those associations were both below .50. These findings suggest that, on average, ADHD adults' desires for support may not be related to the support they get—or at least the support they perceive. Participants perceived their partners to provide less emotional and network support than they desired, on average. However, the pattern of associations between perceived and experienced support for the other forms was not consistent, indicating that some participants reported more support than they desired while others

reported receiving less. These results are in contrast to studies examining support in the general population, which found positive and significant correlations between desired and experienced support (e.g., McLaren & High, 2019; Wang, 2019).

This is, however, in line with current literature that shows that individuals experiencing stigmatization, such as ADHD adults, often utilize indirect support seeking strategies and, as a result, experience inadequate support (Williams & Mickelson, 2008). In other words, the use of indirect support seeking strategies can create a buffer that prevents an individual from asking for or receiving the support that they actually desire, potentially accounting for this lack of association between the two (see also Floyd et al., 2022; Ray et al., 2024). Future research should consider this possibility and investigate the support seeking strategies of ADHD adults as they relate to support gaps. Other possibilities for this result, such as the appraisal techniques of ADHD adults, ought to be evaluated as well.

Results of H1 suggested that hyperactivity attenuated the relationship between desired and experienced (emotional and tangible) support, such that the more hyperactivity participants reported, the less their desired support predicted the experienced support—widening the support gap. The question remains whether the impact of hyperactivity on the support gap stems from the partner's ability to recognize needs and provide appropriate support or the ADHD adult's tendency to perceive and process the support received. ADHD adults are challenged by dimensions of hyperactivity (impulsivity and hyperfocus) that cause difficulty in refocusing or reappraising various contexts (Hupfeld et al., 2018), potentially buffering or accentuating the impact of various support. Research has also shown that stigmatized individuals, such as those with ADHD, often experience social rejection impacting their network. Furthermore, the network they *do* have may opt *not* to provide support (Lebowitz, 2016; Ray, 2024).

Although emotional dysregulation and inattentiveness were not associated with support deficits or surpluses; results of our path model suggest the three ADHD symptoms correlate with desired support. Indeed, increases in ADHD symptoms were associated with a greater desire for emotional, esteem, informational, and tangible support, and that desire mediated the association between ADHD symptoms and hurt feelings (rather than support deficits, per H3 and RQ1). This increased desire for support may stem from the high levels of stress and isolation that ADHD adults often report (Bodalski et al., 2019). Extensive research highlights the otherization that ADHD individuals commonly experience from childhood into adulthood and the negative impact that this stigma has on mental health outcomes (loneliness, depression, anxiety, etc.) for these individuals (Björk et al., 2020; DosReis et al., 2010; Lebowitz, 2016; Stickley et al., 2017). Stress and isolation can influence the overall desire for support that an individual experiences, and thus, influence the effect of provided support (McLaren & High, 2019).

Participants self-reported inattention and hyperactivity were also associated with small, but significant increases in some forms of experienced support; however, none of the three symptoms were significantly related to experienced emotional or esteem support, the two forms that are geared at directly addressing the support recipient's feelings. In addition, emotional dysregulation was not significantly related to the perceptions of any forms of supportive communication, suggesting that emotional dysregulation may play a unique role in the support process of ADHD adults. Petrovic and Castellanos (2016)

evaluated the relationship between emotional dysregulation and other components of attention and memory. They affirmed that information processing cannot be disentangled from emotional regulation; and thus, may shift rapidly alongside it. This suggests that emotional dysregulation may fundamentally impact an individual's ability to recognize support (or any stimuli) in a potentially inconsistent manner.

The results of H2 and H3 suggest that ADHD adults are more likely to experience hurt as the result of supportive communication due to differences in cognitive processing and emotional dysregulation. Emotional dysregulation, hyperactivity, and inattentiveness each maintained a direct and significant positive relationship to feelings of hurt. This finding is consistent with research that discusses the emotional consequences of experiencing ADHD symptoms (Shaw et al., 2014). Contrary to previous research in general samples (McLaren & High, 2019), support gaps were not significantly associated with hurt (H3). In general, reports of experienced support played little role in our models despite the often-significant impact of support desires. This finding is similar to broader literature that reports high levels of resilience within ADHD samples (Oddo et al., 2016). Meaning, even when ADHD individuals experience commonly hurtful things (such as support deficits), this buffer of resiliency may work to their favor, mitigating the hurtful impact. Future research should consider how resiliency may play a role in the social support appraisal process of ADHD adults. Although not hypothesized, tests of our path model allowed us to explore the role of relationship satisfaction in support experiences of ADHD adults. In keeping with previous research on supportive interactions in a general population (Thoits, 2011), participants' relationship satisfaction was the strongest predictor of experienced support, and it was negatively associated with hurt across all support types, and therefore included as a covariate in our model. Thus, the results of this study reiterate the importance of relationship quality on support outcomes and extend previous findings to a sample of ADHD adults. These results are particularly noteworthy, given the body of research that shows ADHD adults experience difficulties maintaining positive relational outcomes (Knies et al., 2021; Stickley et al., 2017; Wymbs et al., 2021).

Theoretical implications

The study has implications for research on support gaps. Results from our study support previous empirical and theoretical work suggesting that trait-like features influence support outcomes (Williamson & O'Hara, 2017; Xu & Burleson, 2001) and extend that work to include characteristics of neurodivergence. Participants' ADHD symptoms were associated with increased desire for support and hurt feelings, and we found a disconnect between ADHD adults' desired support and their perceptions of support received from social network members. This disconnect is not common in social support literature that typically use samples of the general population (Wang, 2019; Xu & Burleson, 2001) and may speak to literature that shows the dissatisfaction of ADHD adults in romantic relationships (Wymbs et al., 2021).

Our study also contributes to research on supportive communication by considering an alternate operationalization of support gaps than used in previous literature. When considering predictors of support gaps, previous empirical research has tended to use

discrepancy scores as indicators of support surpluses and deficits (i.e., support gaps were calculated as support experienced subtracted from support desired). However, in addition to compounded measurement error, reduced variability, and regression to the mean, this method considers only the average difference between desired and experienced support. By representing support gaps as a correlation between desired and experienced support and utilizing a path analysis framework with moderated mediation, we were able to consider the extent to which individuals' experiences of support meet their desires for support and to use the association as an outcome of individual traits (ADHD symptoms).

Practical implications

These results have practical implications for ADHD adults and their supporters. Our results indicate that, in general, higher levels of emotional dysregulation, hyperactivity, and inattention correlate with higher levels of desired support and that desire may not be adequately met with support from their romantic partners. The lack of relationship between desired and experienced support within this population is similar to research that evaluates support seeking patterns for stigmatized groups. Specifically, individuals perceiving themselves as stigmatized may utilize indirect support seeking strategies and thus experience less overall support despite their desires (Williams & Mickelson, 2008). Research by Ray et al. (2024) found that those perceived as stigmatized are less likely to elicit compassion, which may be further complicated if stigmatization is present within the romantic relationship itself. ADHD adults and their partners frequently report feeling dissatisfaction in their romantic relationships (Wymbs et al., 2021); thus, future research should consider the role that both stigmatization and support seeking behaviors play in the relationships of ADHD adults and their loved ones.

Further, communication within neurodiverse—neurotypical dyads (ND-NT) can be improved when both partners explicitly seek to understand differences rather than assume a particular set of norms to be applicable. Although this study did not evaluate differences between ND-NT and ND-ND/NT-NT communication, the principle is still well founded across a variety of contexts that seeking to *understand* relational partners rather than making assumptions can create more positive outcomes (Björk et al., 2020). Our findings highlight that particular ADHD symptoms influence the way ADHD individuals desire support. Thus, instead of making assumptions about how ADHD will impact a relationship, we encourage those in ADHD relationships and those supporting them to seek *understanding*. Through focusing on understanding, ADHD adults and their supporters will have greater odds in overcoming obstacles and utilizing individual strengths, such as resilience, in times of stress.

Previous research suggests that there are several potential advantages possessed by ADHD adults during the supportive process, including the use of impulsivity to bounce back from stressors or buffer emotional intensity (Hupfeld et al., 2018). Future research should consider this as a possible explanation for the limited effect that support experiences play in mediating hurt. To do so, researchers should further explore the role that impulsivity may have in the supportive process, including how it may impact the appraisal of various support encounters.

Finally, given that a common barrier to successful support is the supporters' ability to provide the recipient with the support they desire in a way that is appropriate and effective (Wang, 2019), we encourage relational partners to be responsive to the needs of their particular partner. We further encourage relationship counselors and those advising these couples to potentially teach direct support seeking skills to hopefully bridge this gap, as extraversion and direct support seeking have been shown to increase levels of experienced support (Williamson & O'Hara, 2017).

Limitations

Although this study provides insight into ADHD adults' support desires and experiences, they are not without limitations. First, support gaps can also occur between what is expected and what is received (Davis & High, 2019), as desiring support does not always equate to expecting to actually receive it. Therefore, future studies can explore support gaps in terms of support desired, received, and expected. A second limitation is the relatively narrow scope of ADHD symptoms examined. Although the symptoms we selected are common and important symptoms that account for many of the unique experiences of ADHD adults, future research should explore whether other ADHD experiences, such as hyperfixation and impulsivity, affect perceptions of support.

Conclusion

This study explored ADHD adults' desires for support from romantic partners and the potential for experiencing support gaps. Results suggest that ADHD symptoms (inattention, hyperactivity, and emotional dysregulation) correlate with an increased desire for support and with feelings of hurt in response to support. Thus, our findings offer a glimpse into what ADHD adults may or may not find effective during the supportive process. Because research and theorizing on effective support and competent communication in general has focused on the experience of neurotypical people, future research should continue to explore how aspects of ADHD may alter the experience of seeking, receiving, and processing supportive messages.

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Supplemental Material

Supplemental material for this article is available online.

Notes

1. Participants self-identified as ADHD adults on the Prolific Web site and met the diagnostic criteria for the ASRS-v1.1 scale.
2. The ADHD scale was not included in the confirmatory factor analysis based on the use of pre-existing and necessary diagnostic measures outlined in the manuscript.

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